

AMENDED

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 09/01, 2005, and ending 08/31/2006

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>AMERICAN CANCER SOCIETY, INC. (NATIONAL HOME OFFICE)</u> Number and street (or P O box if mail is not delivered to street address) Room/suite <u>250 WILLIAMS STREET NW</u> <u>400</u> City or town, state or country, and ZIP + 4 <u>ATLANTA, GA 30303-1002</u>	D Employer identification number <u>13-1788491</u> E Telephone number <u>(800) 227-2345</u> F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ WWW.CANCER.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 ▶ 706,122,377.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	<u>36,092,661.</u>		
	b Indirect public support	1b	<u>330,439,864.</u>		
	c Government contributions (grants)	1c	<u>4,342,243.</u>		
	d Total (add lines 1a through 1c) (cash \$ <u>361,714,360.</u> noncash \$ <u>9,160,408.</u>)	1d		<u>370,874,768.</u>	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		<u>6,279,160.</u>	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5		<u>11,527,469.</u>	
	6 a Gross rents	6a	<u>10,288.</u>		
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		<u>10,288.</u>	
	7 Other investment income (describe ▶)	7		<u>1,124,121.</u>	
	8 a Gross amount from sales of assets other than inventory	(A) Securities	<u>300,597,876.</u>	8a	(B) Other <u>271,808.</u>
	b Less cost or other basis and sales expenses	8b	<u>300,832,596.</u>	8b	<u>223,090.</u>
	c Gain or (loss) (attach schedule)	8c	<u>-234,720.</u>	8c	<u>48,718.</u>
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		<u>-186,002.</u>	
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10 a Gross sales of inventory, less returns and allowances	10a	<u>9,248,336.</u>		
	b Less cost of goods sold	10b	<u>8,649,781.</u>		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		<u>598,555.</u>	
	11 Other revenue (from Part VII, line 103)	11		<u>6,188,551.</u>	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<u>396,416,910.</u>	
	13 Program services (from line 44, column (B))	13		<u>284,599,346.</u>	
	14 Management and general (from line 44, column (C))	14		<u>56,894,481.</u>	
	15 Fundraising (from line 44, column (D))	15		<u>42,891,830.</u>	
	16 Payments to affiliates (attach schedule) STMT 27	16		<u>1,710,056.</u>	
	17 Total expenses (add lines 16 and 44, column (A))	17		<u>386,095,713.</u>	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<u>10,321,197.</u>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		<u>447,634,372.</u>	
	20 Other changes in net assets or fund balances (attach explanation) STMT 28	20		<u>4,330,527.</u>	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<u>462,286,096.</u>	

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Form **990** (2005)

SCANNED JUN 13 2008

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>121,237,565</u> noncash \$ <u>NONE</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	121,237,565.	121,237,565.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	1,936,113.		1,936,113.	
26	Other salaries and wages	74,381,239.	44,143,913.	20,682,031.	9,555,295.
27	Pension plan contributions	6,945,142.	4,017,248.	2,058,329.	869,565.
28	Other employee benefits	6,134,038.	3,595,219.	1,760,606.	778,213.
29	Payroll taxes	5,043,774.	2,918,485.	1,493,560.	631,729.
30	Professional fundraising fees	102,349.			102,349.
31	Accounting fees	1,620,766.	842,576.	374,575.	403,615.
32	Legal fees	870,466.	452,523.	201,173.	216,770.
33	Supplies	1,100,331.	635,405.	321,156.	143,770.
34	Telephone	7,354,211.	4,569,697.	1,561,602.	1,222,912.
35	Postage and shipping	6,823,686.	2,398,690.	1,366,318.	3,058,678.
36	Occupancy	5,058,157.	3,449,795.	1,218,627.	389,735.
37	Equipment rental and maintenance	6,606,391.	4,347,220.	1,390,447.	868,724.
38	Printing and publications	22,568,728.	17,008,004.	2,877,310.	2,683,414.
39	Travel	14,093,231.	8,813,742.	2,847,197.	2,432,292.
40	Conferences, conventions, and meetings	8,284,435.	5,726,262.	1,392,483.	1,165,690.
41	Interest	688,652.	12,167.	672,357.	4,128.
42	Depreciation, depletion, etc (attach schedule)	10,650,995.	7,445,349.	2,364,519.	841,127.
43	Other expenses not covered above (itemize)				
a	MISCELLANEOUS	43a 363,519.	170,650.	175,934.	16,935.
b	MEMBERSHIP DUES &	43b			
c	SUBSCRIPTIONS	43c 613,926.	345,597.	236,273.	32,056.
d	OTHER PROFESSIONAL FEES	43d 47,279,777.	24,632,213.	10,950,463.	11,697,101.
e	AWARDS & GRANTS TO AFFILI	43e 34,628,166.	27,837,026.	1,013,408.	5,777,732.
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 384,385,657.	284,599,346.	56,894,481.	42,891,830.

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 \$ 18,849,405. (ii) the amount allocated to Program services \$ 3,850,695.
 (iii) the amount allocated to Management and general \$ 3,251,282. and (iv) the amount allocated to Fundraising \$ 11,747,428.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 32 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a RESEARCH- FINANCIAL SUPPORT PROVIDED TO ACADEMIC INSTITUTIONS AND SCIENTISTS TO SEEK NEW KNOWLEDGE ABOUT THE CAUSES, PREVENTION, AND CURE OF CANCER AND TO CONDUCT EPIDEMIOLOGIC AND BEHAVIORAL STUDIES. GRANTS TO AFFILIATES: \$2,738,589 (Grants and allocations \$ 104,329,543.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	132,352,419.
b PREVENTION- PROGRAMS THAT PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE OR TO REDUCE RISK OF DEVELOPING CANCER. GRANTS TO AFFILIATES: \$5,123,794 (Grants and allocations \$ 4,874,921.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	55,344,715.
c DETECTION/TREATMENT- PROGRAMS THAT ARE DIRECTED AT FINDING CANCER BEFORE IT IS CLINICALLY APPARENT AND THAT PROVIDE INFORMATION AND EDUCATION ABOUT CANCER TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT & PAIN CONTROL. GRANTS TO AFFILIATES: \$4,590,128 (Grants and allocations \$ 1,845,314.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	41,015,631.
d PATIENT SUPPORT- PROGRAMS TO ASSIST CANCER PATIENTS AND THEIR FAMILIES AND EASE THE BURDEN OF CANCER FOR THEM. GRANTS TO AFFILIATES: \$15,384,515 (Grants and allocations \$ 4,361,987.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	50,060,781.
e Other program services (attach schedule) SEE STATEMENT 33 (Grants and allocations \$ 5,825,800.) If this amount includes foreign grants, check here <input type="checkbox"/>	5,825,800.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	284,599,346.

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		45	
	46 Savings and temporary cash investments	27,598,416.	46	32,889,752.
	47 a Accounts receivable 47a			
	b Less: allowance for doubtful accounts 47b		47c	
	48 a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable	1,683,732.	49	6,348,441.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use	5,107,484.	52	421,035.
	53 Prepaid expenses and deferred charges	5,141,372.	53	21,302,649.
	54 Investments - securities (attach schedule) STMT 34 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	626,956,070.	54	645,053,321.
	Liabilities	55 a Investments - land, buildings, and equipment: basis 55a		
b Less accumulated depreciation (attach schedule) 55b			55c	
56 Investments - other (attach schedule) STMT. 35 .		30,077,307.	56	32,529,743.
57 a Land, buildings, and equipment: basis 57a		113,467,520.		
b Less accumulated depreciation (attach schedule) 57b		46,204,131.	57c	67,263,389.
58 Other assets (describe <input type="checkbox"/> STMT 36)	555,115,019.	58	516,649,549.	
59 Total assets (must equal line 74) Add lines 45 through 58.	1,319,125,506.	59	1,322,457,879.	
Net Assets or Fund Balances	60 Accounts payable and accrued expenses	123,264,515.	60	99,559,651.
	61 Grants payable	185,795,375.	61	195,176,319.
	62 Deferred revenue	1,094,691.	62	3,299,847.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule) STMT. 37 .	17,516,843.	64a	16,406,412.
	b Mortgages and other notes payable (attach schedule) 64b			
65 Other liabilities (describe <input type="checkbox"/> STMT 38)	543,819,710.	65	545,729,554.	
66 Total liabilities. Add lines 60 through 65	871,491,134.	66	860,171,783.	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted	354,209,062.	67	360,935,615.	
68 Temporarily restricted	59,719,128.	68	65,647,553.	
69 Permanently restricted	33,706,182.	69	35,702,928.	
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)	447,634,372.	73	462,286,096.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,319,125,506.	74	1,322,457,879.	

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	431,400,255.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	4,321,179.
2	Donated services and use of facilities	b2	21,707,294.
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	26,028,473.
c	Subtract line b from line a	c	405,371,782.
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) <u>SEE STATEMENT 39</u>	d2	-8,954,872.
	Add lines d1 and d2	d	-8,954,872.
e	Total revenue (Part I, line 12). Add lines c and d .	e	396,416,910.

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

a	Total expenses and losses per audited financial statements	a	414,914,679.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	21,707,294.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>SEE STATEMENT 40</u>	b4	12,937,472.
	Add lines b1 through b4	b	34,644,766.
c	Subtract line b from line a	c	380,269,913.
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) <u>SEE STATEMENT 41</u>	d2	5,825,800.
	Add lines d1 and d2	d	5,825,800.
e	Total expenses (Part I, line 17). Add lines c and d .	e	386,095,713.

Part V 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
SEE STATEMENT 42		1,936,113.	607,952.	5,500.

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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 43
75b 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)
75c 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
75d Does the organization have a written conflict of interest policy?

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.)

Table with 5 columns: (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. The first row shows dashes in all columns.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
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.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a 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?
80b If "Yes," enter the name of the organization STMT 89 and check whether it is [X] exempt or [] nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions) 81a
81b Did the organization file Form 1120-POL for this year? N/A

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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 21,707,294.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	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)	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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE		
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	NONE	
90 a	List the states with which a copy of this return is filed	SEE STATEMENT 90	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b 1337	
91 a	The books are in care of CATHERINE E. MICKLE, CFO Telephone no 404-329-7934 Located at 250 WILLIAMS STREET NW, SUITE 400 ATLANTA, GA ZIP + 4 30303-1002		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ROYALTY EDUCATION					
b MAGAZINES	541800	39,886.	15	3,070,924.	
c PROGRAM FEES					3,168,350.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	11,527,469.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	10,288.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	1,124,121.	
100 Gain or (loss) from sales of assets other than inventory			18	-186,002.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					598,555.
103 Other revenue a					
b STMT 91					6,188,551.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		39,886.		15,546,800.	9,955,456.
105 Total (add line 104, columns (B), (D), and (E))					25,542,142.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	STMT 92

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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).

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.

Please Sign Here

Signature of officer: Catherine E. Mickle Date: 4-30-08
 Type or print name and title: Catherine E Mickle CFO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization **AMERICAN CANCER SOCIETY, INC. (NATIONAL HOME OFFICE)** Employer identification number **13-1788491**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 93				
Total number of other employees paid over \$50,000 . . ▶		503		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 95		
Total number of others receiving over \$50,000 for professional services ▶		3

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 96		
Total number of other contractors receiving over \$50,000 for other services ▶		96

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>13,897,200.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property? STMT . 97	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities? STMT . 98	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT . 99	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) STMT . 100	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for years (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40	} 41	
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			Yes	No	Amount
a	Volunteers		X		
b	Paid staff or management (Include compensation in expenses reported on lines c through h)		X		
c	Media advertisements		X		13,607.
d	Mailings to members, legislators, or the public		X		834,242.
e	Publications, or published or broadcast statements		X		88,435.
f	Grants to other organizations for lobbying purposes		X		12,226,748.
g	Direct contact with legislators, their staffs, government officials, or a legislative body		X		601,270.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X		132,898.
i	Total lobbying expenditures (Add lines c through h.)				13,897,200.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990 BLOCK C ORGANIZATION

THE AMERICAN CANCER SOCIETY IS REQUIRED BY THE IRS TO SUBMIT TWO FORMS 990 EACH FISCAL YEAR. ONE IS FOR ITS NATIONAL HOME OFFICE; A SECOND IS PRESENTED ON A COMBINED BASIS FOR ITS CHARTERED DIVISIONS, THE AMERICAN CANCER SOCIETY OF PUERTO RICO, INC., ITS NATIONAL FOUNDATION; AND FOR ACS PRODUCTS INC., WHICH SELLS MISSION RELATED PRODUCTS. THESE STATEMENTS INDIVIDUALLY ONLY PRESENT A PIECE OF THE AMERICAN CANCER SOCIETY'S OPERATIONS, AND THEY INCLUDE MATERIAL INTER-COMPANY INCOME, EXPENSES, ASSETS AND LIABILITIES, PARTICULARLY BETWEEN THE NATIONAL HOME OFFICE AND THE DIVISIONS. IN ADDITION, FORMS 990 ARE PRESENTED IN ACCORDANCE WITH IRS REGULATIONS, WHICH IN SOME CASES ARE AT VARIANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. ACCORDINGLY, THE FORMS 990 DO NOT INDIVIDUALLY PRESENT A MEANINGFUL PICTURE OF THE AMERICAN CANCER SOCIETY'S FINANCIAL TRANSACTIONS AS A WHOLE.

THEREFORE THE SOCIETY PROVIDES THE COMBINED FINANCIAL STATEMENTS OF THE AMERICAN CANCER SOCIETY, INC., NATIONAL HOME OFFICE, FOUNDATION, AND CHARTERED DIVISIONS ON ITS WEBSITE, WWW.CANCER.ORG. THE COMBINED AUDITED FINANCIAL STATEMENTS PROVIDE THE ONLY MEANINGFUL FINANCIAL INFORMATION ON THE ENTIRE AMERICAN CANCER SOCIETY ORGANIZATION SINCE THEY ARE PRESENTED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND COMBINE ALL PARTS OF THE ORGANIZATION IN ONE STATEMENT. ALSO INCLUDED ON THE SOCIETY'S WEBSITE IS A COPY OF THE SOCIETY'S MOST RECENT ANNUAL REPORT THAT DISCUSSES THE SOCIETY'S MISSION AND ACCOMPLISHMENTS.

FOR ACCESS TO A WEALTH OF INFORMATION ABOUT CANCER, TO CONTRIBUTE TO THE FIGHT AGAINST CANCER, OR FOR MORE INFORMATION ABOUT THE WORK OF THE AMERICAN CANCER SOCIETY, VISIT OUR WEB SITE AT WWW.CANCER.ORG, OR CALL US TOLL-FREE, 24 HOURS A DAY, 7 DAYS A WEEK, AT 1-800-ACS-2345.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

FORM 990 PART I, LINE 1D

DIRECT SUPPORT FROM THE PUBLIC:

THE NATIONAL HOME OFFICE ("NHO") SPONSORED A TELEMARKETING OPERATION WITH 6 DIVISIONS PARTICIPATING THAT IS MANAGED BY A CHARTERED DIVISION. THESE CONTRIBUTIONS ARE RECORDED AS A DIRECT TELEMARKETING CONTRIBUTION ON THE NHO BOOKS.	\$4,350,497
NHO SUPPORT FROM NATIONAL ACQUISITION MAIL PROGRAM	8,599,512
MERCHANDISE AND OTHER IN-KIND CONTRIBUTIONS, AT FAIR VALUE	9,160,408
NHO SUPPORT FROM NOTES TO NEIGHBORS PROGRAM	7,205,622
NHO SUPPORT FROM COACHES VS. CANCER PROGRAM	291,897
INTERNATIONAL CONFERENCE	2,832,060
GREAT AMERICAN HEALTH CHECK	1,000,000
OTHER NHO SUPPORT	2,652,665
	----- 36,092,661

INDIRECT SUPPORT FROM THE PUBLIC:

THE NHO'S SHARE OF DIVISIONS' INCOME CONTRIBUTION, LEGACIES, AND BEQUESTS INCOME	322,942,196
ADDITIONAL ALLOCATIONS AND GRANTS FROM DIVISIONS AND ACS FOUNDATION FOR NHO PROGRAMS	7,497,668
	----- 330,439,864

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

GRANTS FROM GOVERNMENT AGENCY:

4,342,243

TOTAL PUBLIC SUPPORT:

\$370,874,768
=====

NO ONE CONTRIBUTOR DONATED MORE THAN 2% OF THE AMOUNT REPORTED IN PART I,
LINE 1D.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

FORM 990 PART I - LINE 7, 8, & 10

LINE 7

INTEREST INCOME FROM COMBINED ENDOWMENT FUND	523,644
LOAN INTEREST INCOME FROM AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.	22,998
OTHER INTEREST INCOME	577,479

	1,124,121
	=====

LINE 8A, COLUMN A

THIS AMOUNT REPRESENTS PROCEEDS FROM THE SALE OF SECURITIES THAT ARE LISTED AND REGULARLY TRADED IN AN OVER THE COUNTER MARKET OR ON AN ESTABLISHED EXCHANGE AND FOR WHICH MARKET QUOTATIONS ARE PUBLISHED OR OTHERWISE READILY AVAILABLE.

LINE 8A, COLUMN B

THIS AMOUNT REPRESENTS PROCEEDS FROM THE SALE OF TANGIBLE, PERSONAL PROPERTY THAT HAS BEEN USED BY THE ORGANIZATION FOR ITS EXEMPT PURPOSES.

DETAILS REGARDING INDIVIDUAL ASSET SALES ARE TOO VOLUMINOUS TO INCLUDE ON THE RETURN, BUT ARE AVAILABLE ON REQUEST.

LINE 10

SALES OF PRINTING/PUBLICATIONS	9,248,336
COST OF GOODS SOLD RELATED TO PRINTING/PUBLICATION	(8,649,781)

NET DIFFERENCE DUE TO NHO SALARIES AND ADMINISTRATIVE EXPENSES ALLOCATED ELSEWHERE	598,555
	=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

NOTE: THESE SALES RELATE TO PROGRAM AND OTHER
MISSION RELATED MATERIALS USED BY THE AMERICAN
CANCER SOCIETY.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

PART II- LINE 42 AND PART IV- LINE 57

LINE 42:

DEPRECIATION IS COMPUTED USING THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS.

BUILDINGS - 20 TO 40 YEARS

LEASEHOLD IMPROVEMENTS - LESSER OF LIFE OF THE LEASE OR ESTIMATED LIFE OF THE IMPROVEMENT

FURNITURE, FIXTURES, EQUIPMENT, COMPUTER SOFTWARE AND OTHER CAPITALIZED ASSETS - 3 TO 10 YEARS

EQUIPMENT AND OTHER LEASED PROPERTY UNDER CAPITAL LEASE ARE AMORTIZED ON A STRAIGHT-LINE BASIS OVER THE LESSER OF THE LIFE OF THE LEASE OR ESTIMATED LIFE OF THE EQUIPMENT

TOTAL DEPRECIATION EXPENSE: \$10,650,995
 =====

LINE 57:

	BASIS	ACCUMULATED DEPRECIATION	VALUE
LAND	\$ 5,108,422	\$-	\$ 5,108,422
BUILDING	18,556,577	(7,140,031)	11,416,546
LEASEHOLD IMPROVEMENTS	8,677,503	(2,064,906)	6,612,597
OFFICE FURNITURE AND OTHER EQUIPMENT	11,699,230	(7,427,664)	4,271,566
COMPUTER/EQUIP/SOFTWARE	69,425,788	(29,571,530)	39,854,258
	-----	-----	-----
TOTAL	\$113,467,520	\$ (46,204,131)	\$67,263,389
	=====	=====	=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

BALANCE SHEET

FORM 990 PART IV, LINE 54
=====

SEE STATEMENT 34

THIS AMOUNT INCLUDES APPROXIMATELY \$278,176,865 THAT IS HELD ON BEHALF OF AFFILIATES AS OF AUGUST 31, 2006.

THE MULTIPLE COMBINED INVESTMENT POOL CONSISTS GENERALLY OF SHORT-TERM SECURITIES OF THE U.S. GOVERNMENT, PRIME BANKER'S ACCEPTANCES, PRIME COMMERCIAL PAPER, CERTIFICATES OF DEPOSIT, AND SIMILAR DEBT SECURITIES HAVING A MARKET VALUE WHICH APPROXIMATES COST AND YIELDS CURRENT MARKET RATES.

THE INVESTMENT PORTFOLIO OF ALL FUNDS ARE CARRIED AT MARKET AT AUGUST 31, 2006.

FORM 990 PART IV, LINE 56
=====

OTHER INVESTMENTS

SEE STATEMENT 35

THE COMBINED GIFT ANNUITY FUNDS CONSIST GENERALLY OF LONGER-TERM INVESTMENTS, INCLUDING PUBLICLY TRADED STOCKS AND BONDS.

THE INVESTMENT PORTFOLIOS OF ALL FUNDS ARE CARRIED AT MARKET AT AUGUST 31, 2006

FORM 990 PART IV, LINE 58
=====

OTHER ASSETS

SEE STATEMENT 36

THE NATIONAL HOME OFFICE MAINTAINS A PLANNED GIVING BUSINESS UNIT (PGBU) UNDER A JOINT OPERATING AGREEMENT WITH PARTICIPATING DIVISIONS. THE PGBU

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

IS A COOPERATIVE EFFORT THROUGH WHICH PARTICIPATING DIVISIONS USE A CENTRALLY MANAGED STAFF TO COORDINATE A SHARED PLANNED GIVING PROGRAM. THE PARTICIPATING DIVISIONS SHARE IN THE PLANNED GIVING REVENUE INCLUDING LEGACIES RECEIVABLE AND BENEFICIAL INTERESTS IN TRUSTS GENERATED THROUGH THE EFFORTS OF THE PGBU STAFF. THE COSTS OF OPERATING THE PGBU ARE FUNDED 70% BY THE PARTICIPATING DIVISIONS, AND 30% BY THE NATIONAL HOME OFFICE.

PART IV- LINE 64A
=====

THE BALANCE OF \$16,406,412 IS COMPRISED OF TWO TAX EXEMPT BONDS: \$6,733,725 REPRESENTS THE BALANCE DUE OF \$15,000,000 INDUSTRIAL DEVELOPMENT BONDS ISSUED ON MAY 18, 1988 BY THE DEVELOPMENT AUTHORITY OF DEKALB COUNTY, GEORGIA, TO FINANCE CONSTRUCTION OF THE SOCIETY'S 165,000 SQUARE-FOOT OFFICE BUILDING LOCATED IN ATLANTA, GEORGIA. THE BONDS MATURE ON AUGUST 1, 2013 AND BEAR INTEREST AT A RATE WHICH IS ADJUSTABLE PERIODICALLY AND CAN BE CONVERTED TO A FIXED RATE AT THE SOCIETY'S OPTION. THE BONDS ARE COLLATERALIZED BY THE BUILDING AND ALL RELATED LAND, FURNISHINGS, AND EQUIPMENT. THE BONDS ARE ALSO SECURED BY A \$6,933,000 LETTER OF CREDIT. THE LETTER OF CREDIT WILL EXPIRE ON JULY 31, 2008 UNLESS TERMINATED EARLIER, AND AS OF AUGUST 31, 2006, NO BALANCE WAS OUTSTANDING. A FORM 8038 WAS FILED ON MAY 18, 1988.

\$9,672,687 REPRESENTS THE BALANCE DUE OF \$11,000,000 INDUSTRIAL DEVELOPMENT BONDS ISSUED ON JUNE 6, 2002 BY THE OKLAHOMA INDUSTRIES AUTHORITY. THE BONDS MATURE ON JUNE 1, 2022 AND BEAR INTEREST AT A RATE WHICH IS ADJUSTABLE PERIODICALLY AND CAN BE CONVERTED TO A FIXED RATE AT THE SOCIETY'S OPTION. THE BONDS ARE COLLATERALIZED BY THE BUILDING AND ALL RELATED LAND, FURNISHINGS, AND EQUIPMENT. THE BONDS ARE ALSO SECURED BY A \$9,807,000 LETTER OF CREDIT. THE LETTER OF CREDIT WILL EXPIRE ON JUNE 6, 2008 UNLESS TERMINATED EARLIER, AND AS OF AUGUST 31, 2006, NO BALANCE WAS OUTSTANDING. A FORM 8038 WAS FILED ON JUNE 6, 2002.

ANNUAL PAYMENTS ON THE TWO BOND ISSUES AS OF AUGUST 31, 2006, EXCLUDING INTEREST, ARE PAYABLE AS FOLLOWS:

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FISCAL YEAR:	
2007	1,175,000
2008	1,300,000
2009	1,325,000
2010	1,450,000
2011	1,475,000
THEREAFTER	9,769,000

FORM 990 PART IV, LINE 65
=====

OTHER LIABILITIES

SEE STATEMENT 38

THE NATIONAL HOME OFFICE ASSETS INCLUDE INVESTMENTS IN A COMBINED SHORT-TERM INVESTMENT POOL (CIP), INVESTMENTS IN A COMBINED ENDOWMENT POOL (CEP), AND THE COMBINED PLANNED GIVING ASSET POOL THAT IS INVESTED OR ADMINISTERED ON BEHALF OF THE DIVISIONS, PUERTO RICO, AND THE AMERICAN CANCER SOCIETY FOUNDATION.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

PART IV-A & PART IV-B

FORM 990 PART IV-A
 =====

OTHER

COST OF GOODS SOLD CHARGED TO PROGRAM AND/OR SUPPORTING SERVICES FUNCTIONS IN AUDITED FINANCIAL STATEMENTS	8,649,781
REVENUE OF AFFILIATE	6,130,891

TOTAL, LINE D(2)	14,780,672
	=====

FORM 990 PART IV-B
 =====

COST OF GOODS SOLD CHARGED TO PROGRAM AND/OR SUPPORTING SERVICES FUNCTIONS IN AUDITED FINANCIAL STATEMENTS	8,649,781
EXPENSES OF AFFILIATE	4,287,691

TOTAL, LINE B(4)	12,937,472
	=====

NOTE: THE AMERICAN CANCER SOCIETY, INC. (NATIONAL HOME OFFICE) IS REQUIRED TO PREPARE ITS AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP). UNDER GAAP, COSTS OF GOODS SOLD OF EDUCATIONAL MATERIALS AND OTHER PROGRAM RELATED MATERIALS ARE REQUIRED TO BE REPORTED AS PART OF THE PROGRAM FUNCTION BENEFITED. FOR PURPOSES OF FORM 990 THESE PROGRAM RELATED COSTS ARE RECLASSIFIED TO COST OF GOODS SOLD ON PART I, LINE 10B.

FURTHERMORE, FOR GAAP PURPOSES, THE ACTIVITIES OF ACS PRODUCTS, INC. MUST BE CONSOLIDATED IN THE AUDITED FINANCIAL STATEMENTS OF THE AMERICAN CANCER SOCIETY, INC. (NATIONAL HOME OFFICE), BUT ARE NOT PERMITTED TO BE CONSOLIDATED ON FORM 990. ACS PRODUCTS INC., PRINCIPLE PURPOSE IS TO SELL PRODUCTS IN SUPPORT OF THE AMERICAN CANCER SOCIETY, INC.'S MISSION.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART IV-A & PART IV-B

DONATED SERVICES AND USE OF FACILITIES

THE SOCIETY HAS RECORDED CONTRIBUTED SERVICES OF \$20,321,351 RELATED TO THE COMMUNICATION OF PROGRAM AND FUND-RAISING MESSAGES THROUGH VARIOUS ADVERTISING MEDIA.

IN ADDITION, THE SOCIETY HAS VALUED AND RECORDED CONTRIBUTED SERVICES PROVIDED BY SCIENTIFIC PEER REVIEWERS, WHICH CONSIST OF MEDICAL DOCTORS, PH.D.S, PROFESSORS, BIOMEDICAL AND PSYCHOSOCIAL PROFESSIONALS, SOCIAL WELFARE SERVICE PROVIDERS, AND OTHER PROFESSIONAL SERVICE PROVIDERS WHOSE EFFORTS ARE NECESSARY FOR THE SOCIETY TO CARRY OUT ITS PROGRAMS. THE SOCIETY'S MANAGEMENT ESTIMATES THAT APPROXIMATELY 22,320 HOURS HAVE BEEN CONTRIBUTED BY SCIENTIFIC PEER REVIEWERS AND HAS VALUED SUCH SERVICES AT \$1,385,943.

\$20,321,351
\$1,385,943

\$21,707,294
=====

PART VI, LINE 82B

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, DONATED SERVICES ARE INCLUDED ONLY IF THE SERVICES CREATE OR ENHANCE NONFINANCIAL ASSETS, OR THE VOLUNTEER SERVICES RECEIVED REQUIRE SPECIALIZED SKILLS AND WOULD TYPICALLY NEED TO BE PURCHASED IF NOT PROVIDED BY VOLUNTEER SERVICE. THE AMERICAN CANCER SOCIETY IS THE LARGEST NON-PROFIT VOLUNTARY ORGANIZATION IN THE WORLD, AND RELIES UPON THE COMPETENCE, CREATIVITY, AND DEDICATION OF ITS MORE THAN 2.5 MILLION NATIONWIDE VOLUNTEERS TO ACHIEVE ITS MISSION. THE AMERICAN CANCER SOCIETY'S VOLUNTEERS PROVIDE SERVICES WHICH, WHILE THEIR SERVICES DO NOT MEET THIS ACCOUNTING CRITERIA, PROVIDE IRREPLACEABLE VALUE TO THE GENERAL PUBLIC INCLUDING SERVICES TO PATIENTS; EDUCATION TO THE GENERAL PUBLIC; ADVOCACY FOR APPROPRIATE CANCER POLICY BY WORKING WITH LOCAL, STATE AND FEDERAL LEGISLATORS; ADMINISTRATIVE AND FUNDRAISING SUPPORT; AND MANY OTHER COMMITMENTS OF TIME AND EXPERTISE. THE TRUE VALUE OF THESE SERVICES IS DIFFICULT TO QUANTIFY, BUT IS MATERIAL TO THE SUCCESS OF THE SOCIETY.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SCHEDULE A- PART I

THE BOARDS AND ADVISORY GROUPS OF THE AMERICAN CANCER SOCIETY ARE PRIMARILY LAY AND MEDICAL VOLUNTEERS. HOWEVER, THE SOCIETY'S MISSION AND PROGRAMS NEED A FULL TIME EFFECTIVE AND COMMITTED STAFF TO BE SUCCESSFUL. THE PUBLIC EXPECTS THE AMERICAN CANCER SOCIETY TO BE MANAGED IN AN EFFICIENT, BUSINESSLIKE MANNER, BY TALENTED AND PRODUCTIVE PROFESSIONAL STAFF. THEREFORE, THE AMERICAN CANCER SOCIETY OFFERS COMPETITIVE COMPENSATION IN ORDER TO ATTRACT AND RETAIN THE HIGHEST LEVEL OF STAFF LEADERSHIP. WHILE DESIRING TO BE COMPETITIVE, THE AMERICAN CANCER SOCIETY IS ALSO COMMITTED TO GOOD STEWARDSHIP OF PUBLIC FUNDS. ACCORDINGLY, IN DEPTH LABOR MARKET ANALYSIS, WITH THE AID OF EXTERNAL INDEPENDENT COMPENSATION CONSULTING FIRMS, IS CONDUCTED AT APPROPRIATE INTERVALS.

ALL AMERICAN CANCER SOCIETY EMPLOYEES LISTED ON SCHEDULE A, PART I ARE FULL-TIME EMPLOYEES OF THE AMERICAN CANCER SOCIETY NATIONAL HOME OFFICE.

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SCHEDULE A, PART VI - LOBBYING ACTIVITIES

NON-ELECTING PUBLIC CHARITIES

THE AMERICAN CANCER SOCIETY (NATIONAL HOME OFFICE) IS THE NATIONWIDE COMMUNITY-BASED VOLUNTARY HEALTH ORGANIZATION DEDICATED TO ELIMINATING CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER, SAVING LIVES AND DIMINISHING SUFFERING FROM CANCER THROUGH RESEARCH, EDUCATION, ADVOCACY AND SERVICE. IN SERVING THIS MISSION, ADVOCACY EFFORTS FOCUS ON BUILDING SUPPORT FOR OR VOICING OPPOSITION TO PUBLIC POLICY INITIATIVES THAT HAVE THE POTENTIAL TO IMPACT PEOPLE TOUCHED BY CANCER. NHO SUPPORTED LIMITED ADVOCACY ACTIVITIES AT THE FEDERAL AND STATE LEVELS BOTH DIRECTLY AND THROUGH GRANTS TO OTHER ORGANIZATIONS.

FEDERAL ACTIVITIES

AT THE FEDERAL LEVEL, NHO ADVOCATED FOR CANCER LEGISLATION RELATING TO THE FOLLOWING ISSUES:

- CANCER PREVENTION EDUCATION AND OUTREACH
- ESTABLISHMENT OF A FEDERAL GRANTS PROGRAM FOR PATIENT NAVIGATION
- TOBACCO CONTROL, INCLUDING FDA REGULATION OF TOBACCO, COVERAGE FOR CESSATION AND INTERNET SALES
- INCREASED ACCESS TO CANCER SCREENING AND TREATMENT FOR THOSE WITH PRIVATE INSURANCE, THE MEDICARE AND MEDICAID POPULATIONS, THE UNDERINSURED AND THE UNINSURED
- PAIN MANAGEMENT, PALLIATIVE CARE AND QUALITY OF LIFE

IN SUPPORT OF THESE POLICY OBJECTIVES, NHO LOBBYING ON THESE ISSUES INCLUDED COMMUNICATING DIRECTLY WITH LEGISLATIVE OFFICIALS AND THEIR STAFF AND SENDING EMAILS, NEWSLETTERS AND OTHER COMMUNICATIONS TO THE SOCIETY'S DIVISION STAFF, VOLUNTEERS, AND OTHER INTERESTED PARTIES. NHO ALSO SPONSORED MEDIA ADVERTISEMENTS AND WORKED IN COLLABORATION WITH HEALTH ORGANIZATIONS.

IN ADDITION, INCLUDED IN THE "GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES" REPORTED IN PART VI B OF THIS FORM 990 ARE PROJECT GRANTS TO THE FOLLOWING ORGANIZATIONS: AMERICAN CANCER SOCIETY CANCER ACTION NETWORK; AMERICANS FOR NONSMOKERS' RIGHTS; AND RESEARCH TO PREVENTION. FOR EXAMPLE, GRANTS WERE GIVEN TO SUPPORT FEDERAL APPROPRIATIONS FOR CANCER-RELATED PROGRAMS AT VARIOUS GOVERNMENT AGENCIES.

STATE ACTIVITIES

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AT THE STATE LEVEL, NHO ASSISTED THE SOCIETY'S DIVISIONS BY PROVIDING STRATEGIC COUNSELING ON THE LEGISLATIVE PROCESS, ANALYSIS OF PROPOSED LEGISLATION, AND BACKGROUND RESEARCH AND MATERIALS. NHO DELIVERED THIS ASSISTANCE PRIMARILY FOCUSING ON THE FOLLOWING CANCER CONTROL MEASURES:

INCREASED TAXES ON TOBACCO PRODUCTS
PALLIATIVE CARE AND PAIN MANAGEMENT
COVERAGE OF COLON CANCER SCREENING
SMOKE-FREE WORKPLACE (CLEAN INDOOR AIR) MEASURES
INCREASED FUNDING FOR TOBACCO USE PREVENTION AND CONTROL PROGRAMS,
INCLUDING CESSATION COVERAGE

IN ADDITION, NHO GRANTED FUNDS TO THE SOCIETY'S DIVISIONS THROUGHOUT THE UNITED STATES TO SUPPORT LOBBYING ACTIVITIES AND ADVERTISEMENTS DESIGNED TO INFLUENCE THE STATE LEGISLATURES. GRANT MONEY DEDICATED TO THESE TYPES OF LOBBYING EFFORTS WAS REPORTED BY BOTH NHO AS LOBBYING "GRANTS" IN PART VI B OF THIS FORM 990, AS WELL AS LOBBYING EXPENDITURES IN PART VI A OF THE DIVISION GROUP RETURN FORM 990 FILED BY THE SOCIETY'S DIVISIONS. FOR EXAMPLE, GRANTS WERE GIVEN TO SUPPORT STATE LEGISLATIVE LOBBYING ACTIVITIES FOR TOBACCO CONTROL ISSUES.

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PART V-A, LINE 75D

CODE OF ETHICS AND CONFLICT OF INTEREST POLICY
AMERICAN CANCER SOCIETY, INC.

INTRODUCTION AND APPLICABILITY

THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY (THE "CODE") OF THE AMERICAN CANCER SOCIETY, INC. ("THE "SOCIETY") ESTABLISHES THE ETHICAL STANDARDS FOR ASSOCIATES OF THE SOCIETY IN CONNECTION WITH SOCIETY BUSINESS. THE PURPOSE OF THE CODE IS TO PROVIDE EVIDENCE OF THE SOCIETY'S COMMITMENT TO THE LAWFUL AND ETHICAL CONDUCT OF ITS BUSINESS AND TO PROMOTE LAWFUL AND ETHICAL BEHAVIOR BY ITS ASSOCIATES.

THE TERM "ASSOCIATE" MEANS VOLUNTEERS AND STAFF. IT IS EVERY ASSOCIATE'S RESPONSIBILITY TO DISCHARGE HIS OR HER DUTIES IN A MANNER THAT PROMOTES AND PRESERVES PUBLIC TRUST, PROPER STEWARDSHIP, AND CONFIDENCE IN THE INTEGRITY OF THE SOCIETY. ASSOCIATES MUST RESPECT AND COMPLY WITH SOCIETY RULES AND REGULATIONS, OBSERVE HIGH STANDARDS OF CONDUCT, AND PARTICIPATE IN ESTABLISHING AND MAINTAINING SUCH HIGH STANDARDS. ADVERSE CONSEQUENCES, INCLUDING EMPLOYEE TERMINATION OR REMOVAL OF A VOLUNTEER FROM HIS OR HER POSITION, CAN RESULT FROM FAILURE TO COMPLY WITH THE CODE.

IT IS THE DUTY OF ALL ASSOCIATES TO REVIEW AND ASSESS THEIR CONDUCT IN LIGHT OF THE PROVISIONS OF THE CODE. EACH ASSOCIATE SHALL SEEK, EITHER IN WRITING OR IN PERSON, THE ADVICE OF HIS OR HER SUPERVISOR OR THE OFFICE OF CORPORATION COUNSEL WHEN A REASONABLE DOUBT REGARDING AN ETHICAL OR LEGAL CONSIDERATION ARISES.

THE ATTACHED CONFLICT OF INTEREST DISCLOSURE STATEMENT MUST BE COMPLETED BY ALL STAFF, GOVERNANCE VOLUNTEERS, AND ANY OTHER VOLUNTEERS IN A POSITION THAT WARRANTS THEIR COMPLETING THE FORM. THE DETERMINATION OF WHICH VOLUNTEERS MUST COMPLETE THE FORM IS MADE BY THE OFFICE OF CORPORATION COUNSEL.

I. PERFORMANCE OF DUTIES

A. SOCIETY ASSOCIATES WILL PERFORM DUTIES PROPERLY, DILIGENTLY, AND IN AN APPROPRIATELY COURTEOUS MANNER.

B. NO ASSOCIATE SHALL FALSIFY, DESTROY, MUTILATE, CONCEAL, OR FAIL TO MAKE REQUIRED ENTRIES ON ANY RECORD WITHIN THE ASSOCIATE'S CONTROL.

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C. ASSOCIATES WITH REPORTING RESPONSIBILITIES SHALL PROVIDE FULL, FAIR, ACCURATE, TIMELY, AND UNDERSTANDABLE DISCLOSURE IN ALL REPORTS.

D. ASSOCIATES SHALL ACT HONESTLY AND ETHICALLY.

E. NO ASSOCIATE SHALL DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, GENDER, NATIONAL ORIGIN, AGE, PHYSICAL ABILITY, SEXUAL ORIENTATION, MARITAL STATUS, OR VETERAN STATUS IN THE CONDUCT OF SERVICES FOR THE SOCIETY.

F. ASSOCIATES WHO ARE ATTORNEYS, MEDICAL DOCTORS, CERTIFIED PUBLIC ACCOUNTANTS, OR MEMBERS OF OTHER PROFESSIONAL GROUPS ARE BOUND BY THE APPROPRIATE PROFESSIONAL DUTIES AND CODE OF CONDUCT OF THOSE ROLES.

G. ASSOCIATES SHALL COMPLY WITH ALL STATE, FEDERAL AND LOCAL LAWS, STATUTES AND ORDINANCES.

II. ABUSE OF POSITION AND CONFLICTS OF INTEREST

THE SOCIETY IS A NONPROFIT, TAX-EXEMPT ORGANIZATION. MAINTENANCE OF ITS TAX-EXEMPT STATUS IS CRITICAL BOTH FOR ITS CONTINUED FINANCIAL STABILITY AND FOR PUBLIC SUPPORT. THE SOCIETY IS SUBJECT TO SCRUTINY BY, AND IS HELD ACCOUNTABLE TO, GOVERNMENTAL AUTHORITIES AS WELL AS THE PUBLIC.

CONSEQUENTLY, THERE EXISTS BETWEEN THE SOCIETY, ITS ASSOCIATES, AND THE PUBLIC, A FIDUCIARY DUTY WHICH CARRIES WITH IT A DUTY OF LOYALTY. ASSOCIATES HAVE THE RESPONSIBILITY OF ADMINISTERING THE AFFAIRS OF THE SOCIETY HONESTLY AND PRUDENTLY AND OF EXERCISING THEIR BEST CARE, SKILL, AND JUDGMENT FOR THE SOLE BENEFIT OF THE SOCIETY.

ASSOCIATES SHALL USE THE RESOURCES, PROPERTY, AND FUNDS UNDER THE ASSOCIATE'S CONTROL JUDICIOUSLY AND IN THE BEST INTEREST OF THE SOCIETY. ASSOCIATES SHALL EXERCISE GOOD FAITH IN ALL TRANSACTIONS AND THEY SHALL NOT USE THEIR POSITIONS WITH THE SOCIETY OR KNOWLEDGE GAINED THEREIN FOR THEIR PERSONAL BENEFIT OR FOR THE BENEFIT OF ANY OTHER PERSON OR ORGANIZATION. THE INTERESTS OF THE SOCIETY MUST BE THE FIRST PRIORITY IN ALL DECISIONS AND ACTIONS.

NO ASSOCIATE SHALL ACCEPT, SOLICIT, OR AGREE TO ACCEPT ANY GIFT, FAVOR, COMPLIMENTARY SERVICE, OR OTHER THING OF VALUE UNDER CIRCUMSTANCES FROM WHICH IT MIGHT BE REASONABLY INFERRED THAT SUCH GIFT, SERVICE, OR OTHER THING OF VALUE WAS GIVEN OR OFFERED FOR THE PURPOSE OF INFLUENCING THE ASSOCIATE IN THE DISCHARGE OF HIS OR HER DUTIES. VENDOR SELECTIONS AND

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PURCHASING DECISIONS MUST ALWAYS BE BUSINESS DECISIONS BASED ON MERIT: BY COMPARING AND EVALUATING PRICE, QUALITY, PERFORMANCE, AND SUITABILITY. DECISIONS MUST NOT BE INFLUENCED BY ANY OTHER FACTOR, SUCH AS PERSONAL RELATIONSHIPS, GIFTS OR HOSPITALITY.

A. AREAS IN WHICH CONFLICTS MAY ARISE - A CONFLICT OF INTEREST MAY ARISE IN THE RELATIONS OF ASSOCIATES WITH ANY OF THE FOLLOWING THIRD PARTIES:

- PERSONS AND FIRMS SUPPLYING OR POTENTIALLY SUPPLYING GOODS AND SERVICES TO THE SOCIETY (VENDORS AND PROFESSIONALS), INCLUDING, BUT NOT LIMITED TO:

- CONSTRUCTION SERVICES.
- PROFESSIONAL SERVICES, INCLUDING ACCOUNTING AND LEGAL SERVICES.
- CONTRACTS WITH INDIVIDUALS, INCLUDING CONSULTANTS AND PART TIME STAFF.
- CONTRACTS WITH COMPANIES PROVIDING NON-PROFESSIONAL SERVICES, SUCH AS MARKETING, RESEARCH SERVICES, INFORMATION TECHNOLOGY CONSULTING OR OTHER SERVICES, ETC.
- PERSONS AND FIRMS FROM WHOM THE SOCIETY LEASES PROPERTY AND EQUIPMENT.
- PERSONS AND FIRMS WITH WHOM THE SOCIETY IS DEALING OR PLANNING TO DEAL IN CONNECTION WITH THE PURCHASE OR SALE OF REAL ESTATE, SECURITIES, OR OTHER PROPERTY.

- CUSTOMERS OF SOCIETY SERVICES (E.G. QUITLINE/EMPLOYER INITIATIVE CUSTOMERS).

- DONORS, VOLUNTEERS, AND OTHER SUPPORTERS OF THE SOCIETY.

- AGENCIES, OTHER NONPROFITS, AND ASSOCIATIONS THAT AFFECT THE OPERATIONS OF THE SOCIETY.

- ENTITIES FROM WHOM THE SOCIETY RECEIVES GRANTS OR TO WHOM THE SOCIETY PROVIDES GRANTS.

B. NATURE OF CONFLICTING INTEREST - A CONFLICTING INTEREST MAY BE DEFINED AS AN INTEREST, DIRECT OR INDIRECT, WITH ANY PERSONS OR FIRMS AS DISCUSSED IN SECTION A. SUCH AN INTEREST MIGHT ARISE THROUGH:

- AN ASSOCIATION WITH ANY ENTITY THAT DEALS WITH THE SOCIETY OF WHICH AN ASSOCIATE OR AN IMMEDIATE FAMILY MEMBER IS A PARTNER OR A CONTROLLING SHAREHOLDER, EXECUTIVE OFFICER, OR HAS ANY OTHER POSITION WITH ANOTHER ENTITY THAT WOULD REASONABLY CAUSE THE APPEARANCE OF A CONFLICT OF INTEREST. ANY QUESTION REGARDING INDEPENDENCE SHOULD BE REVIEWED BY THE AUDIT COMMITTEE FOR FINAL RESOLUTION.

- RECEIVING COMPENSATION FOR SERVICES WITH RESPECT TO INDIVIDUAL

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TRANSACTIONS INVOLVING THE SOCIETY.

- USING SOCIETY TIME, PERSONNEL, EQUIPMENT, SUPPLIES, OR GOODWILL FOR ANY PURPOSE OTHER THAN SOCIETY-APPROVED ACTIVITIES, PROGRAMS, OR PURPOSES.
- RECEIVING ANY GIFT, COURTESY OR LOAN FROM THIRD PARTIES DEALING OR COMPETING WITH THE SOCIETY, OR SEEKING TO DEAL WITH THE SOCIETY, EXCEPT FOR GIFTS WITH A VALUE OF LESS THAN SEVENTY-FIVE DOLLARS (\$75) THAT COULD NOT BE REFUSED WITHOUT DISCOURTESY AND WHICH WILL NOT GIVE RISE TO THE PERCEPTION THAT THE ASSOCIATE'S INDEPENDENT JUDGMENT MIGHT BE COMPROMISED. NOMINAL GIFTS SUCH AS PENS; CAPS; PAPERWEIGHTS; T-SHIRTS; COFFEE; SOFT DRINKS; FLOWERS; CHOCOLATES OR OTHER SMALL TOKENS MAY BE ACCEPTED. A GIFT THAT HAS A VALUE EXCEEDING SEVENTY-FIVE DOLLARS (\$75) AND THAT IS NOT RETURNED TO THE GIVER, FOR ANY REASON, MUST BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR (IF STAFF) OR THE AUDIT COMMITTEE (IF A VOLUNTEER), AND ALSO REPORTED ON YOUR DISCLOSURE STATEMENT. SIMILARLY, A SERIES OF GIFTS WITHIN A ONE-YEAR TIME FRAME, ALL OF WHICH CUMULATIVELY ARE VALUED AT SEVENTY-FIVE DOLLARS (\$75) OR MORE SHOULD BE TREATED AS A SINGLE GIFT FOR PURPOSES OF THIS POLICY. NO PERSONAL GIFT OF CASH OR A CASH EQUIVALENT (I.E. GIFT CARDS, GIFT CHECKS, VOUCHERS, PHONE CARDS, CHECKS OR MONEY ORDERS, ETC.); SPECIAL DISCOUNT; TICKETS FOR ENTERTAINMENT WHERE THE HOST WILL NOT BE PRESENT; GIFTS THAT WOULD EMBARRASS THE SOCIETY; OR SITUATIONS WHERE THE SOCIETY'S COMMITMENT TO DIVERSITY AND RESPECT FOR OTHERS COULD BE VIOLATED OR COULD CAUSE UNEASE, SUCH AS ADULT ENTERTAINMENT, SHOULD EVER BE ACCEPTED. NO GIFT OF ANY VALUE SHOULD EVER BE ACCEPTED FROM A VENDOR DURING A BIDDING OR CONTRACTING PROCESS. ASSOCIATES SHOULD NEVER REQUEST GIFTS OR HOSPITALITY OF ANY SORT. ASSOCIATES SHOULD AVOID A PATTERN OF ACCEPTING FREQUENT COURTESIES FROM THE SAME PERSON OR COMPANY.
- OWING MONEY TO THE SOCIETY (OTHER THAN MINOR AMOUNTS INCURRED WHILE TRAVELING AND PROMPTLY REPAID IN FULL) IF YOU ARE A DIRECTOR, VOLUNTEER, OR OFFICER OF THE SOCIETY.
- IF A THIRD PARTY DEALING OR COMPETING WITH THE SOCIETY OFFERS A GIFT THAT AN ASSOCIATE WISHES TO ACCEPT AND THE ASSOCIATE BELIEVES WOULD BE BENEFICIAL TO THE SOCIETY, THEN THE ASSOCIATE CAN REQUEST THAT AN EXCEPTION TO THE \$75 LIMIT BE MADE PRIOR TO ACCEPTING THE GIFT. ANY EXCEPTION MUST BE APPROVED BY BOTH THE ASSOCIATE'S SUPERVISOR (IF STAFF) AND THE OFFICE OF CORPORATION COUNSEL (FOR BOTH VOLUNTEERS AND STAFF) IN ORDER TO ASSURE THAT NO CONFLICT OF INTEREST WOULD RESULT. IN INTERNATIONAL SITUATIONS WHERE TURNING DOWN A GIFT WITH MORE THAN A \$75 VALUE WOULD BE CULTURALLY DISCOURTEOUS, THE GIFT MAY BE ACCEPTED ON BEHALF OF THE SOCIETY BUT MUST BE IMMEDIATELY REPORTED TO THE OFFICE OF CORPORATION COUNSEL.

C. INTERPRETATION OF CONFLICT OF INTEREST

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THE AREAS OF CONFLICTING INTEREST LISTED IN SECTION A, AND THE RELATIONSHIPS IN THOSE AREAS THAT MAY GIVE RISE TO CONFLICTS, AS LISTED IN SECTION B, ARE NOT EXHAUSTIVE. CONFLICTS MAY ARISE IN OTHER AREAS OR THROUGH OTHER RELATIONSHIPS. IF AN ASSOCIATE BELIEVES THAT HE OR SHE IS IN A POSSIBLE CONFLICT SITUATION, HE OR SHE SHOULD ASSUME THAT A CONFLICT DOES EXIST AND ACT ACCORDINGLY.

THE FACT THAT ONE OF THE INTERESTS DESCRIBED IN SECTION A OR B EXISTS DOES NOT NECESSARILY MEAN THAT A CONFLICT EXISTS, OR THAT THE CONFLICT, IF IT EXISTS, IS MATERIAL ENOUGH TO BE OF PRACTICAL IMPORTANCE, OR IF MATERIAL, THAT UPON FULL DISCLOSURE OF ALL RELEVANT FACTS AND CIRCUMSTANCES, IT IS NECESSARILY ADVERSE TO THE INTERESTS OF THE SOCIETY.

HOWEVER, IT IS THE POLICY OF THE SOCIETY THAT THE EXISTENCE OF ANY OF THE INTERESTS DESCRIBED IN SECTION B MUST BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. MOREOVER, IN THE EVENT OF AN UNAVOIDABLE CONFLICT OF INTEREST, AFTER FULL DISCLOSURE OF ALL MATERIAL FACTS REGARDING THE TRANSACTION, THE ASSOCIATE WITH THE CONFLICT SHALL ABSENT HIM/HERSELF FROM FURTHER DISCUSSION OF THE TRANSACTION. IN ADDITION, IF THE ASSOCIATE IS IN A POSITION TO VOTE ON, OR OTHERWISE PARTICIPATE IN THE DECISION WITH RESPECT TO, THE CONFLICT OF INTEREST TRANSACTION, HE OR SHE SHALL ABSTAIN FROM ANY SUCH VOTE OR PARTICIPATION. IT SHALL BE THE RESPONSIBILITY OF THE DECISION-MAKING BODY TO PROPERLY RECORD THE MINUTES OF ANY DISCUSSION REGARDING A CONFLICT OF INTEREST TRANSACTION THE NAME OF THE PERSON WHO DISCLOSES THE CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT OF INTEREST, AND DOCUMENT THE COMPARABILITY DATA (I.E. INDUSTRY SURVEYS, COMPENSATION STUDIES, COMPETITIVE BIDS, ETC.) IF ANY, USED IN DETERMINING WHETHER THE SOCIETY SHOULD ENTER INTO THE TRANSACTION.

IT SHALL BE THE CONTINUING RESPONSIBILITY OF ASSOCIATES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE ANY NECESSARY DISCLOSURES. IN DECIDING WHETHER A TRANSACTION MIGHT CONSTITUTE A CONFLICT OF INTEREST, AN ASSOCIATE SHOULD ASK THESE QUESTIONS:

- IS THE TRANSACTION INCLUDED AS A SCENARIO IN THE FREQUENTLY ASKED QUESTIONS ATTACHED TO THE CODE?
- WOULD THE TRANSACTION BE PRUDENT, BE IN GOOD FAITH, AND BE IN THE BEST INTERESTS OF THE SOCIETY?
- WOULD THE TRANSACTION AFFECT ANY DECISION I WILL MAKE FOR THE SOCIETY?
- HOW WOULD THE TRANSACTION LOOK TO SOMEONE OUTSIDE OF THE SOCIETY, SUCH AS A DONOR, A PUBLIC WATCHDOG GROUP, THE STATE ATTORNEY GENERAL, OR THE

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MEDIA?

- HOW WOULD THE TRANSACTION SEEM TO OTHERS WITHIN THE SOCIETY? WOULD THEY THINK IT MIGHT AFFECT HOW I DO MY JOB FOR THE SOCIETY?

D. DISCLOSURE POLICY AND PROCEDURE

- THE RECEIPT OF AN OFFER OF ANY GIFT(S) EXCEEDING THE VALUE OF \$75 MUST BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR. NO GIFT IN EXCESS OF THE VALUE OF \$75 MAY BE ACCEPTED WITHOUT THE PRIOR APPROVAL OF THE SUPERVISOR (IF STAFF) AND THE OFFICE OF CORPORATION COUNSEL (FOR BOTH STAFF AND VOLUNTEERS).

- IF A SUPERVISOR RECEIVES A REPORT OF A POTENTIAL CONFLICT OF INTEREST OR A RECEIPT OF A GIFT IN EXCESS OF THE VALUE OF \$75, HE OR SHE SHALL FORWARD THE DISCLOSURE STATEMENT TO THE OFFICE OF CORPORATION COUNSEL FOR REVIEW. THE OFFICE OF CORPORATION COUNSEL WILL REVIEW THE CIRCUMSTANCES TO DETERMINE IF THE POTENTIAL GIFT CAN BE ACCEPTED OR DETERMINE IF A POTENTIAL CONFLICT OF INTEREST EXISTS AND COMMUNICATE ITS DECISION TO THE SUPERVISOR.

- A CONFLICT OF INTEREST AND DISCLOSURE STATEMENT SHALL BE COMPLETED ANNUALLY BY ALL STAFF, GOVERNANCE VOLUNTEERS, AND OTHER VOLUNTEERS IF WARRANTED, AND RETURNED TO THE HUMAN RESOURCES DEPARTMENT (FOR STAFF) OR THE OFFICE OF CORPORATION COUNSEL (FOR VOLUNTEERS). THE AUDIT COMMITTEE SHALL MONITOR AND MAKE THE ULTIMATE DETERMINATION WITH RESPECT TO POTENTIAL CONFLICTS.

- NEWLY HIRED EMPLOYEES SHALL COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE STATEMENT DURING EMPLOYEE ORIENTATION.

- THE SUPERVISOR (OR BOARD FOR A BOARD MEMBER) SHALL TAKE APPROPRIATE ACTION IN THE EVENT AN ASSOCIATE ACCEPTS A GIFT IN EXCESS OF THE VALUE OF \$75, WHICH MAY INCLUDE: (1) REQUIRING THE RECIPIENT TO RETURN THE GIFT OR REPAY AN AMOUNT EQUAL TO THE VALUE OF THE GIFT OVER \$75, (2) TAKING STEPS TO ENSURE THAT THE RECIPIENT IS REMOVED FROM ANY DECISION PROCESS INVOLVING THE SOCIETY'S RELATIONSHIP WITH THE GIFT GIVER, AND (3) TAKING OTHER APPROPRIATE REMEDIAL AND DISCIPLINARY ACTIONS. ADDITIONAL ITEMS FOR THE SUPERVISOR, (OR BOARD IF A BOARD MEMBER OR OTHER VOLUNTEER), TO CONSIDER IN MAKING HIS OR HER DETERMINATION INCLUDE PAST VIOLATIONS, THE AMOUNT AND NATURE OF THE GIFT ACCEPTED, THE LIKELIHOOD OF THE GIFT IMPROPERLY INFLUENCING THE RECIPIENT, AND THE GENERAL CIRCUMSTANCES SURROUNDING THE RECEIPT OF THE GIFT.

THE HUMAN RESOURCES DEPARTMENT SOLICITS AND RECEIVES THE ANNUAL CERTIFICATION AND ENSURES COMPLIANCE WITH ITS COMPLETION AND REVIEWS THE DISCLOSURES ON THE FORMS. ALL DISCLOSURES AND ANY REPORTS OF NONCOMPLIANCE WILL BE FORWARDED TO THE OFFICE OF CORPORATION COUNSEL WHO

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WILL REVIEW THE DISCLOSURE STATEMENTS. THE OFFICE OF CORPORATION COUNSEL WILL THEN FORWARD A REPORT ANNUALLY TO THE AUDIT COMMITTEE.

III. CONFIDENTIAL INFORMATION

ASSOCIATES SHALL NOT VIOLATE SOCIETY PRIVACY AND CONFIDENTIALITY POLICIES.

IV. DISCLOSURES AND CORRECTIVE ACTIONS

A. EACH ASSOCIATE SHALL IMMEDIATELY REPORT VIOLATIONS OF THE CODE, CRIMINAL LAW, OR THE ATTEMPT TO INDUCE ANOTHER TO VIOLATE THESE STANDARDS OR VIOLATE CRIMINAL LAW, IN ACCORDANCE WITH ESTABLISHED POLICIES. A FAILURE TO REPORT A VIOLATION IS ITSELF A VIOLATION OF THE CODE. IF ANONYMITY IS REQUESTED, THE SOCIETY WILL NOT DISCLOSE THE IDENTITY OF THE REPORTING INDIVIDUAL EXCEPT AS NEEDED TO PROPERLY INVESTIGATE THE ALLEGATION, OR UNLESS LEGALLY REQUIRED TO DO SO. THE SOCIETY'S OUTSOURCED INDEPENDENT HOTLINE AT 1-800-539-7202 IS A CONFIDENTIAL RESOURCE DEDICATED SOLELY TO ANSWERING QUESTIONS AND CONCERNS OR REPORTING QUESTIONABLE ACTIVITY RELATED TO FINANCIAL INTERNAL CONTROLS, AUDIT, PREVENTION OF ILLEGAL ACTIVITY, ACCOUNTING ISSUES, AND RELATED MATTERS. YOU MAY ENSURE COMPLETE ANONYMITY WHEN REPORTING A CONCERN BY SIMPLY NOT GIVING YOUR NAME. MORE INFORMATION ON THE HOTLINE IS AVAILABLE AT WWW.SOCIETYLINK.ORG (THE INTRANET) UNDER RISK MANAGEMENT.

B. AN ASSOCIATE FOUND TO BE IN VIOLATION OF THE CODE SHALL BE SUBJECT TO CORRECTIVE ACTIONS TAKEN BY THE APPROPRIATE LEVEL MANAGER (OR BOARD FOR BOARD MEMBERS AND OTHER VOLUNTEERS). SUCH ACTION MAY INCLUDE FURTHER TRAINING AND INSTRUCTION REGARDING THE PROVISIONS OF THE CODE, NECESSARY STEPS TO REMEDIATE ANY HARM TO THE SOCIETY, FELLOW ASSOCIATES, OR OTHERS, AND DISCIPLINARY ACTIONS UP TO AND INCLUDING TERMINATION. EACH VIOLATION WILL BE ASSESSED ON AN INDIVIDUAL CASE BY CASE BASIS AND THE CORRECTIVE ACTION TAILORED TO THE SPECIFICS OF THAT VIOLATION. WHEN DECIDING WHAT ACTION IS NECESSARY, CONSIDERATION WILL BE GIVEN TO THE FLAGRANCY OF THE VIOLATION, THE HARM CAUSED, WHETHER THE VIOLATION WAS INTENTIONAL OR UNINTENTIONAL, WHETHER THE ASSOCIATE VOLUNTARILY DISCLOSED THE VIOLATION, PRIOR MISCONDUCT, THE LIKELIHOOD OF FUTURE MISCONDUCT, THE GENERAL CIRCUMSTANCES SURROUNDING THE VIOLATION, AND OTHER CONSIDERATIONS AS APPROPRIATE.

C. WHEN AN ASSOCIATE COMPLETES THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT, THE ASSOCIATE MUST DISCLOSE ALL OF THE ITEMS ON THE QUESTIONNAIRE FOR THE PAST CALENDAR YEAR. ANY INTENTIONAL FAILURE TO DISCLOSE REQUIRED INFORMATION OR THE PROVISION OF INFORMATION THAT IS

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INACCURATE OR FALSE IN NATURE IS A VIOLATION OF THE CODE.

ATTACHMENT

AMERICAN CANCER SOCIETY, INC.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

IN ORDER TO BE COMPREHENSIVE, THIS STATEMENT OF DISCLOSURE/QUESTIONNAIRE REQUIRES YOU TO PROVIDE INFORMATION WITH RESPECT TO CERTAIN PARTIES THAT ARE RELATED TO YOU. THESE PERSONS ARE TERMED "AFFILIATED PERSONS" AND INCLUDE THE FOLLOWING:

- A. YOUR SPOUSE, DOMESTIC PARTNER, CHILD, MOTHER, FATHER, BROTHER OR SISTER.
- B. ANY ENTITY THAT DEALS WITH THE SOCIETY OF WHICH:
 - YOU ARE A PARTNER OR A CONTROLLING SHAREHOLDER OR EXECUTIVE OFFICER;
 - OR
 - YOU HAVE ANY OTHER POSITION, FINANCIAL OR OTHERWISE, THAT WOULD CAUSE THE APPEARANCE OF A CONFLICT OF INTEREST. ANY QUESTION REGARDING A CONFLICT OF INTEREST SHOULD BE REVIEWED BY THE AUDIT COMMITTEE FOR FINAL RESOLUTION.
- C. ANY TRUST, ESTATE, OR OTHER LEGAL ENTITY IN WHICH YOU HAVE A SUBSTANTIAL BENEFICIAL INTEREST OR AS TO WHICH YOU SERVE AS A TRUSTEE OR IN A SIMILAR CAPACITY.

1. YOUR NAME (PLEASE PRINT)

2. YOUR SOCIETY POSITION:

- _____ BOARD OF DIRECTORS MEMBER
- _____ BOARD OF DIRECTORS OFFICER
- _____ NATIONAL ASSEMBLY MEMBER
- _____ OTHER VOLUNTEER ROLE
- _____ STAFF (POSITION): _____

3. HAVE YOU OR ANY OF YOUR AFFILIATED PERSONS PROVIDED SERVICES OR PROPERTY TO THE SOCIETY IN THE PAST YEAR OTHER THAN IN YOUR CAPACITY SHOWN IN QUESTION 2 ABOVE AND OTHER THAN SERVICES OR PROPERTY YOU DONATED? YES NO

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IF YES, PLEASE DESCRIBE THE NATURE AND VALUE OF THE SERVICES OR PROPERTY, AND IF AN AFFILIATED PERSON IS INVOLVED, THE IDENTITY OF THE AFFILIATED PERSON AND YOUR RELATIONSHIP WITH THAT PERSON:

4. HAVE YOU OR ANY OF YOUR AFFILIATED PERSONS PURCHASED SERVICES OR PROPERTY FROM THE SOCIETY IN THE PAST YEAR OTHER THAN SERVICES OR PROPERTY GENERALLY AVAILABLE FOR PURCHASE BY OTHERS (I.E. THE PURCHASE OF RELAY ITEMS, POSTAGE, EQUIPMENT GENERALLY OFFERED FOR SALE TO ALL STAFF AND VOLUNTEERS, ETC.)? YES NO

IF YES, PLEASE DESCRIBE THE PURCHASED SERVICES OR PROPERTY AND THE VALUE AND, IF AN AFFILIATED PERSON IS INVOLVED, THE IDENTITY OF THE AFFILIATED PERSON AND YOUR RELATIONSHIP WITH THAT PERSON:

5. HAVE YOU OR ANY OF YOUR AFFILIATED PERSONS HAD ANY DIRECT OR INDIRECT INTEREST IN ANY BUSINESS TRANSACTION(S) OR OTHER BUSINESS RELATIONSHIP IN THE PAST YEAR TO WHICH THE SOCIETY OR ANY VOLUNTEER OFFICER OR STAFF OFFICER OF THE SOCIETY OR ITS DIVISIONS WAS OR IS A PARTY?

YES NO

IF YES, DESCRIBE THE TRANSACTION(S) OR RELATIONSHIP AND VALUE, AND IF AN AFFILIATED PERSON IS INVOLVED, THE IDENTITY OF THE AFFILIATED PERSON AND YOUR RELATIONSHIP WITH THAT PERSON:

6. IF YOU ARE A DIRECTOR, STAFF OFFICER, OR VOLUNTEER OFFICER, WERE YOU OR ANY OF YOUR AFFILIATED PERSONS FINANCIALLY INDEBTED TO THE SOCIETY AT

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

ANY TIME IN THE PAST YEAR (OTHER THAN MINOR AMOUNTS INCURRED IN THE ORDINARY COURSE OF BUSINESS AND PROMPTLY REPAID IN FULL)?

____ YES ____ NO

IF YES, PLEASE DESCRIBE THE REASON FOR THE INDEBTEDNESS AND THE AMOUNT, AND IF AN AFFILIATED PERSON IS INVOLVED, THE IDENTITY OF THE AFFILIATED PERSON AND YOUR RELATIONSHIP WITH THAT PERSON:

7. IN THE PAST YEAR, DID YOU OR ANY OF YOUR AFFILIATED PERSONS RECEIVE, OR BECOME ENTITLED TO RECEIVE, DIRECTLY OR INDIRECTLY, ANY PERSONAL BENEFITS FROM THE SOCIETY AS A RESULT OF YOUR RELATIONSHIP WITH THE SOCIETY THAT IN THE AGGREGATE COULD BE VALUED IN EXCESS OF \$1,000, THAT WERE NOT OR WILL NOT BE COMPENSATION DIRECTLY RELATED TO YOUR DUTIES TO THE SOCIETY? ____ YES ____ NO

IF YES, PLEASE DESCRIBE THE BENEFIT(S) AND VALUE, AND, IF AN AFFILIATED PERSON IS INVOLVED, THE IDENTITY OF THE AFFILIATED PERSON AND YOUR RELATIONSHIP WITH THAT PERSON:

8. ARE YOU OR ANY OF YOUR AFFILIATED PERSONS A PARTY TO, OR HAVE AN INTEREST IN, ANY PENDING LEGAL PROCEEDINGS INVOLVING THE SOCIETY? ____ YES ____ NO

IF YES, PLEASE DESCRIBE THE PROCEEDING(S) AND MAGNITUDE OF POTENTIAL CLAIMS OR SETTLEMENTS IF ANY, AND, IF AN AFFILIATED PERSON IS INVOLVED, THE IDENTITY OF THE AFFILIATED PERSON AND YOUR RELATIONSHIP WITH THAT PERSON:

9. ARE YOU AWARE OF ANY OTHER EVENTS, TRANSACTIONS, ARRANGEMENTS, OR OTHER SITUATIONS THAT HAVE OCCURRED OR MAY OCCUR IN THE FUTURE THAT YOU

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

BELIEVE SHOULD BE EXAMINED BY THE SOCIETY IN ACCORDANCE WITH THE TERMS AND INTENT OF THE SOCIETY'S CODE OF ETHICS AND CONFLICT OF INTEREST POLICY?

_____ YES _____ NO

IF YES, PLEASE DESCRIBE THE SITUATION(S), AND, IF AN AFFILIATED PERSON IS INVOLVED, THE IDENTITY OF THE AFFILIATED PERSON AND YOUR RELATIONSHIP WITH THAT PERSON:

10. HAVE YOU RECEIVED ANY GIFT OR LOAN FROM A THIRD PARTY DEALING OR COMPETING WITH THE SOCIETY, OR SEEKING TO DEAL WITH THE SOCIETY, THAT EXCEEDED THE VALUE OF SEVENTY-FIVE DOLLARS (\$75) AND THAT WAS NOT RETURNED TO THE GIVER? _____ YES _____ NO

IF YES, PLEASE DESCRIBE THE SITUATION(S), AND ALL OF THE FACTS AND CIRCUMSTANCES AND AMOUNTS INVOLVED.

I HERBY CONFIRM THAT I HAVE READ AND UNDERSTAND THE SOCIETY'S CODE OF ETHICS AND CONFLICT OF INTEREST POLICY AND THAT MY RESPONSES TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

I AGREE THAT IF I BECOME AWARE OF ANY INFORMATION THAT MIGHT INDICATE THAT THIS DISCLOSURE IS INACCURATE OR THAT I HAVE NOT COMPLIED WITH THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY, I WILL IMMEDIATELY NOTIFY MY SUPERVISOR (IF STAFF) OR THE AUDIT COMMITTEE (IF A VOLUNTEER).

SIGNATURE

DATE

PLEASE RETURN TO:

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

STAFF:

DEBRA GORE
HUMAN RESOURCES
DEBRA.GORE@CANCER.ORG

VOLUNTEERS:

SHERRHONDA ROACH
MANAGER, LEGAL SERVICES
AMERICAN CANCER SOCIETY, INC
250 WILLIAMS ST. NW SUITE 400
ATLANTA, GEORGIA 30303
FAX: 404-417-5808
SHERRHONDA.ROACH@CANCER.ORG

FORM 990, PART I - PAYMENTS TO AFFILIATES

=====

DESCRIPTION

AMOUNT

PAYMENT TO AFFILIATES BASED ON DIVISION:

CALIFORNIA	291,735.
GREAT LAKES	425,510.
HIGH PLAINS	246,490.
NEW ENGLAND	256,999.
GREAT WEST	297,105.
ILLINOIS	192,217.

TOTAL	1,710,056.
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
 =====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	4,321,179.
CHANGE IN ADDITIONAL MINIMUM LIABILITY OF PENSION PLAN	9,348.

TOTAL	4,330,527. =====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
RESEARCH SCHOLAR GRANT C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	RESEARCH	90,083,000.
POSTDOCTORAL FELLOWSHIPS C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	RESEARCH TRAINING	10,246,009.
INSTITUTIONAL RESEARCH GRANTS C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	RESEARCH	5,936,680
GRANTS TO OTHER HEALTH ORGANIZATIONS C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	SUPPORT SOCIETY'S MISSION	8,462,174.
RESEARCH PROFESSORSHIPS C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	RESEARCH	1,330,000.
CANCER CONTROL GRANTS C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	SPONSORED LECTURES AND SUPPORT	2,583,702.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RESEARCH COMMITTEE AWARDS C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	RESEARCH	299,000.
CAREER DEVELOP AWARD C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	SUPPORT PRIMARY CARE PHYSICIANS	585,000.
MASTERS/DOCTORAL NURSING C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	SUPPORT MASTERS/ DOCTORAL STUDENTS	715,000.
POSTMASTERS/MASTERS SOCIAL WORK C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	SUPPORT STUDENT TRAINING	392,000
MARS ONCOLOGY FELLOWSHIP C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	ADVANCED TRAINING	5,000.
PHYSICIAN TRAINING AWARDS IN PREVENTIVE MEDICINE C/O 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303-1002	NONE	SUPPORT PHYSICIAN TRAINING	600,000.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

121,237,565.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE AMERICAN CANCER SOCIETY IS THE NATIONWIDE COMMUNITY-BASED VOLUNTARY HEALTH ORGANIZATION DEDICATED TO ELIMINATING CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER, SAVING LIVES, AND DIMINISHING SUFFERING FROM CANCER THROUGH RESEARCH, EDUCATION, ADVOCACY, AND SERVICE.

SEE OUR WEBSITE, WWW.CANCER.ORG, FOR A COPY OF OUR MOST RECENT ANNUAL REPORT THAT DISCUSSES THE SOCIETY'S MISSION AND ACCOMPLISHMENTS.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
NET PRESENT VALUE EXPENSE ADJUSTMENT	969,320.	969,320.
GRANT REFUNDS ADJUSTMENT	4,856,480.	4,856,480.
TOTALS	5,825,800.	5,825,800.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
U.S. GOVT & GOVT AGENCY OBLIG	4,034,009.
EQUITY SECURITIES	21,010,748.
COMMERCIAL PAPER AND OTHER	
SHORT TERM INVESTMENTS	383,123,990.
CORPORATE OBLIGATIONS	149,987,793.
CASH EQUIVALENT AND MONEY	
MARKET FUNDS	2,939,946.
SECURITIES LENT UNDER	
SECURITIES LENDING PROGRAM	83,956,835.

TOTALS	645,053,321.
	=====

AMERICAN CANCER SOCIETY, INC. (NATIONAL
FORM 990, PART IV - INVESTMENTS - OTHER
=====

13-1788491

DESCRIPTION -----	ENDING BOOK VALUE -----
COMBINED GIFT ANNUITY FUNDS	32,529,743.
TOTALS	----- 32,529,743. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PLANNED GIVING ASSETS	
HELD FOR AFFILIATES	267,536,829.
BENEFICIAL INTERESTS IN TRUSTS	
NATIONAL HOME OFFICE	14,374,106.
ACCRUED INTEREST	1,837,938.
DUE FROM AFFILIATES	232,900,676.

TOTALS	516,649,549.
	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION

ENDING
BOOK VALUE

SEE GENERAL EXPLANATION

STATEMENT # 8

16,406,412.

TOTALS

16,406,412.
=====

FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
INVEST. HELD FOR AFFILIATES	545,729,554.
TOTALS	----- 545,729,554. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
REVENUE OF AFFILIATE	-6,130,891.
COGS CHARGED TO PROGRAM AND/OR SUPP SVCS FUNCTIONS	-8,649,781.
NET PRESENT VALUE EXPENSE ADJUSTMENT	969,320.
GRANT REFUNDS	4,856,480.

TOTAL	-8,954,872.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
EXPENSES OF AFFILIATE	4,287,691.
COGS CHARGED TO PROGRAM AND/OR SUPP SVCS FUNCTIONS	8,649,781.

TOTAL	12,937,472.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
NET PRESENT VALUE EXPENSE	
ADJUSTMENT	969,320.
GRANT REFUNDS	4,856,480.

TOTAL	5,825,800.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN SEFFRIN 250 WILLIAMS ST NW, STE 400 ATLANTA, GA 30303-1002	CEO 40	614,051.	196,745.	5,500.
DONALD THOMAS 250 WILLIAMS ST NW, STE 400 ATLANTA, GA 30303-1002	NATIONAL COO 40	420,830.	124,894.	NONE
HARMON EYRE 250 WILLIAMS ST NW, STE 400 ATLANTA, GA 30303-1002	CHIEF MED OFFICER 40	427,320.	152,131.	NONE
HARRY JOHNS 250 WILLIAMS ST NW, STE 400 ATLANTA, GA 30303-1002	EVP STRTGY 40	265,912.	116,147.	NONE
CATHERINE MICKLE 250 WILLIAMS ST NW, STE 400 ATLANTA, GA 30303-1002	CFO 40	208,000.	18,035.	NONE
NANCY BRAKENSIEK, CPA NATIONAL BOARD OF DIRECTORS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	DIRECTOR 1	NONE	NONE	NONE
SALLY WEST BROOKS, RN, MA NATIONAL BOARD OF DIRECTORS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	CHAIRMAN 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
THOMAS D. FOGEL, MD NATIONAL BOARD OF DIRECTORS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	DIRECTOR 1	NONE	NONE	NONE
MIMI C. YU, PHD NATIONAL BOARD OF DIRECTORS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	DIRECTOR-AT-LARGE 1	NONE	NONE	NONE
HAROLD P. FREEMAN, MD NATIONAL BOARD OF DIRECTORS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DIRECTOR-AT-LARGE 1	NONE	NONE	NONE
ROBERT R. KUGLER NATIONAL BOARD OF DIRECTORS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DIRECTOR 1	NONE	NONE	NONE
THOMAS J. MORAN NATIONAL BOARD OF DIRECTORS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DIRECTOR-AT-LARGE 1	NONE	NONE	NONE
CAROLYN D. RUNOWICZ, MD		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
 =====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL BOARD OF DIRECTORS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	PRESIDENT 1			
MARIO A. MENDEZ, MD NATIONAL BOARD OF DIRECTORS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	DIRECTOR 1	NONE	NONE	NONE
KAREN A. MOFFITT, PHD NATIONAL BOARD OF DIRECTORS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	DIRECTOR 1	NONE	NONE	NONE
DOUGLAS K. KELSEY, MD, PHD NATIONAL BOARD OF DIRECTORS GREAT LAKES 1755 ABBEY ROAD E. LANSING, MI 48823	DIRECTOR 1	NONE	NONE	NONE
ROBERT T. KENDALL III NATIONAL BOARD OF DIRECTORS GREAT LAKES 1755 ABBEY ROAD E. LANSING, MI 48823	DIRECTOR 1	NONE	NONE	NONE
TIM E. BYERS, MD, MPH NATIONAL BOARD OF DIRECTORS GREAT WEST	DIRECTOR-AT-LARGE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2120 FIRST AVENUE NORTH SEATTLE, WA 98109				
PAMELA K. MEYERHOFFER NATIONAL BOARD OF DIRECTORS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DIRECTOR 1	NONE	NONE	NONE
ERIC TAYLOR, MD, FACR, FACRO NATIONAL BOARD OF DIRECTORS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DIRECTOR 1	NONE	NONE	NONE
VAN WOLF, JR. NATIONAL BOARD OF DIRECTORS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	TREASURER 1	NONE	NONE	NONE
W.P. (PHIL) EVANS, III, MD NATIONAL BOARD OF DIRECTORS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DIRECTOR 1	NONE	NONE	NONE
LILA R. JOHNSON, RN, MPH, CHES NATIONAL BOARD OF DIRECTORS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	OFFICER 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ALAN G. THORSON, MD, FACS NATIONAL BOARD OF DIRECTORS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DIRECTOR 1	NONE	NONE	NONE
ERMILLO BARRERA, JR., MD NATIONAL BOARD OF DIRECTORS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	DIRECTOR 1	NONE	NONE	NONE
DAVID G. SEAMAN NATIONAL BOARD OF DIRECTORS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	DIRECTOR 1	NONE	NONE	NONE
STEPHEN F. SENER, MD NATIONAL BOARD OF DIRECTORS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	IMMEDIATE PAST PRES. 1	NONE	NONE	NONE
ELIZABETH T.H. FONTHAM, MPH, DRPH NATIONAL BOARD OF DIRECTORS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	SECOND VICE PRES. 1	NONE	NONE	NONE
EDWARD E. PARTRIDGE, MD		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL BOARD OF DIRECTORS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	DIRECTOR 1	NONE	NONE	NONE
R. DANIEL DUQUETTE, PHD NATIONAL BOARD OF DIRECTORS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	DIRECTOR 1	NONE	NONE	NONE
PATRICIA E. SWANSON, RN NATIONAL BOARD OF DIRECTORS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	OFFICER 1	NONE	NONE	NONE
GARY M. REEDY NATIONAL BOARD OF DIRECTORS N/A 250 WILLIAMS ST NW SUITE 400 ATLANTA, GA 30303	FOUNDATION LIAISON 1	NONE	NONE	NONE
GENA R. CARTER, MD NATIONAL BOARD OF DIRECTORS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	DIRECTOR 1	NONE	NONE	NONE
VINCENT T, DEVITA, JR., MD NATIONAL BOARD OF DIRECTORS NEW ENGLAND	DIRECTOR-AT-LARGE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
 =====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
30 SPEEN STREET FRAMINGHAM, MA 01701				
Laura J. Hilderley, RN, MS National Board of Directors New England 30 Speen Street Framingham, MA 01701	DIRECTOR 1	NONE	NONE	NONE
Marion E. Morra, MA, SCD National Board of Directors New England 30 Speen Street Framingham, MA 01701	VICE CHAIR 1	NONE	NONE	NONE
Donald Anthony, MD National Board of Directors Ohio 5555 Frantz Road Dublin, OH 43017	DIRECTOR 1	NONE	NONE	NONE
J. Michael Fitzpatrick National Board of Directors Pennsylvania Route 422 and Sipe Avenue Hershey, PA 17033	DIRECTOR 1	NONE	NONE	NONE
Stephen L. Swanson National Board of Directors Pennsylvania Route 422 and Sipe Avenue Hershey, PA 17033	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD C. WENDER, M.D. NATIONAL BOARD OF DIRECTORS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	PRESIDENT-ELECT 1	NONE	NONE	NONE
GEORGE W.P. ATKINS NATIONAL BOARD OF DIRECTORS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	SECRETARY 1	NONE	NONE	NONE
THOMAS G. BURISH, PHD NATIONAL BOARD OF DIRECTORS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	IMM. PAST CHAIRMAN 1	NONE	NONE	NONE
AUDREY B. DOUGLAS-COOKE, RN, MS NATIONAL BOARD OF DIRECTORS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DIRECTOR 1	NONE	NONE	NONE
ELMER HUERTA, MD, MPH NATIONAL BOARD OF DIRECTORS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	FIRST VICE PRESIDENT 1	NONE	NONE	NONE
JUAN D. JOHNSON		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

 TITLE AND TIME
 DEVOTED TO POSITION

 COMPENSATION

 CONTRIBUTIONS
 TO EMPLOYEE
 BENEFIT PLANS

 EXPENSE ACCT
 AND OTHER
 ALLOWANCES

NATIONAL BOARD OF DIRECTORS
 SOUTH ATLANTIC
 2200 LAKE BOULEVARD
 ATLANTA, GA 30319

DIRECTOR-AT-LARGE
 1

ANNA JOHNSON-WINEGAR, PHD
 NATIONAL BOARD OF DIRECTORS
 SOUTH ATLANTIC
 2200 LAKE BOULEVARD
 ATLANTA, GA 30319

CHAIR-ELECT
 1

JIM MURRAY
 NATIONAL BOARD OF DIRECTORS
 SOUTH ATLANTIC
 2200 LAKE BOULEVARD
 ATLANTA, GA 30319

DIRECTOR
 1

HONORABLE PAUL G. ROGERS
 NATIONAL BOARD OF DIRECTORS
 SOUTH ATLANTIC
 2200 LAKE BOULEVARD
 ATLANTA, GA 30319

DIRECTOR-AT-LARGE
 1

JONATHAN W. SIMONS, MD
 NATIONAL BOARD OF DIRECTORS
 SOUTH ATLANTIC
 2200 LAKE BOULEVARD
 ATLANTA, GA 30319

DIRECTOR-AT-LARGE
 1

WILLIAM TODD
 NATIONAL BOARD OF DIRECTORS
 SOUTH ATLANTIC

DIRECTOR-AT-LARGE
 1

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2200 LAKE BOULEVARD ATLANTA, GA 30319				
CAROLYN P. AMORY NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
DILEEP G. BAL, MD, MS, MPH NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
NANCY BRAKENSIK, CPA NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
WOODROW F. BROKENBURR NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	DELEGATE 1	NONE	NONE	NONE
SALLY WEST BROOKS, RN, MA NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	OFFICER DELEGATE 1	NONE	NONE	NONE

AMERICAN CANCER SOCIETY, INC. (NATIONAL

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HELENE G. BROWN NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
JENNIE R. COOK NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
THOMAS D. FOGEL, MD NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
GEORGE GOOD NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
LARRY HAGMAN NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
THOMAS D. HOBDAV JR.		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1			
CAROL JACKSON NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	DELEGATE 1	NONE	NONE	NONE
ANN JILLIAN NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
ALLAN K. JONAS NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
CYNTHIA MARIE LEBLANC, EDD NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	DELEGATE 1	NONE	NONE	NONE
DONALD O. LYMAN, MD NATIONAL ASSEMBLY MEMBERS CALIFORNIA	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1710 WEBSTER STREET OAKLAND, CA 94612				
CHRISTY A. RUSSELL, MD NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	DELEGATE 1	NONE	NONE	NONE
ROBERT J. SCHWEITZER, MD NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
GEORJEAN STOODT, MD NATIONAL ASSEMBLY MEMBERS CALIFORNIA 1710 WEBSTER STREET OAKLAND, CA 94612	DELEGATE 1	NONE	NONE	NONE
JOHN ALFONSO, CPA NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DELEGATE 1	NONE	NONE	NONE
ALFRED ROBERT ASHFORD, MD, FACP NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN C. BAITY, ESQ. NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	PAST OFFICER DELEGAT 1	NONE	NONE	NONE
AVI BARBASCH, MD NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DELEGATE 1	NONE	NONE	NONE
MRS. ELMER H. BOBST NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
CARMEL J. COHEN, MD NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DELEGATE 1	NONE	NONE	NONE
MRS. MATILDA RAFFA CUOMO NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
GEORGE DESSART		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	HONORARY-LIFE-MEMBER 1			
HAROLD P. FREEMAN, MD NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DELEGATE AT LARGE 1	NONE	NONE	NONE
NORMA J. HAYMAN NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
GEORGE J. HILL, MD NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
ARTHUR I. HOLLEB, MD NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
ROBERT V. P. HUTTER, MD NATIONAL ASSEMBLY MEMBERS EASTERN	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2 LYON PLACE WHITE PLAINS, NY 10602		NONE	NONE	NONE
ROBERT R. KUGLER, ESQ. NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
THOMAS J. MORAN NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
MARGUERITE K. SCHLAG, RN, EDD NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DELEGATE 1	NONE	NONE	NONE
EDWINA THORN NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
HERB ZARETSKY, PHD NATIONAL ASSEMBLY MEMBERS EASTERN 2 LYON PLACE WHITE PLAINS, NY 10602	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SCOT N. ACKERMAN, MD NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	DELEGATE 1	NONE	NONE	NONE
MARIO A. MENDEZ, MD NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
KAREN A. MOFFITT, PHD NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
THOMAS P. ULMER NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
JOSEPH J. ZAVERTNIK, MD NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
BARBARA GREVIOR		NONE	NONE	NONE

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NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	DELEGATE 1	NONE	NONE	NONE
SAMUEL J. LAMONTE, MD, FACS NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	DELEGATE 1	NONE	NONE	NONE
VICTOR A. MARCIAL, MD NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
SIGURD NORMANN, MD, PHD NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	DELEGATE 1	NONE	NONE	NONE
CAROL C. TUCKER NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	DELEGATE 1	NONE	NONE	NONE
BARBARA WEINTRAUB NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
3709 W. JETTON AVENUE TAMPA, FL 33629				
JOHN (BUZ) WINDHAM, ESQ. NATIONAL ASSEMBLY MEMBERS FLORIDA/PUERTO RICO 3709 W. JETTON AVENUE TAMPA, FL 33629	DELEGATE 1	NONE	NONE	NONE
JOSEPH MAHONEY, CPA NATIONAL ASSEMBLY MEMBERS GREAT LAKES 1755 ABBEY ROAD E. LANSING, MI 48823	DELEGATE 1	NONE	NONE	NONE
LISA A. NEWMAN, MD, MPH, FACS NATIONAL ASSEMBLY MEMBERS GREAT LAKES 1755 ABBEY ROAD E. LANSING, MI 48823	DELEGATE 1	NONE	NONE	NONE
TIM E. BYERS, MD, MPH NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DELEGATE AT LARGE 1	NONE	NONE	NONE
G. ROBERT GADBERRY NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	HONORARY - LIFE-MEMBER 1	NONE	NONE	NONE

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PRISCILLA "TILLY" GIBBS, BA, AA NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DELEGATE 1	NONE	NONE	NONE
CARLA J. HERMAN, MD, MPH NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DELEGATE 1	NONE	NONE	NONE
GORDON R. KLATT, MD NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
PATRICK C. MCGUIRE, CPA NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DELEGATE 1	NONE	NONE	NONE
PAMELA K. MEYERHOFFER NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DELEGATE 1	NONE	NONE	NONE
H. FRED MICKELSON		NONE	NONE	NONE

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NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	PAST OFFICER DELEG. 1			
RICHARD (RICK) E. SPOONEMORE NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DELEGATE 1	NONE	NONE	NONE
ERIC TAYLOR, MD, FACR, FACRO NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
VAN VELSOR WOLF NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	OFFICER DELEGATE 1	NONE	NONE	NONE
ROBERT E. YOULE NATIONAL ASSEMBLY MEMBERS GREAT WEST 2120 FIRST AVENUE NORTH SEATTLE, WA 98109	DELEGATE 1	NONE	NONE	NONE
W. CURT GILL NATIONAL ASSEMBLY MEMBERS GREAT LAKES	DELEGATE 1	NONE	NONE	NONE

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1755 ABBEY ROAD E. LANSING, MI 48823	DELEGATE 1	NONE	NONE	NONE
DOUGLAS K. KELSEY, MD, PHD NATIONAL ASSEMBLY MEMBERS GREAT LAKES 1755 ABBEY ROAD E. LANSING, MI 48823	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
PETER S. SHELDON, ESQ. NATIONAL ASSEMBLY MEMBERS GREAT LAKES 1755 ABBEY ROAD E. LANSING, MI 48823	DELEGATE 1	NONE	NONE	NONE
MARIA J. WORSHAM, PHD, FACMG NATIONAL ASSEMBLY MEMBERS GREAT LAKES 1755 ABBEY ROAD E. LANSING, MI 48823	DELEGATE 1	NONE	NONE	NONE
B. L. ARONOFF, MD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE

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CHARLOTTE L. BURKE NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
JUDITH ELAINE CALHOUN, PHD, ARNP NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
TRACY L. COE, MD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
GERALD D. DODD, MD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
JACQUELINE L. EARLE, ESQ. NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
W. PHIL EVANS, MD		NONE	NONE	NONE

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NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
LEWIS E. FOXHALL, MD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
M. DARLENE HALL, RN NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
ALLEN HUGH HENDERSON, PHD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
REGINALD C. HO, MD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
BRIAN F. ISSELL, MD, FACP NATIONAL ASSEMBLY MEMBERS HIGH PLAINS	DELEGATE 1	NONE	NONE	NONE

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2433 RIDGEPOINT DRIVE AUSTIN, TX 78754				
LILA R. JOHNSON, RN, MPH, CHES NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
A. MARILYN LEITCH, MD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
CHARLES A. LEMAISTRE, MD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
TIM MAULDIN, PHD NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
JEAN B. MCGILL NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	PAST OFFICER DELEG. 1	NONE	NONE	NONE

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CAROL PERKINS NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
PAUL E. QUINLAN NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
PATTY REAGAN NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
ALAN G. THORSON, MD, FACS NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
THOMAS J. WILLIAMS NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	DELEGATE 1	NONE	NONE	NONE
GERALD L. WOOLAM, MD		NONE	NONE	NONE

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NATIONAL ASSEMBLY MEMBERS HIGH PLAINS 2433 RIDGEPOINT DRIVE AUSTIN, TX 78754	PAST OFFICER DELEGAT 1			
ERMILLO "MILO" BARRERA, JR., MD NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
DEBRA J. COHEN NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	DELEGATE 1	NONE	NONE	NONE
MYLES P. CUNNINGHAM, MD NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
RANDALL L. EARL NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	DELEGATE 1	NONE	NONE	NONE
JEROME HOEKSEMA, MD NATIONAL ASSEMBLY MEMBERS ILLINOIS	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601				
MARY MARYLAND, PHD, RN NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	DELEGATE 1	NONE	NONE	NONE
CLEMENT S. ROSE, MD NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	DELEGATE 1	NONE	NONE	NONE
PATRICIA SANDERSON NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	DELEGATE 1	NONE	NONE	NONE
EDWARD F. SCANLON, MD NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
DAVID G. SEAMAN NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	BOARD MEMBER DELEG. 1	NONE	NONE	NONE

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STEPHEN F. SENER, MD NATIONAL ASSEMBLY MEMBERS ILLINOIS 225 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60601	OFFICER DELEGATE 1	NONE	NONE	NONE
JOAN W. BUGLEWICZ, RN NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	DELEGATE 1	NONE	NONE	NONE
BENJAMIN F. BYRD, JR., MD NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
HARDENIA "DENA" J. CHILDREY NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	DELEGATE 1	NONE	NONE	NONE
DIANA S. DIAZ, RN, MS NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	DELEGATE 1	NONE	NONE	NONE
IRVIN D. FLEMING, MD		NONE	NONE	NONE

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NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
ELIZABETH "TERRY" T.H. FONTHAM, M NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	DELEGATE 1	NONE	NONE	NONE
MADGE M. HARRISON NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
SUSAN D. HENRY, LCSW NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	DELEGATE 1	NONE	NONE	NONE
JOHN R. KELLY, PHD NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	PAST OFFICER DELEGAT 1	NONE	NONE	NONE
DANIEL E. KENADY, SR., MD NATIONAL ASSEMBLY MEMBERS MID-SOUTH	DELEGATE 1	NONE	NONE	NONE

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1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205				
EDWARD E. PARTRIDGE, MD NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
EDWARD W. REED, MD NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
RALPH B. VANCE, MD, FACP NATIONAL ASSEMBLY MEMBERS MID-SOUTH 1100 IRELAND WAY, SUITE 300 BIRMINGHAM, AL 35205	PAST OFFICER DELEG. 1	NONE	NONE	NONE
OLIVER H. BEAHR, MD NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
BONNIE CARLSON NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE

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R. DANIEL DUQUETTE, PHD NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
BRYAN EARNEST NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	DELEGATE 1	NONE	NONE	NONE
GARY D. GILMORE, MPH, PHD NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	DELEGATE 1	NONE	NONE	NONE
KATHLEEN L. HORSCH NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
ROGER W. KWONG, MD NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	DELEGATE 1	NONE	NONE	NONE
GERALD C. MUELLER, MD, PHD		NONE	NONE	NONE

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	HONORARY-LIFE-MEMBER 1			
HENRY C. PITOT, MD, PHD NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
DOUGLAS J. REDING, MD, MPH, FACP NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	DELEGATE 1	NONE	NONE	NONE
GARY J. STREIT NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	PAST OFFICER DELEG. 1	NONE	NONE	NONE
PATRICIA E. SWANSON, RN NATIONAL ASSEMBLY MEMBERS MIDWEST 2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120	DELEGATE 1	NONE	NONE	NONE
TERI VEGA-STROMBERG NATIONAL ASSEMBLY MEMBERS MIDWEST	DELEGATE 1	NONE	NONE	NONE

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2520 PILOT KNOB ROAD, SUITE 150 MENDOTA HEIGHTS, MN 55120				
GENA R. CARTER, MD NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
VINCENT T. DEVITA JR., MD NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	DELEGATE AT LARGE 1	NONE	NONE	NONE
JACK T. EVJY, MD NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	DELEGATE 1	NONE	NONE	NONE
CAROLYN D. RUNOWICZ, MD NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	OFFICER DELEGATE 1	NONE	NONE	NONE
GAYLORD "CHIP" B. THAYER JR. NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
VINCENT F. BARBETTA NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	DELEGATE 1	NONE	NONE	NONE
FRANCIS L. COOLIDGE NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	PAST OFFICER DELEGAT 1	NONE	NONE	NONE
JAMES W. FORDYCE NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
LAURA J. HILDERLEY, RN, MS NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
NANCY E. KANE, MS, RN, AOCN NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	DELEGATE 1	NONE	NONE	NONE
LOUIS A. LEONE, MD		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	HONORARY-LIFE-MEMBER 1			
CHARLES J. MCDONALD, MD NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	PAST OFFICER DELEGAT 1	NONE	NONE	NONE
MARION E. MORRA, MA, SCD NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	OFFICER DELEGATE 1	NONE	NONE	NONE
LINDA Z. MOWAD, RN NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	DELEGATE 1	NONE	NONE	NONE
DAVID S. ROSENTHAL, MD NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
STANLEY SHMISHKISS NATIONAL ASSEMBLY MEMBERS NEW ENGLAND	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
30 SPEEN STREET FRAMINGHAM, MA 01701				
JUDITH B. STEPHANY NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	DELEGATE 1	NONE	NONE	NONE
FRANK R. VANONI, MD NATIONAL ASSEMBLY MEMBERS NEW ENGLAND 30 SPEEN STREET FRAMINGHAM, MA 01701	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
DONALD ANTHONY, MD NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
KATHLEEN M. BOND NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	DELEGATE 1	NONE	NONE	NONE
ROBERT T. BRODELL, MD NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PATRICK JOSEPH FAHEY, MD NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	DELEGATE 1	NONE	NONE	NONE
FRANK B. FISHER NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
MARGARET I. KRUCKEMEYER, RN, MSN, M NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	DELEGATE 1	NONE	NONE	NONE
GEORGE H. MUSEKAMP, III NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	DELEGATE 1	NONE	NONE	NONE
CHESTER STOCK, PHD NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
DAVID L. YEAGER		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL ASSEMBLY MEMBERS OHIO 5555 FRANTZ ROAD DUBLIN, OH 43017	DELEGATE 1			
LEONARD BUTEN NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	HONORARY - LIFE - MEMBER 1	NONE	NONE	NONE
WANDA D. FILER, MD NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	DELEGATE 1	NONE	NONE	NONE
J. MICHAEL FITZPATRICK NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
DANIEL P. HEIST, CPA NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	DELEGATE 1	NONE	NONE	NONE
SANDRA A. NORMAN, PHD, FACE NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033				
JACQUELINE E. ROTHSCCHILD NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	DELEGATE 1	NONE	NONE	NONE
KATHY JANE SELVAGGI, MD NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	DELEGATE 1	NONE	NONE	NONE
MARY A. SIMMONDS, MD, FACP NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	PAST OFFICER DELEG. 1	NONE	NONE	NONE
STEPHEN L. SWANSON NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
WENDIE WASCHITSCH NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD C. WENDER, MD NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	OFFICER DELEGATE 1	NONE	NONE	NONE
ROBERT C. YOUNG, MD NATIONAL ASSEMBLY MEMBERS PENNSYLVANIA ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	PAST OFFICER DELEG. 1	NONE	NONE	NONE
ARNOLD "SKIP" AMASS, PHARM D NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
BRIGGS W. ANDREWS, ESQ. NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
GEORGE W.P. ATKINS NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	OFFICER DELEGATE 1	NONE	NONE	NONE
MRS. NUZHET O. ATUK		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1			
CLAUDIA R. BAQUET, MD, MPH NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
ROBERT K. BROOKLAND, MD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
THOMAS G. BURISH, PHD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	OFFICER DELEGATE 1	NONE	NONE	NONE
NEIL EDWARD DORSEY, CCM NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
AUDREY B. DOUGLAS-COOKE, RN, MS NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC	BOARD MEMBER DELEG. 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2200 LAKE BOULEVARD ATLANTA, GA 30319				
M. JULIAN DUTTERA, MD, FACP NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
JAYNE FERNSLER, DSN, RN, AOCN NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
DON ELLIOT HEALD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
ELMER HUERTA, MD, MPH NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	OFFICER DELEGATE 1	NONE	NONE	NONE
JUAN D. JOHNSON NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE AT LARGE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANNA JOHNSON-WINEGAR, PHD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	OFFICER DELEGATE 1	NONE	NONE	NONE
WALTER LAWRENCE JR., MD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
LASALLE D. LEFFALL JR., MD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
RAYMOND E. LENHARD JR., MD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
A. HAMBLIN LETTON, MD, FACS NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
EDWARD F. LEWISON, MD		NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1			
JIM MURRAY NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	BOARD MEMBER DELEG. 1	NONE	NONE	NONE
THE HONORABLE PAUL G. ROGERS NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE AT LARGE 1	NONE	NONE	NONE
JACK N. SHERMAN NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE
JONATHAN W. SIMONS, MD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE AT LARGE 1	NONE	NONE	NONE
DAVID M. SIMPKINS NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC	DELEGATE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2200 LAKE BOULEVARD ATLANTA, GA 30319				
CYNTHIA "CINDY" F. SOLTIS, SPHR NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
WILLIAM TODD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE AT LARGE 1	NONE	NONE	NONE
HARRY D. TRAIN, II, USN(RET.) NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
G. FRED WORSHAM, MD NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
THE HONORABLE JOSEPH H. YOUNG NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	HONORARY-LIFE-MEMBER 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID M. ZACKS NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	PAST OFFICER DELEG. 1	NONE	NONE	NONE
DAVID F. ZIMMERMAN NATIONAL ASSEMBLY MEMBERS SOUTH ATLANTIC 2200 LAKE BOULEVARD ATLANTA, GA 30319	DELEGATE 1	NONE	NONE	NONE
GRAND TOTALS		1,936,113.	607,952.	5,500.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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RELATED ORGANIZATION NAME: AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ACS PRODUCTS, INC.

EXEMPT: X NONEXEMPT:

FORM 990, PART VI, LINE 90A - STATES

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AL, AK, AZ, AR, CA, CT, FL, GA,
IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
MISCELLANEOUS REVENUE					362,751.
NET PRESENT VALUE ADJUSTMENT					969,320.
GRANT REFUNDS					4,856,480.
TOTALS					6,188,551.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93C	FEES RECEIVED FOR ATTENDANCE AT THE PROFESSIONAL EDUCATION MEETINGS SPONSORED BY THE AMERICAN CANCER SOCIETY CONCERNING CANCER PREVENTION, DETECTION/TREATMENT, AND PATIENT CARE. SALES OF SERVICES TO AFFILIATES FOR VARIOUS AMERICAN CANCER SOCIETY NATIONALLY RUN PROGRAMS INCLUDING FUNDRAISING AND LEGAL SERVICES.
102	NET PROCEEDS FROM SALES OF MERCHANDISE RELATED TO MISSION RELATED PROGRAMS OF THE AMERICAN CANCER SOCIETY.
103A	MISCELLANEOUS REVENUE FROM ACTIVITIES NOT REGULARLY CARRIED ON.
103B	REPRESENTS THE ADJUSTMENT NECESSARY TO DISCOUNT LONG-TERM GRANT LIABILITIES (USUALLY PAYMENTS OVER THREE YEARS) BACK TO THEIR NET PRESENT VALUE FOR PURPOSES OF REPORTING GRANT EXPENSES AND LIABILITIES IN CONFORMITY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.
103C	REPRESENTS THE RETURN OF THE BALANCE OF GRANTS THAT ARE COMPLETED PRIOR TO SPENDING ALL OF THE AWARDED FUNDS; AND BALANCES REMAINING WHEN AN INVESTIGATOR RESIGNS FROM THE RESEARCH PROJECT AFTER IT IS UNDERTAKEN.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
PATRICK YOGUS 250 WILLIAMS ST., NW ATLANTA, GA 30303	NVP, FINANCE 40	393,625.	57,477.	NONE
ROBERT MITCHELL 250 WILLIAMS ST., NW ATLANTA, GA 30303	CHIEF DEV OFFICER 40	354,119.	52,967.	NONE
LINDA UHLER 250 WILLIAMS ST., NW ATLANTA, GA 30303	NVP, FIELD OPERATIONS 40	117,651.	217,329.	NONE
O. CLINTON CLAMPIITT 250 WILLIAMS ST., NW ATLANTA, GA 30303	NVP, DIVISION SVCS 40	264,430.	78,380.	NONE
WILLIAM BARRAM 250 WILLIAMS ST., NW ATLANTA, GA 30303	NVP, DIVISION SVCS 40	279,070.	95,968.	NONE

MR. YOGUS RETIRED IN FY 2006 AFTER 23 YEARS OF SERVICE. THE COMPENSATION INCLUDED IN SCHEDULE A, PART I, COLUMN C INCLUDES REGULAR COMPENSATION OF \$144,577 AND RETIREMENT COMPENSATION OF \$249,048.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
	TOTAL COMPENSATION	1,408,895.	502,121.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKET/FUNDRAISE	6,645,647.
ERNST & YOUNG, LLP 600 PEACHTREE STREET, STE 2800 ATLANTA, GA 30308	ACCOUNTANT/AUDITOR	2,875,000.
LW ROBBINS ASSOCIATES 201 SUMMER ST., PO BOX 5838 HOLLISTON, MA 01746	FUNDRAISER	1,700,869.
ASPEN MARKETING SERVICES PO BOX 711571 CINCINNATI, OH 45271	FUNDRAISER	291,178.
KILPATRICK STOCKTON LLP PO BOX 945614 ATLANTA, GA 30394	ATTORNEY	280,467.
TOTAL COMPENSATION		11,793,161.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
 =====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
TG MADISON 3340 PEACHTREE ROAD NE, SUITE 2850 ATLANTA, GA 30326	ADVERTISING	3,439,498.
PORTER NOVELLI, INC. PO BOX 19339 NEWARK, NJ 07195	PUBLIC RELATIONS	2,880,569.
IMAGING TECHNOLOGIES SERVICES, INC. PO BOX 1847 GREENVILLE, SC 29602	FUFILLMENT-LIT	2,550,411.
IRONWORKS CONSULTING, LLC 4501 HIGHWOODS PKWY., STE 260 GLEN ALLEN, VA 23060	INFO. TECHNOLOGY	2,365,876.
EAGLE CREEK SOFTWARE SERVICES 12400 WHITEWATER DR., STE 120 MINNETONKA, MN 55343	INFO. TECHNOLOGY	2,196,266.
TOTAL COMPENSATION		----- 13,432,620. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

=====

OCCASIONALLY, THE SOCIETY SELLS AUTOMOBILES, OBSOLETE FURNITURE, FIXTURES
OR EQUIPMENT TO EMPLOYEES AT FAIR MARKET VALUE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

CERTAIN SOCIETY DIRECTORS ARE AFFILIATED WITH INSTITUTIONS TO WHICH THE SOCIETY HAS AWARDED RESEARCH GRANTS. ADDITIONALLY, THE SOCIETY PAYS PROFESSIONAL FEES TO SEVERAL FIRMS OF WHICH ITS DIRECTORS ARE MEMBERS.

FULL DISCLOSURE IS MADE OF THESE RELATIONSHIPS PURSUANT TO THE SOCIETY'S CONFLICT OF INTEREST POLICY, A COPY OF WHICH IS ATTACHED. ALL DIRECTORS, NATIONAL ASSEMBLY MEMBERS, AND COMMITTEE MEMBERS, AND ALL APPROPRIATE STAFF OF THE AMERICAN CANCER SOCIETY ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT (BOARD MEMBER EXAMPLE ATTACHED) ON AN ANNUAL BASIS TO ENSURE DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====
OUR VOLUNTEER OFFICERS AND DIRECTORS ARE REIMBURSED FOR ALL ACTUAL TRAVEL
EXPENSES INCURRED WHILE ON THE BUSINESS OF THE AMERICAN CANCER
SOCIETY, INC. THAT ARE DOCUMENTED AND SUBMITTED FOR REIMBURSEMENT.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

DISBURSEMENTS, IN FURTHERANCE OF THE CORPORATION'S EXEMPT PROGRAMS,
RE MADE DIRECTLY IN THE CONDUCT OF THE ACTIVITIES CONSTITUTING THE
EXEMPT PURPOSE OR FUNCTION FOR WHICH THE CORPORATION IS ORGANIZED AND
OPERATED. IN ALL CASES, DISBURSEMENTS ARE MADE IN ACCORDANCE WITH
THE PROCEDURES OR ARE SUBJECT TO CONDITIONS ESTABLISHED BY THE
GOVERNING BOARD OF THE CORPORATION AND ARE DESIGNED TO ENSURE THAT
INDIVIDUALS AND ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE
CORPORATION, IN FURTHERANCE OF ITS EXEMPT PROGRAMS, ARE ADEQUATELY
INVESTIGATED TO ENSURE THAT THEY ARE QUALIFIED RECIPIENTS.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ▶
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization AMERICAN CANCER SOCIETY NATIONAL HOME OFFICE	Employer identification number 13 : 1788491
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1599 CLIFTON ROAD NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30329	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CATHERINE MICKLE, CFO**

Telephone No. ▶ (404) 320-3333 FAX No. ▶ (404) 329-7790

- If the organization does **not** have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until APRIL 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20... or
 ▶ tax year beginning SEPTEMBER 1, 2005, and ending AUGUST 31, 2006.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ NONE

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ NONE

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization AMERICAN CANCER SOCIETY NATIONAL HOME OFFICE	Employer identification number 13 : 1788491
	Number, street, and room or suite no If a P O. box, see instructions. 1599 CLIFTON ROAD, NE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ATLANTA, GA 30329	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 5227
- Form 990-BL
- Form 990-EZ
- Form 1041-A
- Form 8870
- Form 990-PF
- Form 4720

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ CATHERINE E. MICKLE, CFO**
Telephone No. **▶ (404) 320-3333** FAX No. **▶ (404) 329-7790**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until JULY 15, 20 07.
- 5 For calendar year _____, or other tax year beginning SEPTEMBER 1, 20 05, and ending AUGUST 31, 20 06.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Additional time is required to gather sufficient information to file a complete and accurate return. Therefore, ACS respectfully requests an extension of time to file Form 990.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature **▶ Catherine E. Mickle** Title **▶ CFO** Date **▶ 3/19/2007.**

Notice to Applicant—To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)