

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2006
 Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 09-01-2006 and ending 08-31-2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN CANCER SOCIETY inc (national HOME OFFICE)		D Employer identification number 13-1788491
		Number and street (or P O box if mail is not delivered to street address) Room/suite 250 WILLIAMS STREET NW	E Telephone number (800) 227-2345	
		City or town, state or country, and ZIP + 4 ATLANTA, GA 303031002		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

G Web site: 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 720,252,823

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates: _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number: _____
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	44,029,743		
	c Indirect public support (not included on line 1a)	1c	357,129,305		
	d Government contributions (grants) (not included on line 1a)	1d	5,813,272		
	e Total (add lines 1a through 1d) (cash \$ 399,844,213 noncash \$ 7,128,107)	1e			406,972,320
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			4,754,572
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			12,901,677
	6a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7			3,058,414	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		237,812,916	8a	46,628,000	
	b Less cost or other basis and sales expenses	236,201,435	8b	16,466,045	
	c Gain or (loss) (attach schedule)	1,611,481	8c	30,161,955	
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			31,773,436	
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 1b)	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			
10a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			8,124,924	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			467,585,343	
Expenses	13 Program services (from line 44, column (B))	13			306,938,855
	14 Management and general (from line 44, column (C))	14			56,259,112
	15 Fundraising (from line 44, column (D))	15			41,613,895
	16 Payments to affiliates (attach schedule)	16			1,892,862
	17 Total expenses Add lines 16 and 44, column (A)	17			406,704,724
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18			60,880,619
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			462,286,096
	20 Other changes in net assets or fund balances (attach explanation)	20			2,938,342
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			526,105,057

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$124,559,159 noncash \$ ⁰) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	124,559,159	124,559,159	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	2,178,162	2,178,162	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	82,809,643	53,604,388	19,483,164
27	Pension plan contributions not included on lines 25a, b and c	27	7,082,069	4,466,876	1,805,047
28	Employee benefits not included on lines 25a - 27	28	8,465,261	5,388,495	2,099,469
29	Payroll taxes	29	5,565,235	3,530,620	1,394,275
30	Professional fundraising fees	30	9,419,448	2,516,595	1,068,450
31	Accounting fees	31	2,787,051		2,787,051
32	Legal fees	32	960,972	43,020	903,393
33	Supplies	33	1,058,588	593,275	312,127
34	Telephone	34	7,629,718	4,835,485	1,673,785
35	Postage and shipping	35	7,627,897	4,289,009	1,257,746
36	Occupancy	36	9,592,472	5,635,354	3,008,374
37	Equipment rental and maintenance	37	4,882,860	2,927,059	1,333,153
38	Printing and publications	38	28,170,257	22,630,356	3,121,795
39	Travel	39	11,269,781	7,261,322	1,735,474
40	Conferences, conventions, and meetings	40	7,148,006	4,390,428	742,362
41	Interest	41	573,280	52,064	503,551
42	Depreciation, depletion, etc. (attach schedule)	42	11,436,035	6,723,430	3,580,678
43	Other expenses not covered above (itemize)				
a	MISCELLANEOUS	43a	801,357	256,953	491,058
b	MEMBERSHIP DUES &	43b			
c	SUBSCRIPTIONS	43c	843,776	381,977	386,900
d	OTHER PROFESSIONAL FEES	43d	36,430,364	25,394,281	5,881,203
e	AWARDS & GRANTS TO AFFILIATES	43e	33,520,471	27,458,709	511,895
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	404,811,862	306,938,855	56,259,112

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 \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the 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.	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
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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.)

a See Additional Data Table

(Grants and allocations \$) If this amount includes foreign grants, check here

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **▶** 306,938,855

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	32,889,752	46	91,038,814	
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a 7,043,797			
	b Less allowance for doubtful accounts	48b 0	0	48c	7,043,797
	49 Grants receivable	6,348,441	49	7,509,001	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use	421,035	52	685,913	
	53 Prepaid expenses and deferred charges	21,302,649	53	24,392,414	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	645,053,321	54a	676,128,005	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)	32,529,743	56	<input type="checkbox"/>	35,904,554	
57a Land, buildings, and equipment basis	57a 113,562,587				
b Less accumulated depreciation (attach schedule)	57b 44,899,725	67,263,389	57c	68,662,862	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	602,354,315	58	<input type="checkbox"/>	734,592,905	
59 Total assets (must equal line 74) Add lines 45 through 58	1,408,162,645	59		1,645,958,265	
Liabilities	60 Accounts payable and accrued expenses	99,559,651	60	113,171,298	
	61 Grants payable	195,176,319	61	206,959,927	
	62 Deferred revenue	3,299,847	62	18,322,876	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)	16,406,412	64a	<input type="checkbox"/>	9,320,000
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)	631,434,320	65	<input type="checkbox"/>	772,079,107
66 Total liabilities Add lines 60 through 65	945,876,549	66		1,119,853,208	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	360,935,615	67	407,747,950	
	68 Temporarily restricted	65,647,553	68	80,121,914	
	69 Permanently restricted	35,702,928	69	38,235,193	
	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 and column (B) must equal line 21)	462,286,096	73		526,105,057
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	1,408,162,645	74		1,645,958,265

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	487,295,151
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	5,191,928
2	Donated services and use of facilities	b2	15,375,364
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	20,567,292
c	Subtract line b from line a	c	466,727,859
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	857,484
	Add lines d1 and d2	d	20,567,292
e	Total revenue (Part I, line 12) Add lines c and d	e	467,585,343

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

a	Total expenses and losses per audited financial statements	a	420,411,127
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	15,375,364
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	6,158,724
	Add lines b1 through b4	b	21,534,088
c	Subtract line b from line a	c	398,877,039
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	7,827,685
	Add lines d1 and d2	d	7,827,685
e	Total expenses (Part I, line 17) Add lines c and d	e	406,704,724

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

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		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
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?	80a	Yes	
b If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question, Yes, and No. Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89f, 89g, 90a-90b, 91a, 91b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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	27,122	15	1,932,790	
c PROGRAM FEES					767,477
d SERVICES TO DIVISIONS					1,269,817
e MISCELLANEOUS ROYALTIES			15	757,366	
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	12,901,677	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	3,058,414	
100 Gain or (loss) from sales of assets other than inventory			18	31,773,436	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS					
b REVENUE					297,239
c NET PRESENT VALUE					
d ADJUSTMENT					1,064,289
e GRANT REFUNDS					6,763,396
104 Subtotal (add columns (B), (D), and (E))		27,122		50,423,683	10,162,218
105 Total (add line 104, columns (B), (D), and (E))					60,613,023

Note: Line 105 plus line 1e, 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)
	See Additional Data Table

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).

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

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

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

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

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer catherine mickle CFO	Date 2008-06-06
Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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 990EZ)**

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

2006

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 2 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
JEROME YATES 250 WILLIAMS ST NW ATLANTA, GA 30303	NVP, RESEARCH 40 0	289,422	43,735	0
ROBERT MITCHELL 250 WILLIAMS ST NW ATLANTA, GA 30303	PRESIDENT, ACS FND 40 0	318,218	47,077	0
DANIEL SMITH 250 WILLIAMS ST NW ATLANTA, GA 30303	PRESIDENT, ACS CAN 40 0	288,750	32,340	1,740
O CLINTON CLAMPITT 250 WILLIAMS ST NW ATLANTA, GA 30303	NVP, DIVISION SVCS 40 0	280,028	101,560	0
WILLIAM BARRAM 250 WILLIAMS ST NW ATLANTA, GA 30303	NVP, DIVISION SVCS 40 0	313,938	111,213	0
Total number of other employees paid over \$50,000	633			



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
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMRKT/FUNDRAISER	5,774,249
ERNST AND YOUNG LLP 55 ivan allen jr boulevard suite ATLANTA, GA 30308	ACCOUNTANT/AUDITOR	2,974,823
merkle group inc 8400 corporate drive LANHAM, MD 20785	fundraiser/counsel	2,211,421
PARADYSZ MATERA CO INC 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	FUNDRAISER/MAIL	1,543,025
ARCHIMEDES INC 201 MISSION STREET 29TH FLOOR SAN FRANCISCO, CA 94105	data modeling	1,450,554
Total number of others receiving over \$50,000 for professional services	16	

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 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
TG MADISON 3340 PEACHTREE ROAD NE SUITE 2850 ATLANTA, GA 30326	ADVERTISING	2,702,451
STAFFING RESOURCES INC 3445 LAWRENCEVILLE SUWANEE ROAD SUWANEE, GA 30024	TEMPORARY STAFFING	1,662,905
IMAGING TECHNOLOGIES SERVICES INC PO BOX 1847 GREENVILLE, SC 29602	FUFILLMENT-LIT	2,378,127
IRONWORKS CONSULTING LLC 4501 HIGHWOODS PKWY STE 260 GLEN ALLEN, VA 23060	INFO TECHNOLOGY	1,876,334
EAGLE CREEK SOFTWARE SERVICES 12400 WHITEWATER DR STE 120 MINNETONKA, MN 55343	INFO TECHNOLOGY	1,490,379
Total number of other contractors receiving over \$50,000 for other services	82	

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, include 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>9,759,684</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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	1	Yes	
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 property?	2a	Yes	
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c	Yes	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 	3a	Yes	
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b Did the organization make any taxable distributions under section 4966?	4b		No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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)
- 11a** 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)
- 11b** 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	366,210,059	354,939,545	320,734,751	298,600,528	1,340,484,883
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	20,810,393	11,824,718	8,394,521	14,996,669	56,026,301
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,701,764	8,480,204	12,618,424	9,885,124	43,685,516
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	399,722,216	375,244,467	341,747,696	323,482,321	1,440,196,700
24 Line 23 minus line 17	378,911,823	363,419,749	333,353,175	308,485,652	1,384,170,399
25 Enter 1% of line 23	3,997,222	3,752,445	3,417,477	3,234,823	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 27,683,408
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 3,749,644
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 1,384,170,399
d Add Amounts from column (e) for lines	18 43,685,516	19 0			26d 47,435,160
	22	26 b 3,749,644			
e Public support (line 26c minus line 26d total)					26e 1,336,735,239
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96 57 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					27c _____ 27d _____ 27e _____
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27f _____
e Public support (line 27c total minus line 27d total)					27g _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27h _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**(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?		
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?		
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)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)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**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
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 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	41	
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	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

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 13 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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	Yes		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
c Media advertisements	Yes		4,432
d Mailings to members, legislators, or the public	Yes		266,000
e Publications, or published or broadcast statements	Yes		48,965
f Grants to other organizations for lobbying purposes	Yes		7,896,920
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		220,292
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	Yes		1,323,075
i Total lobbying expenditures (Add lines c through h.)			9,759,684

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
 - (ii) Other assets
- b** Other transactions
- (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

	Yes	No
51a(i)	Yes	
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)	Yes	
b(vi)		No
c	Yes	

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51a(i)	755,000	ACTION FUND	GRANT
51b(v)	457,813	ACS CANCER ACT NET	LINE OF CREDIT
51c	925,220	ACS CANCER ACT NET	SHARING STAFF AND OH EXPENSES

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **Yes** **No**

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
ACS CANCER ACT NET	501(C)(4)	COMMON GOALS, SHARED RESOURCES

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2006, or tax year beginning 09/01, 2006, and ending 08/31, 2007
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868
▶ See instructions on back.

2006

Department of the Treasury
Internal Revenue Service

Name of exempt organization

AMERICAN CANCER SOCIETY, INC. (NATIONAL

Employer identification number

13-1788491

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>467585343.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Catherine E. Mickle

Signature of officer

Date

16-4-08

Title

CEO

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature

[Redacted Signature]

Date 6/6/08

Check if also paid preparer

Check if self-employed

ERO's SSN or PTIN

EIN 13-4008324

Firm's name (or yours if self-employed), address, and ZIP code

PRICEWATERHOUSECOOPERS, LLP

1301 K STREET NW SUITE 800W

WASHINGTON

DC 20005-3333

Phone no. 202-414-1000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature

[Redacted Signature]

Date

6/6/08

Check if self-employed

Preparer's SSN or PTIN

EIN

Firm's name (or yours if self-employed), address, and ZIP code

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2006)

Additional Data

Software ID:

Software Version:

EIN: 13-1788491

Name: AMERICAN CANCER SOCIETY inc (national HOME OFFICE)

Form 990, Part III - Program Service Accomplishments:

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 net present value expense adjustment (Grants and allocations \$ 1,064,289) If this amount includes foreign grants, check here <input type="checkbox"/>	1,064,289
b GRANT REFUNDS ADJUSTMENT (Grants and allocations \$ 6,763,396) If this amount includes foreign grants, check here <input type="checkbox"/>	6,763,396
c 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 \$3,039,586 (Grants and allocations \$ 108,561,224) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	142,408,958
d 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 \$6,319,159 (Grants and allocations \$ 3,431,740) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	56,488,051
e 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 \$4,944,261 (Grants and allocations \$ 2,077,833) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	49,542,518
f PATIENT SUPPORT- PROGRAMS TO ASSIST CANCER PATIENTS AND THEIR FAMILIES AND EASE THE BURDEN OF CANCER FOR THEM GRANTS TO AFFILIATES \$13,155,703 (Grants and allocations \$ 2,660,677) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	50,671,643

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
John Seffrin 250 Williams Street NW STE 400 Atlanta, GA 30303	CEO 40 0	616,136	331,551	4,445
Donald Thomas 250 Williams Street NW STE 400 Atlanta, GA 30303	National COO 40 0	450,288	119,207	0
Patricia Felts 250 Williams Street NW STE 400 Atlanta, GA 30303	Deputy COO 40 0	366,154	199,243	50,704
Harmon Eyre 250 Williams Street NW STE 400 Atlanta, GA 30303	chief medical officer 40 0	457,232	156,819	0
Gregory Bontrager 250 Williams Street NW STE 400 Atlanta, GA 30303	Chief Mission Officer 40 0	59,077	22,791	0
Catherine Mickle 250 Williams Street NW STE 400 Atlanta, GA 30303	CFO 40 0	229,275	19,430	0
Sally West Brooks RN MA California 1710 Webster Street Oakland, CA 94612	IMMEDIATE PAST PRES 1 0	0	0	0
Nancy Brakensiek CPA California 1710 Webster Street Oakland, CA 94612	Treasurer 1 0	0	0	0
Carmel J Cohen MD Eastern 2 Lyon Place White Plains, NY 10602	Director 1 0	0	0	0
Robert R Kugler Eastern 2 Lyon Place White Plains, NY 10602	Director 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Harold P Freeman MD Eastern 2 Lyon Place White Plains, NY 10602	DIRECTOR-AT-LARGE 1 0	0	0	0
Rosemary Mackey FACHE Eastern 2 Lyon Place White Plains, NY 10602	DIRECTOR-AT-LARGE 1 0	0	0	0
Mario A Mendez MD Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Director 1 0	0	0	0
Karen A Moffitt PhD Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Director 1 0	0	0	0
Robert T Kendall III Great Lakes 1755 Abbey Road East Lansing, MI 48823	Director 1 0	0	0	0
Pamela K Meyerhoffer Great West 2120 First Avenue North Seattle, WA 98109	Director 1 0	0	0	0
Eric Taylor MD FACR FACRO Great West 2120 First Avenue North Seattle, WA 98109	Director 1 0	0	0	0
Tim E Byers MD MPH Great West 2120 First Avenue North Seattle, WA 98109	DIRECTOR-AT-LARGE 1 0	0	0	0
Van Wolf Jr Great West 2120 First Avenue North Seattle, WA 98109	Vice Chair 1 0	0	0	0
WP Phil Evans III MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Director 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Lila R Johnson RN MPH CHES High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Director 1 0	0	0	0
Alan G Thorson MD FACS High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Second Vice President 1 0	0	0	0
Ermilo Barrera Jr MD Illinois 225 N Michigan Ave sTE 1200 Chicago, IL 60601	Director 1 0	0	0	0
David G Seaman Illinois 225 N Michigan Ave sTE 1200 Chicago, IL 60601	Director 1 0	0	0	0
Edward E Partridge MD Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	Director 1 0	0	0	0
Elizabeth TH Fonham MPH DrPH Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	First Vice President 1 0	0	0	0
R Daniel Duquette PhD Midwest 2520 Pilot Knob Road ste 150 Minneapolis, MN 55435	Director 1 0	0	0	0
Patricia E Swanson RN Midwest 2520 Pilot Knob Road ste 150 Minneapolis, MN 55435	Director 1 0	0	0	0
Gary M Reedy 250 Williams Street NW STE 400 Atlanta, GA 30303	Foundation Liaison 1 0	0	0	0
Marion E Morra MA ScD New England 30 Speen Street Framingham, MA 01701	Chair-elect 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Gena R Carter MD New England 30 Speen Street Framingham, MA 01701	Director 1 0	0	0	0
Laura J Hilderley RN MS New England 30 Speen Street Framingham, MA 01701	Director 1 0	0	0	0
Vincent T DeVita Jr MD New England 30 Speen Street Framingham, MA 01701	DIRECTOR-AT-LARGE 1 0	0	0	0
Donald Anthony MD Ohio 5555 Frantz Road Dublin, OH 43017	Director 1 0	0	0	0
Kathleen M Bond Ohio 5555 Frantz Road Dublin, OH 43017	Director 1 0	0	0	0
Stephen L Swanson Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Director 1 0	0	0	0
J Michael Fitzpatrick Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	DIRECTOR-AT-LARGE 1 0	0	0	0
Richard C Wender MD Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	President 1 0	0	0	0
Anna Johnson-Winegar PhD South Atlantic 250 Williams Street NW STE 400 Atlanta, GA 30303	ChairMAN of the Board 1 0	0	0	0
Briggs W Andrews Esq South Atlantic 250 Williams Street NW STE 400 Atlanta, GA 30303	Director 1 0	0	0	0

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Audrey B Douglas-Cooke RN MS South Atlantic 250 Williams Street NW STE 400 Atlanta, GA 30303	Director 1 0	0	0	0
Jonathan W Simons MD South Atlantic 250 Williams Street NW STE 400 Atlanta, GA 30303	DIRECTOR-AT-LARGE 1 0	0	0	0
William Todd South Atlantic 250 Williams Street NW STE 400 Atlanta, GA 30303	DIRECTOR-AT-LARGE 1 0	0	0	0
Honorable Paul G Rogers South Atlantic 250 Williams Street NW STE 400 Atlanta, GA 30303	DIRECTOR-AT-LARGE 1 0	0	0	0
Elmer Huerta MD MPH South Atlantic 250 Williams Street NW STE 400 Atlanta, GA 30303	President-elect 1 0	0	0	0
George WP Atkins South Atlantic 250 Williams Street NW STE 400 Atlanta, GA 30303	Secretary 1 0	0	0	0
Cynthia M LeBlanc EdD California 1710 Webster Street Oakland, CA 94612	Director 1 0	0	0	0
Christy A Russell MD California 1710 Webster Street Oakland, CA 94612	Director 1 0	0	0	0
Lee Jackman CFRE California 1710 Webster Street Oakland, CA 94612	Delegate 1 0	0	0	0
Carol Jackson California 1710 Webster Street Oakland, CA 94612	Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Donald O Lyman MD California 1710 Webster Street Oakland, CA 94612	Delegate 1 0	0	0	0
Paul J Murata MD MSPH California 1710 Webster Street Oakland, CA 94612	Delegate 1 0	0	0	0
Carolyn Rhee California 1710 Webster Street Oakland, CA 94612	Delegate 1 0	0	0	0
Georgean Stoodt MD California 1710 Webster Street Oakland, CA 94612	Delegate 1 0	0	0	0
Cynthia M LeBlanc EdD California 1710 Webster Street Oakland, CA 94612	Board Member Deleg 1 0	0	0	0
Christy A Russell MD California 1710 Webster Street Oakland, CA 94612	Board Member Deleg 1 0	0	0	0
Dileep G Bal MD MS MPH California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
Jennie R Cook California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
Allan K Jonas California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
Ann Jillian California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Carolyn P Amory California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
George Good California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
Helene G Brown California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
Larry Hagman California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
Robert J Schweitzer MD California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
Thomas D Hobday Jr California 1710 Webster Street Oakland, CA 94612	HONORARY-LIFE-MEMBER 1 0	0	0	0
Sally West Brooks RN MA California 1710 Webster Street Oakland, CA 94612	Board Member Deleg 1 0	0	0	0
Nancy Brakensiek CPA California 1710 Webster Street Oakland, CA 94612	Officer Delegate 1 0	0	0	0
Alfred Robert Ashford MD FACP Eastern 2 Lyon Place White Plains, NY 10602	Delegate 1 0	0	0	0
Avi Barbasch MD Eastern 2 Lyon Place White Plains, NY 10602	Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Arnold Baskies MD FACS Eastern 2 Lyon Place White Plains, NY 10602	Delegate 1 0	0	0	0
Herb Zaretsky PhD Eastern 2 Lyon Place White Plains, NY 10602	Delegate 1 0	0	0	0
John Alfonso CPA Eastern 2 Lyon Place White Plains, NY 10602	Delegate 1 0	0	0	0
Marguerite K Schlag RN EdD Eastern 2 Lyon Place White Plains, NY 10602	Delegate 1 0	0	0	0
Carmel J Cohen MD Eastern 2 Lyon Place White Plains, NY 10602	Board Member Deleg 1 0	0	0	0
Robert R Kugler Eastern 2 Lyon Place White Plains, NY 10602	Board Member Deleg 1 0	0	0	0
Harold P Freeman MD Eastern 2 Lyon Place White Plains, NY 10602	Delegate at Large 1 0	0	0	0
Rosemary Mackey FACHE Eastern 2 Lyon Place White Plains, NY 10602	Delegate at Large 1 0	0	0	0
Edwina Thorn Eastern 2 Lyon Place White Plains, NY 10602	HONORARY-LIFE-MEMBER 1 0	0	0	0
George Dessart Eastern 2 Lyon Place White Plains, NY 10602	HONORARY-LIFE-MEMBER 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Arthur I Holleb MD Eastern 2 Lyon Place White Plains, NY 10602	HONORARY-LIFE-MEMBER 1 0	0	0	0
George J Hill MD Eastern 2 Lyon Place White Plains, NY 10602	HONORARY-LIFE-MEMBER 1 0	0	0	0
Mrs Elmer H Bobst Eastern 2 Lyon Place White Plains, NY 10602	HONORARY-LIFE-MEMBER 1 0	0	0	0
Mrs Matilda Raffa Cuomo Eastern 2 Lyon Place White Plains, NY 10602	HONORARY-LIFE-MEMBER 1 0	0	0	0
Norma J Hayman Eastern 2 Lyon Place White Plains, NY 10602	HONORARY-LIFE-MEMBER 1 0	0	0	0
Robert V P Hutter MD Eastern 2 Lyon Place White Plains, NY 10602	HONORARY-LIFE-MEMBER 1 0	0	0	0
John C Baity Esq Eastern 2 Lyon Place White Plains, NY 10602	Past Officer DeleG 1 0	0	0	0
Barbara Grevior Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Delegate 1 0	0	0	0
Carol CTucker Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Delegate 1 0	0	0	0
John Buz Windham Esq Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Samuel J LaMonte MD FACS Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Delegate 1 0	0	0	0
Michael E Kasper MD FACRO Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Delegate 1 0	0	0	0
Sigurd Normann MD PhD Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Delegate 1 0	0	0	0
Mario A Mendez MD Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Board Member Deleg 1 0	0	0	0
Karen A Moffitt PhD Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	Board Member Deleg 1 0	0	0	0
Barbara Weintraub Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	HONORARY-LIFE-MEMBER 1 0	0	0	0
Joseph J Zavertrnik MD Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	HONORARY-LIFE-MEMBER 1 0	0	0	0
Victor A Marcial MD Florida/Puerto Rico 3709 W Jetton Avenue Tampa, FL 33629	HONORARY-LIFE-MEMBER 1 0	0	0	0
Joseph Mahoney CPA Great Lakes 1755 Abbey Road East Lansing, MI 48823	Delegate 1 0	0	0	0
Lisa A Newman MD MPH FACS Great Lakes 1755 Abbey Road East Lansing, MI 48823	Delegate 1 0	0	0	0

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(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
Maria J Worsham PhD FACMG Great Lakes 1755 Abbey Road East Lansing, MI 48823	Delegate 1 0	0	0	0
Peter S Sheldon Esq Great Lakes 1755 Abbey Road East Lansing, MI 48823	Delegate 1 0	0	0	0
W Curt Gill Great Lakes 1755 Abbey Road East Lansing, MI 48823	Delegate 1 0	0	0	0
Frank P Lloyd MD FACS Great Lakes 1755 Abbey Road East Lansing, MI 48823	Delegate 1 0	0	0	0
Douglas K Kelsey MD PhD Great Lakes 1755 Abbey Road East Lansing, MI 48823	Director 1 0	0	0	0
Robert T Kendall III Great Lakes 1755 Abbey Road East Lansing, MI 48823	Board Member Deleg 1 0	0	0	0
John W Hamilton DDS Great West 2120 First Avenue North Seattle, WA 98109	Delegate 1 0	0	0	0
Brian Marlow Great West 2120 First Avenue North Seattle, WA 98109	Delegate 1 0	0	0	0
Patrick C McGuire CPA Great West 2120 First Avenue North Seattle, WA 98109	Delegate 1 0	0	0	0
Priscilla Tilly Gibbs BA AART Great West 2120 First Avenue North Seattle, WA 98109	Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Richard Rick E Spoonemore Great West 2120 First Avenue North Seattle, WA 98109	Delegate 1 0	0	0	0
Robert E Youle Great West 2120 First Avenue North Seattle, WA 98109	Delegate 1 0	0	0	0
Pamela K Meyerhoffer Great West 2120 First Avenue North Seattle, WA 98109	Board Member Deleg 1 0	0	0	0
Eric Taylor MD FACR FACRO Great West 2120 First Avenue North Seattle, WA 98109	Board Member Deleg 1 0	0	0	0
Tim E Byers MD MPH Great West 2120 First Avenue North Seattle, WA 98109	Delegate at Large 1 0	0	0	0
Gordon R Klatt MD Great West 2120 First Avenue North Seattle, WA 98109	HONORARY-LIFE-MEMBER 1 0	0	0	0
G Robert Gadberry Great West 2120 First Avenue North Seattle, WA 98109	HONORARY-LIFE-MEMBER 1 0	0	0	0
H Fred Mickelson Great West 2120 First Avenue North Seattle, WA 98109	HONORARY-LIFE-MEMBER 1 0	0	0	0
Van Wolf Jr Great West 2120 First Avenue North Seattle, WA 98109	Board Member Deleg 1 0	0	0	0
Andrejs E Avots-Avotins MD PhD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Allen Hugh Henderson PhD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
Brian F Issell MD FACP High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
Charlotte L Burke High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
Jacqueline L Earle Esq High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
Judith Elaine Calhoun PhD ARNP High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
Lewis E Foxhall MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
M Darlene Hall RN High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
Thomas J Williams High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
Tim Mauldin PhD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0
Tracy L Coe MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
WP Phil Evans III MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Board Member Deleg 1 0	0	0	0
Lila R Johnson RN MPH CHES High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Board Member Deleg 1 0	0	0	0
B L Aronoff MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	HONORARY-LIFE-MEMBER 1 0	0	0	0
Carol Perkins High Plains 2433-A Ridgepoint Drive Austin, TX 78754	HONORARY-LIFE-MEMBER 1 0	0	0	0
Charles A LeMaistre MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	HONORARY-LIFE-MEMBER 1 0	0	0	0
Gerald D Dodd MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	HONORARY-LIFE-MEMBER 1 0	0	0	0
Patty Reagan High Plains 2433-A Ridgepoint Drive Austin, TX 78754	HONORARY-LIFE-MEMBER 1 0	0	0	0
Paul E Quinlan High Plains 2433-A Ridgepoint Drive Austin, TX 78754	HONORARY-LIFE-MEMBER 1 0	0	0	0
Reginald C Ho MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	HONORARY-LIFE-MEMBER 1 0	0	0	0
Jean B McGill High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Past Officer Deleg 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Gerald L Woolam MD High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Past Officer DeleG 1 0	0	0	0
Alan G Thorson MD FACS High Plains 2433-A Ridgepoint Drive Austin, TX 78754	Officer Delegate 1 0	0	0	0
Clement S Rose MD Illinois 225 N Michigan Ave STE 1200 Chicago, IL 60601	Delegate 1 0	0	0	0
Debra J Cohen Illinois 225 N Michigan Ave STE 1200 Chicago, IL 60601	Delegate 1 0	0	0	0
Jerome Hoeksema MD Illinois 225 N Michigan Ave STE 1200 Chicago, IL 60601	Delegate 1 0	0	0	0
Mary Maryland PhD RN Illinois 225 N Michigan Ave STE 1200 Chicago, IL 60601	Delegate 1 0	0	0	0
Patricia Sanderson Illinois 225 N Michigan Ave STE 1200 Chicago, IL 60601	Delegate 1 0	0	0	0
Randall L Earl Illinois 225 N Michigan Ave STE 1200 Chicago, IL 60601	Delegate 1 0	0	0	0
Ermilo Barrera Jr MD Illinois 225 N Michigan Ave STE 1200 Chicago, IL 60601	Board Member Deleg 1 0	0	0	0
David G Seaman Illinois 225 N Michigan Ave STE 1200 Chicago, IL 60601	Board Member Deleg 1 0	0	0	0

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(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
Myles P Cunningham MD Illinois 225 N Michigan Ave STE 1200 Chicago,IL 60601	HONORARY-LIFE-MEMBER 1 0	0	0	0
Edward F Scanlon MD Illinois 225 N Michigan Ave STE 1200 Chicago,IL 60601	HONORARY-LIFE-MEMBER 1 0	0	0	0
Stephen F Sener MD Illinois 225 N Michigan Ave STE 1200 Chicago,IL 60601	Past Officer Deleg 1 0	0	0	0
Daniel E Kenady Sr MD Mid-South 1100 Ireland Way STE 300 Birmingham,AL 35205	Delegate 1 0	0	0	0
Diana S Diaz RN MS Mid-South 1100 Ireland Way STE 300 Birmingham,AL 35205	Delegate 1 0	0	0	0
Sue Catchings MA CHES Mid-South 1100 Ireland Way STE 300 Birmingham,AL 35205	Delegate 1 0	0	0	0
Hardenia Dena J Childrey Mid-South 1100 Ireland Way STE 300 Birmingham,AL 35205	Delegate 1 0	0	0	0
Joan W Buglewicz RN Mid-South 1100 Ireland Way STE 300 Birmingham,AL 35205	Delegate 1 0	0	0	0
Susan D Henry LCSW Mid-South 1100 Ireland Way STE 300 Birmingham,AL 35205	Delegate 1 0	0	0	0
Edward E Partridge MD Mid-South 1100 Ireland Way STE 300 Birmingham,AL 35205	Board Member Deleg 1 0	0	0	0

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Elizabeth TH Fontham MPH DrPH Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	Officer Delegate 1 0	0	0	0
Benjamin F Byrd Jr MD Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	HONORARY-LIFE-MEMBER 1 0	0	0	0
Edward W Reed MD Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	HONORARY-LIFE-MEMBER 1 0	0	0	0
Irvin D Fleming MD Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	HONORARY-LIFE-MEMBER 1 0	0	0	0
Madge M Harrison Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	HONORARY-LIFE-MEMBER 1 0	0	0	0
Ralph B Vance MD FACP Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	Past Officer Deleg 1 0	0	0	0
John R Kelly PhD Mid-South 1100 Ireland Way STE 300 Birmingham, AL 35205	Past Officer Deleg 1 0	0	0	0
Bryan Earnest Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Delegate 1 0	0	0	0
Douglas J Reding MD MPH FACP Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Delegate 1 0	0	0	0
Gary D Gilmore MPH PhD Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Delegate 1 0	0	0	0

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(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
Karen M Humphrey Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Delegate 1 0	0	0	0
Christopher Squier PhD ScD Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Delegate 1 0	0	0	0
Teri Vega-Stromberg Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Delegate 1 0	0	0	0
R Daniel Duquette PhD Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Board Member Deleg 1 0	0	0	0
Patricia E Swanson RN Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Board Member Deleg 1 0	0	0	0
Bonnie Carlson Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	HONORARY-LIFE-MEMBER 1 0	0	0	0
Gerald C Mueller MD PhD Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	HONORARY-LIFE-MEMBER 1 0	0	0	0
Henry C Pitot MD PhD Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	HONORARY-LIFE-MEMBER 1 0	0	0	0
Kathleen L Horsch Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	HONORARY-LIFE-MEMBER 1 0	0	0	0
Gary J Streit Midwest 2520 Pilot Knob Road STE 150 Minneapolis, MN 55435	Past Officer Deleg 1 0	0	0	0

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(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
Marion E Morra MA ScD New England 30 Speen Street Framingham, MA 01701	Board Member Deleg 1 0	0	0	0
Gaylord Chip B Thayer Jr New England 30 Speen Street Framingham, MA 01701	Delegate 1 0	0	0	0
Richard F Branda MD New England 30 Speen Street Framingham, MA 01701	Delegate 1 0	0	0	0
Judith B Stephany New England 30 Speen Street Framingham, MA 01701	Delegate 1 0	0	0	0
Andrew L Salner MD FACR New England 30 Speen Street Framingham, MA 01701	Delegate 1 0	0	0	0
Nancy E Kane MS RN AOCN New England 30 Speen Street Framingham, MA 01701	Delegate 1 0	0	0	0
Vincent F Barbetta New England 30 Speen Street Framingham, MA 01701	Delegate 1 0	0	0	0
Gena R Carter MD New England 30 Speen Street Framingham, MA 01701	Board Member Deleg 1 0	0	0	0
Laura J Hilderley RN MS New England 30 Speen Street Framingham, MA 01701	Board Member Deleg 1 0	0	0	0
Vincent T DeVita Jr MD New England 30 Speen Street Framingham, MA 01701	DelegatLarge 1 0	0	0	0

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(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
David S Rosenthal MD New England 30 Speen Street Framingham, MA 01701	HONORARY-LIFE-MEMBER 1 0	0	0	0
Frank R Vanoni MD New England 30 Speen Street Framingham, MA 01701	HONORARY-LIFE-MEMBER 1 0	0	0	0
James W Fordyce New England 30 Speen Street Framingham, MA 01701	HONORARY-LIFE-MEMBER 1 0	0	0	0
Louis A Leone MD New England 30 Speen Street Framingham, MA 01701	HONORARY-LIFE-MEMBER 1 0	0	0	0
Stanley Shmishkiss New England 30 Speen Street Framingham, MA 01701	HONORARY-LIFE-MEMBER 1 0	0	0	0
Charles J McDonald MD New England 30 Speen Street Framingham, MA 01701	HONORARY-LIFE-MEMBER 1 0	0	0	0
Francis L Coolidge New England 30 Speen Street Framingham, MA 01701	HONORARY-LIFE-MEMBER 1 0	0	0	0
Carolyn D Runowicz MD New England 30 Speen Street Framingham, MA 01701	Past Officer Deleg 1 0	0	0	0
David L Yeager Ohio 5555 Frantz Road Dublin, OH 43017	Delegate 1 0	0	0	0
George H Musekamp III Ohio 5555 Frantz Road Dublin, OH 43017	Delegate 1 0	0	0	0

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(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
Thenice P Gall Ohio 5555 Frantz Road Dublin, OH 43017	Delegate 1 0	0	0	0
Margaret I Kruckemeyer RN MSN Ohio 5555 Frantz Road Dublin, OH 43017	Delegate 1 0	0	0	0
Patrick Joseph Fahey MD Ohio 5555 Frantz Road Dublin, OH 43017	Delegate 1 0	0	0	0
Robert T Brodell MD Ohio 5555 Frantz Road Dublin, OH 43017	Delegate 1 0	0	0	0
Donald Anthony MD Ohio 5555 Frantz Road Dublin, OH 43017	Board Member Deleg 1 0	0	0	0
Kathleen M Bond Ohio 5555 Frantz Road Dublin, OH 43017	Board Member Deleg 1 0	0	0	0
Chester Stock PhD Ohio 5555 Frantz Road Dublin, OH 43017	HONORARY-LIFE-MEMBER 1 0	0	0	0
Frank B Fisher Ohio 5555 Frantz Road Dublin, OH 43017	HONORARY-LIFE-MEMBER 1 0	0	0	0
Daniel P Heist CPA Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Delegate 1 0	0	0	0
Jacqueline E Rothschild Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Delegate 1 0	0	0	0

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Kathy Jane Selvaggi MD Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Delegate 1 0	0	0	0
Sandra A Norman PhD FACE Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Delegate 1 0	0	0	0
Wanda D Filer MD Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Delegate 1 0	0	0	0
Wendie Waschitsch Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Delegate 1 0	0	0	0
Stephen L Swanson Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Board Member Deleg 1 0	0	0	0
J Michael Fitzpatrick Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Delegate at Large 1 0	0	0	0
Leonard Buten Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	HONORARY-LIFE-MEMBER 1 0	0	0	0
Mary A Simmonds MD FACP Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Past Officer Deleg 1 0	0	0	0
Robert C Young MD Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Past Officer Deleg 1 0	0	0	0
Richard C Wender MD Pennsylvania Route 422 Sipe Avenue Hershey, PA 17033	Officer Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Anna Johnson-Winegar PhD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Board Member Deleg 1 0	0	0	0
Jim Murray South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
Claudia R Baquet MD MPH South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
Cynthia Cindy F Soltis SPHR South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
David F Zimmerman South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
David M Simpkins South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
G Fred Worsham MD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
Michael Mike Crapps South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
Jayne Fernsler DSN RN AOCN South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
M Julian Duttera MD FACP South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Neil Edward Dorsey CCM South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
Robert K Brookland MD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
Arnold Skip Amass PharmD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate 1 0	0	0	0
Briggs W Andrews Esq South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Board Member Deleg 1 0	0	0	0
Audrey B Douglas-Cooke RN MS South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Board Member Deleg 1 0	0	0	0
Jonathan W Simons MD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate at Large 1 0	0	0	0
William Todd South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate at Large 1 0	0	0	0
Honorable Paul G Rogers South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Delegate at Large 1 0	0	0	0
Don Elliot Heald South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0
Raymond E Lenhard Jr MD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
A Hamblin Letton MD FACS South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0
Edward F Lewison MD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0
Jack N Sherman South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0
LaSalle D Leffall Jr MD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0
Mrs Nuzhet O Atuk South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0
The Honorable Joseph H Young South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0
Walter Lawrence Jr MD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	HONORARY-LIFE-MEMBER 1 0	0	0	0
Thomas G Burish PhD South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Past Officer Deleg 1 0	0	0	0
David M Zacks South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Past Officer Deleg 1 0	0	0	0
Elmer Huerta MD MPH South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Officer Delegate 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
George WP Atkins South Atlantic 250 Williams Street NW sTE 400 Atlanta, GA 30303	Officer Delegate 1 0	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
AMERICAN CANCER SOCIETY CANCER ACTION NETWORK INC	X	
ACS PRODUCTS INC	X	

Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:

List the states with which a copy of this return is filed

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

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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).
93C	REGISTRATION AND SERVICE FEES -
0	FEES RECEIVED FOR ATTENDANCE AT THE PROFESSIONAL EDUCATION
0	MEETINGS SPONSORED BY THE AMERICAN CANCER SOCIETY CONCERNING
0	CANCER PREVENTION, DETECTION/TREATMENT, AND PATIENT CARE
93D	SERVICES TO DIVISIONS -
0	SALES OF SERVICES TO AFFILIATES FOR VARIOUS AMERICAN CANCER
0	SOCIETY NATIONALLY RUN PROGRAMS INCLUDING FUNDRAISING AND
0	LEGAL SERVICES
103A	MISCELLANEOUS -
0	MISCELLANEOUS REVENUE FROM ACTIVITIES NOT REGULARLY CARRIED
0	ON
103B	NET PRESENT VALUE ADJUSTMENT -
0	REPRESENTS THE ADJUSTMENT NECESSARY TO DISCOUNT LONG-TERM
0	GRANT LIABILITIES (USUALLY PAYMENTS OVER THREE YEARS)
0	BACK TO THEIR NET PRESENT VALUE FOR PURPOSES OF REPORTING
0	GRANT EXPENSES AND LIABILITIES IN CONFORMITY WITH GENERALLY
0	ACCEPTED ACCOUNTING PRINCIPLES
103C	GRANT REFUNDS -
0	REPRESENTS THE RETURN OF THE BALANCE OF GRANTS THAT
0	ARE COMPLETED PRIOR TO SPENDING ALL OF THE AWARDED FUNDS,
0	AND BALANCES REMAINING WHEN AN INVESTIGATOR RESIGNS FROM
0	THE RESEARCH PROJECT AFTER IT IS UNDERTAKEN

TY 2006 Cash Grants Paid Schedule

Name: AMERICAN CANCER SOCIETY inc (national HOME OFFICE)

EIN: 13-1788491

Class of Activity	Recipient's name	Address	Amount	Relationship
	Research Scholar Grant	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	93,394,611	NONE
	Postdoctoral Fellowships	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	12,409,408	NONE
	Institutional Research Grants	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	4,920,000	NONE
	Grants to Other Health Organization	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	6,520,422	NONE
	Research Professorships	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	3,115,000	NONE
	CANCER CONTROL GRANTS	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	704,718	NONE
	Research Committee Awards	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	299,000	NONE
	Career Develop Award	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	195,000	NONE

Class of Activity	Recipient's name	Address	Amount	Relationship
	MastersDoctoral Nursing	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	695,000	NONE
	PostmastersMASTERS SOCIAL Work	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	276,000	NONE
	Physician Training Awards in Preven	c/o 250 Williams Street NW Suite 40 Atlanta, GA 303031002	2,030,000	NONE
	the list above shows grants and awa			

TY 2006 General Explanation Attachment

Name: AMERICAN CANCER SOCIETY inc (national HOME OFFICE)

EIN: 13-1788491

Identifier	Return Reference	Explanation
FORM 990 BLOCK C ORGANIZATION		<p>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.</p>

Identifier	Return Reference	Explanation
Form 990 Part I, Line 1e		<p>DIRECT SUPPORT FROM THE PUBLIC ----- The National Home Office ("NHO") sponsored a telemarketing operation with 6 Divisions participating that is managed by the Chartered Division. These contributions are recorded as a direct telemarketing contribution on the NHO books \$4,281,914 NHO Support from National Acquisition Mail Program 1,026,719 Merchandise and other in-kind contributions, at fair value 7,128,107 NHO Support from Notes to Neighbors Program 7,795,082 Patient Resource Navigation 9,043,797 NHO Support from Coaches vs. Cancer Program 355,112 International Conference 241,727 Great American Health Check 400,000 Other NHO Support 4,516,809 ----- \$ 44,029,743 Indirect Support from the Public -----</p> <p>- The NHO's Share of Divisions' Income Contribution, Legacies, and Bequests Income 352,573,394 Additional Allocations and Grants from Divisions and ACS Foundation for NHO Programs 4,555,911 ----- \$ 357,129,305 Grants from Government Agency 5,813,272 ----- Total Public Support \$406,972,320 =====</p>

Identifier	Return Reference	Explanation
Form 990 Part I, line 7 & 8		<p>Line 7 ----- Interest Income from Combined Endowment Fund \$ 578,313 Loan Interest Income from American Cancer Society Cancer Action Network, Inc 22,091 Imputed Interest Income on Note Receivable 1,591,670 Other Interest Income 866,340 ----- 3,058,414 ===== = 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 ----- During fiscal 2007, the National Home Office sold its headquarters, the majority of the furniture and fixtures located at its headquarters, and three adjacent residential lots for an aggregate amount of \$45,000,000. Additionally, this amount includes 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. Part II</p>

Identifier	Return Reference	Explanation
PART II- LINE 22, 42 AND PART IV- LINE 57		<p>Line 22 ----- The list of other grants and allocations paid during the year show s gran ts and awards by classification Due to the voluminous data required to list individual gr ant recipients, further detailed information will be made available upon request LINE 42 ----- Depreciation is computed using the straight-line method over the estimated usefu l 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 s oftware and other capitalized assets 3 to 10 years TOTAL DEPRECIATION EXPENSE \$11,436,035 ===== LINE 57 -----</p> <p>Accumulated Net Book Basis Depreciation Value Land \$543,158 \$- \$543,158 Building \$5,431,576 \$(1,182,878) \$4,248,698 Leasehold improvements \$21,969,566 \$(1,259,098) \$20,710,468 Office furniture and other equipment \$14,836,624 \$(3,578,920) \$11,257,704 Computer/Equip/Softw are \$70,781,663 \$(38,878,829) \$31,902,834 -----</p> <p>----- total \$113,562,587 \$(44,899,725) \$68,662,862 =====</p> <p>=====</p>

Identifier	Return Reference	Explanation
balance sheet		<p>Form 990 Part IV, Line 54 ===== See Statement 37 This amount includes approximately \$310,436,262 that is held on behalf of Affiliates as of August 31, 2007 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, 2007 Form 990 Part IV, Line 56 ===== Other Investments ----- See Statement 38 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, 2007 Form 990 Part IV, Line 58 ===== Other Assets ----- See Statement 39 The National Home Office maintains a Planned Giving Business Unit (PGBU) under a joint operating agreement with participating divisions The PGBU 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 ===== \$9,320,000 represents the balance due of \$11,000,000 in 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, 2007, no balance was outstanding A Form 8038 was filed on June 6, 2002 Annual payments on the two bond issues as of August 31, 2007, excluding interest, are payable as follows Fiscal year 2008 400,000 2009 425,000 2010 450,000 2011 475,000 2012 500,000 Thereafter 7,070,000 Form 990 Part IV, Line 65 ===== Other Liabilities ----- see statement 41 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</p>

Identifier	Return Reference	Explanation
Part IV-A & Part VI		<p>Form 990 Part IV-A ===== Donated Use of Facilities ----- The Society received in-kind contributions of advertising production, magazine space, public service announcements and in-store advertising materials from various retail and professional organizations with an estimated fair value of \$13,296,778 \$13,296,778 The Society has recorded contributed services of \$476,018 related to the communication of program and fund-raising messages through various advertising media \$476,018 In addition, the Society has valued and recorded contributed services provided by scientific peer reviewers, which consist of medical doctors, Ph Ds, 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 27,236 hours have been contributed by scientific peer reviewers and has valued such services at \$1,602,568 \$1,602,568 ----- total, line B(2) \$15,375,364 ===== Form 990 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 25 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</p>

Identifier	Return Reference	Explanation
SCHEDULE A- PART I		<p>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.</p>

Identifier	Return Reference	Explanation
SCHEDULE A, PART VI - LOBBYING ACTIVITIES		<p>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. The Society's National Home Office (NHO) supports limited advocacy activities at the federal and state levels primarily through grants to other organizations, including the American Cancer Society Cancer Action Network (ACS CAN) Federal Activities ----- At the federal level, NHO provided a grant to ACS CAN to support the following legislative issues: * Increased funding for cancer research and programs * Funding for the Patient Navigator program * Creation of a program to establish colon cancer screening and treatment for the uninsured and medically underserved * Tobacco control, including granting the Food and Drug Administration regulatory authority over tobacco, health coverage for cessation, and an increase in the federal tobacco excise tax * Expanded access to cancer screening and treatment for those with private insurance, Medicare, Medicaid, and the underinsured and the uninsured * Improve pain management, palliative care and quality of life. 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: Americans for Nonsmokers' Rights, Campaign for Tobacco-Free Kids, InterAmerican Heart Foundation, National Coalition for Cancer Survivorship, National Health Council, Smoke-Free Ohio and Tobacco Control Legal Consortium. State Activities ----- At the state level, NHO assisted the Society's Divisions by providing strategic counseling on the legislative process, a analysis of proposed legislation, and background research and materials. NHO delivered this assistance primarily focusing on the following cancer control measures: Increased funding for breast and cervical cancer screening and treatment programs for the medically underserved and uninsured. Private insurance coverage of colon cancer screening. Expanded access to cancer screening and treatment for those with private insurance, Medicaid, and the underinsured and the uninsured. Smoke-free workplace (clean indoor air) measures. Increased taxes on tobacco products. Increased funding for tobacco use prevention and control programs, including cessation coverage. Improved palliative care and pain management policies. In addition, NHO granted funds to certain of the Society's Divisions to support lobbying activities. These funds are reported by NHO as lobbying "grants" in Part VI B of this Form 990. They are also reported 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.</p>

Identifier	Return Reference	Explanation
PART V-A, LINE 75d		<p>CODE OF ETHICS AND CONFLICT OF INTEREST POLICY AMERICAN CANCER SOCIETY, INC -----</p> <p>----- Introduction and Applicability The Code of Ethics and Co n flict of Interest Policy (the "Code") of the American Cancer Society, Inc ('the "Society ") establishes the ethical standards for associates of the Society in connection w ith Soci ety business The purpose of the Code is to provide evidence of the Society's commitment t o the law ful and ethical conduct of its business and to promote law ful and ethical behavio r by its associates The term "associate" means volunteers and staff It is every associat e's responsibility to discharge his or her duties in a manner that promotes and preserves public trust, proper stew ardship, and confidence in the integrity of the Society Associat es must respect and comply w ith Society rules and regulations, observe high standards of c onduct, and participate in establishing and maintaining such high standards Adverse conse quences, including employee termination or removal of a volunteer from his or her position , can result from failure to comply w ith the Code It is the duty of all associates to rev iew and assess their conduct in light of the provisions of the Code Each associate shall seek, either in w riting or in person, the advice of his or her supervisor or the Office of Corporation Counsel w hen a reasonable doubt regarding an ethical or legal consideration a rises The attached conflict of interest disclosure statement must be completed by all sta ff, governance volunteers, and any other volunteers in a position that w arrants their comp leting the form The determination of w hich volunteers must complete the form is made by t he Office of Corporation Counsel I Performance of Duties A Society associates w ill perf orm 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 w ithin the associate's control C Associates w ith reporting responsibilities shall provi de full, fair, accurate, timely, and understandable disclosure in all reports D Associat es shall act honestly and ethically E No associate shall discriminate on the basis of ra ce, color, religious creed, gender, national origin, age, physical ability, sexual orienta tion, marital status, or veteran status in the conduct of services for the Society F Ass ociates w ho are attorneys, medical doctors, certified public accountants, or members of ot her professional groups are bound by the appropriate professional duties and code of condu ct of those roles G Associates shall comply w ith all state, federal and local law s, stat utes and ordinances II Abuse of Position and Conflicts of Interest The Society is a nonp rofit, 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 scruti ny by, and is held accountable to, governmental authorities as w ell as the public Consequ ently, there exists betw een the Society, its associates, and the public, a fiduciary duty w hich carries w ith it a duty of loyalty Associates have the responsibility of adminsteri ng the affairs of the Society honestly and prudently and of exercising their best care, sk ill, 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 w ith the Society or know ledge gained therein for their personal benefi t or for the benefit of any other person or organization The interests of the Society mus t 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 c ircumstances from w hich it might be reasonably inferred that such gift, service, or other thing of value w as given or offered for the purpose of influencing the associate in the di scharge of his or her duties Vendor selections and purchasing decisions must alw ays be bu siness 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 re lationships, gifts or hospitality A Areas in Which Conflicts May Arise - A conflict of i nterest may arise in the relations of associates w ith any of the follow ing 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 - Prof essional services, including accounting and legal services - Contracts w ith individuals, including consultants and part time staff - Contracts w ith companies providing non-profes sional services, such as marketing, research servi</p>

Identifier	Return Reference	Explanation
PART V-A, LINE 75d		<p>ces, Information Technology consulting or other services, etc - Persons and firms from w h om the Society leases property and equipment - Persons and firms w th w hom the Society is dealing or planning to deal in connection w th the purchase or sale of real estate, secur ities, or other property * Customers of Society services (e g Qutline/Employer Initiati ve customers) * Donors, volunteers, and other supporters of the Society * Agencies, othe r nonprofits, and associations that affect the operations of the Society * Entities from w hom the Society receives grants or to w hom the Society provides grants</p> <p>B Nature of Conf licting Interest - A conflicting interest may be defined as an interest, direct or indirec t, w th any persons or firms as discussed in Section A Such an interest mght arise throu gh * An association w th any entity that deals w th the Society of w hich an associate or an immediate family member is a partner or a controlling shareholder, executive officer, o r has any other position w th another entity that w ould reasonably cause the appearance of a conflict of interest Any question regarding independence should be review ed by the Aud it Committee for final resolution * Receiving compensation for services w th respect to i ndividual transactions involving the Society * Using Society time, personnel, equipment, supplies, or goodw ill for any purpose other than Society-approved activities, programs, or purposes * Receiving any gift, courtesy or loan from third parties dealing or competing w th the Society, or seeking to deal w th the Society, except for gifts w th a value of le ss than seventy-five dollars (\$75) that could not be refused w thout discourtesy and w hich w ill not give rise to the perception that the associate's independent judgment might be c ompromised</p> <p>Nominal gifts such as pens, caps, paperw eights, t-shirts, coffee, soft drinks, flow ers, chocolates or other small tokens may be accepted A gift that has a value exceed ing 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 volunt eer), and also reported on your disclosure statement Similarly, a series of gifts w ithin a one-year time frame, all of w hich 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 o f cash or a cash equivalent (i e gift cards, gift checks, vouchers, phone cards, checks o r money orders, etc), special discount, tickets for entertainment w here the host w ill not be present, gifts that w ould embarrass the Society, or situations w here the Society's com m itment 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 accep ted 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 * Ow ing money to the Society (other than mmo r amounts incurred w hile traveling and promptly repaid in full) if you are a director, vol unteer, or officer of the Society * If a third party dealing or competing w th the Societ y offers a gift that an associate wishes to accept and the associate believes w ould be ben efcial 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 sta ff) in order to assure that no conflict of interest w ould result In international situati ons w here turning dow n a gift w th more than a \$75 value w ould be culturally discourteous, the gift may be accepted on behalf of the Society but must be immediately reported to the Office of Corporation Counsel</p> <p>C Interpretation of Conflict of Interest The areas of con flicting 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 othe r areas or through other relationships If an associate believes that he or she is in a po ssible conflict situation, he or she should assume that a conflict does exist and act acco rdingly The fact that one of the interests described in Section A or B exists does not ne cessarily mean that a conflict exists, or that the conflict, if it exists, is material eno ugh to be of practical importance, or if material, that upon full disclosure of all releva nt facts and circumstances, it is necessarily adverse to the interests of the Society How ever, 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 ev ent of an unavoidable conflict of interest, after</p>

Identifier	Return Reference	Explanation
PART V-A, LINE 75d		<p>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 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 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</p>

Identifier	Return Reference	Explanation
PART V-A, LINE 75d		<p>al internal controls, audit, prevention of illegal activity, accounting issues, and relate d matters You may ensure complete anonymity w hen reporting a concern by simply not giving your name More information on the hotline is available at w w w societylink org (the Intra net) 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 m embers and other volunteers) Such action may include further training and instruction reg arding the provisions of the Code, necessary steps to remediate any harm to the Society, f ellow associates, or others, and disciplinary actions up to and including termination Eac h violation w ill be assessed on an individual case by case basis and the corrective action tailored to the specifics of that violation When deciding w hat action is necessary, cons ideration w ill be given to the flagrancy of the violation, the harm caused, w hether the vi olation w as intentional or unintentional, w hether the associate voluntarily disclosed the violation, prior msconduct, the likelihood of future msconduct, the general circumstance s surrounding the violation, and other considerations as appropriate C When an associate completes the annual conflict of interest disclosure statement, the associate must disclo se all of the items on the questionnaire for the past calendar year Any intentional failu re to disclose required information or the provision of information that is inaccurate or false in nature is a violation of the Code ATTACHMENT AMERICAN CANCER SOCIETY, INC CONFL ICT OF INTEREST DISCLOSURE STATEMENT ----- In order to be comprehensive, this statement of disclosure/questionnaire requires you to provide info rmation w ith respect to certain parties that are related to you These persons are termed "affiliated persons" and include the follow ing a your spouse, domestic partner, child, m other, father, brother or sister b any entity that deals w ith the Society of w hich *yo u are a partner or a controlling shareholder or executive officer, or * you have any other position, financial or otherw ise, that w ould cause the appearance of a conflict of intere st Any question regarding a conflict of interest should be review ed by the Audit Committe e for final resolution c any trust, estate, or other legal entity in w hich you have a su bstantial beneficial interest or as to w hich 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 prope rty to the Society in the past year other than in your capacity show n in question 2 above and other than services or property you donated? _____ YES _____ NO 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 w ith that person _____</p> <p>_____ 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 purchase d services or property and the value and, if an affiliated person is involved, the identit y of the affiliated person and your relationship w ith that person _____</p> <p>_____ 5 Ha ve you or any of your affiliated persons had any direct or indirect interest in any busine ss transaction(s) or other business relationship in the past year to w hich the Society or any volunteer officer or staff officer of the Society or its Divisions w as 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 w ith that person _____</p> <p>_____ 6 If you are a director, staff officer, or volunteer of ficer, w ere you or any of your affiliated persons financially indebted to the Society at a ny time in the past year (other than minor amounts</p>

Identifier	Return Reference	Explanation
PART V- A, LINE 75d		<p>incurred in the ordinary course of business and promptly repaid in full)? <input type="checkbox"/> YES <input type="checkbox"/> 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</p> <p>_____ 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? <input type="checkbox"/> YES <input type="checkbox"/> 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</p> <p>_____</p> <p>_____ 8 Are you or any of your affiliated persons a party to, or have an interest in, any pending legal proceedings involving the Society? <input type="checkbox"/> YES <input type="checkbox"/> 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 _____</p> <p>_____ 9 Are you aware of any other events, transactions, arrangements, or other situations that have occurred or may occur in the future that you believe should be examined by the Society in accordance with the Terms and in tent of the Society's Code of Ethics and Conflict of Interest Policy? <input type="checkbox"/> YES <input type="checkbox"/> 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 _____</p> <p>_____ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe the situation(s), and all of the facts and circumstances and amounts involved</p> <p>_____</p> <p>_____ 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)</p> <p>_____ Signature Date Please return to Staff Debra Gore Human Resources Debra.gore@cancer.org Volunteers Sherrhonda Roach Manager, Legal Services American Cancer Society, Inc 1599 Clifton Road, NE Atlanta, Georgia 30329 Fax 404-417-5808 sherrhonda.roach@cancer.org</p>

Identifier	Return Reference	Explanation
PART V-A, LINE 75d (Continued)		<p>Frequently Asked Questions Regarding Potential Ethical Dilemmas ----- The purpose of this section is to provide associates (volunteers and staff) with a non-exhaustive list of potential ethical dilemmas that may arise and how the Code of Ethics and Conflicts of Interest Policy would serve to guide their actions and behavior. If any associate is ever unsure as to what is appropriate legal or ethical behavior, the associate should consult with his or her supervisor. Also, the Society's Office of Corporation Counsel is always available to answer any questions regarding ethical considerations.</p> <p>Some Possible Scenarios</p> <p>Question - I work for the Society and one of the reasons I chose to work here is that it feels good to be a part of an organization that does something important and positive for society. The other day I saw one of my colleagues doing something that I am pretty sure is a violation of the Code of Ethics. I do not want to get anyone in trouble. What should I do? Answer - No one likes the feeling of reporting the wrong conduct of another. At the same time, the work environment that we all enjoy is a result of respectful behavior. When it seems clear that another associate is doing something unethical, then each of us has an obligation to report that behavior to an appropriate supervisor and/or to the Office of Corporation Counsel. In the event the unethical conduct is financially related as described in Section IV of the Code, you may report it by way of the toll free anonymous Confidential Hotline at 1-800-539-7202.</p> <p>Question - I work with our vendors as part of my job and from time to time they will offer to take me out to lunch or some other social outing. Is it permissible for me to accept these gifts? Answer - The Code of Ethics and Conflicts of Interest Policy has specific provisions about accepting gifts. As a general rule, we should decline even small gifts where it is not going to be perceived as impolite or cause us to harm a vendor relationship. It is easy to use this Code as an excuse why you are unable to accept a vendor's generosity. Under no circumstances should you accept a gift worth \$75 or more without the prior approval of your supervisor and the Office of Corporation Counsel.</p> <p>Question - A vendor asks me to accompany him to a baseball game at which we plan to discuss business. May I go? Answer - Yes, as long as the ticket has a face value of less than \$75 and the outings are infrequent (one per year).</p> <p>Question - Occasionally, a vendor will call and offer to give me tickets to a sports event or a concert. The face value of the tickets is less than \$75. May I accept this gift? Answer - No. The gift does not serve an ACS business purpose.</p> <p>Question - May I purchase sporting or concert tickets from a vendor? Answer - Yes, as long as the event is not "Sold Out". Under those circumstances you would be accepting a gift of an opportunity to buy tickets that are not generally available for purchase and that is inappropriate.</p> <p>Question - Is our department allowed to keep flowers, chocolates, or other small treats sent from a vendor? Answer - Generally it is okay to accept such occasional, infrequent, nominal gifts, but they should be shared with your co-workers.</p> <p>Question - I have been invited by a vendor to go to a conference in another city about new issues facing technology departments. The vendor is offering to pay for my plane, hotel, meals, and to take me golfing once or twice while we are there for the weekend. My department was debating about whether to send me before this offer was extended. Should I accept this gift from the vendor? Answer - This type of gift should be brought to the attention of both your supervisor and the Office of Corporation Counsel for review. If this is a conference that the Society was considering asking you to attend, it might be appropriate to accept that part of the gift from the vendor. If the gift is going to benefit the Society, then it is much like a donation since it saves the Society the expenses of your flight and hotel. At the same time, if you are involved in the review of purchases and potential purchases from this vendor, the offer to buy your meals and pay for your golfing (or other activities) are too close to creating a real conflict issue and should not be accepted. The review by the Office of Corporation Counsel and your supervisor will give you the guidance you need.</p> <p>Question - In my job with the Society, I sometimes come in contact with donor information. I am amazed sometimes at the people who donate money to the Society and how much they donate. Sometimes I can't help but share little tidbits with my friends. This is not a big problem is it? Answer - Yes, it is a big problem. We are all bound by the highest standards of confidentiality as governed by the Confidentiality Agreement that each of us has signed - and donor information is some of the most sensitive information we handle. If we are not careful and do</p>

Identifier	Return Reference	Explanation
PART V-A, LINE 75d (Continued)		<p>not handle confidential information appropriately, we run the risk of losing future funding and seriously hurting our organization. What seems like a little bit of innocent gossip is a serious violation and should be avoided.</p> <p>Question - A Society donor that I have been cultivating has died. I have found out that the donor left me \$10,000 in his will. What am I ethically bound to do with the money? Answer - Ethically, you should either disclaim the gift or ask that the executor give the bequest to the Society. If state law does not grant the executor the power to give the bequest to another organization, you could accept the gift and make a donation to the Society in the exact amount of the gift.</p> <p>Question - An employee is having a birthday, a child or some special occasion. Is it permissible for the department to authorize the expenditure of Society funds to send them flowers? Answer - No. Society funds may not be used for these types of expenditures.</p> <p>Question - A donor I have cultivated has died and left the Society their house. The Society has decided to sell the house. My spouse is a real estate agent. Can I recommend my spouse to the Society to conduct the sale of the house? Answer - No. This is a situation where there is clearly the appearance of impropriety since your spouse (and indirectly you) would benefit monetarily from the sale of the property.</p> <p>Question - What if my spouse is willing to act as the real estate agent for the sale of the property in return for the Society reimbursing the costs of the sale (e.g. listing fees, etc.)? Answer - This would depend upon the particular situation and would need to be reviewed by the Office of Corporation Counsel.</p> <p>Question - As a planned giving officer for the Society, I maintain a referral list of attorneys for potential donors. May I include my spouse on this list? What if my spouse will provide the legal services pro bono? Answer - You may not refer potential donors to your spouse unless your spouse will provide the legal services pro bono. Otherwise, there is an appearance of impropriety since your spouse (and indirectly you) would benefit monetarily from the referral.</p> <p>Question - My brother owns a sign company. I was asked by the income development director to see if I could get them a good price on the signs for an event and the signs were purchased from my brother's sign company by ACS. Do I need to disclose the relationship? Answer - Yes. If any of your affiliated persons (spouse, domestic partner, child, father, mother, brother or sister) provide services of property to ACS, the transaction must be disclosed. Purchase of services and property from any affiliated person should be approved by the Office of Corporate and senior management prior to entering into the purchase. If a transaction has occurred since the last Conflict of Interest Disclosure Statement, you should submit an updated Conflict of Interest Disclosure Statement to Human Resources and Office of Corporate Counsel.</p>

TY 2006 Investments - Other Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Description	Book Value	Cost/FMV
COMBINED GIFT ANNUITY FUNDS	35,904,554	

TY 2006 Non Cash Grants Paid Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

TY 2006 Other Assets Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Description	Beginning of Year Amount	End of Year Amount
PLANNED GIVING ASSETS		
HELD FOR AFFILIATES		276,893,867
BENEFICIAL INTERESTS IN TRUSTS		
NATIONAL HOME OFFICE		15,165,618
ACCRUED INTEREST		2,621,705
DUE FROM AFFILIATES		255,162,737
COLLATERAL RECEIVED UNDER		
SECURITIES LENDING		184,748,978

TY 2006 Other Changes in Net Assets Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	5,191,928
OTHER MISCELLANEOUS	414
ACCOUNTING FOR PENSIONS	409,000
AND OTHER POSTRETIRMENT PLANS	1,845,000

TY 2006 Other Expenses Included Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Description	Amount
EXPENSES OF AFFILIATE	6,158,724

**TY 2006 Other Expenses
Not Included Schedule**

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Description	Amount
ADJUSTMENT	1,064,289
GRANT REFUNDS	6,763,396

TY 2006 Other Liabilities Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Description	Beginning of Year Amount	End of Year Amount
INVEST. HELD FOR AFFILIATES		587,330,129
PAYABLE UNDER SEC. LENDING		184,748,978
** SEE GENREAL STATEMENT #8 **		

**TY 2006 Other Revenues
Not Included Schedule**

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Description	Amount
REVENUE OF AFFILIATE	-6,970,201
ADJUSTMENT	1,064,289
GRANT REFUNDS	6,763,396

TY 2006 Payments to Affiliates Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Name	Address	Amount	Purpose
CALIFORNIA		307,510	
GREAT LAKES		373,543	
great west		350,516	
HIGH PLAINS		376,747	
illinois		193,018	
new england		291,528	

TY 2006 Tax-Exempt Bond Liabilities Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Item No.	1
Name of Issue	
Purpose	STATEMENT # 7
Amount Outstanding	9320000
Unexpended Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2006 Non Electing Public Charities Statement

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Statement:

TY 2006 Scholarship Award Statement

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Statement: Disbursements, in furtherance of the corporation's exempt programs, are 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.

TY 2006 Self Dealing Statement

Name: AMERICAN CANCER SOCIETY inc (national HOME OFFICE)

EIN: 13-1788491

Line Number	Explanation
2a	OCCASIONALLY, THE SOCIETY SELLS AUTOMOBILES, OBSOLETE FURNITURE, FIXTURES OR EQUIPMENT TO EMPLOYEES AT FAIR MARKET VALUE.

Line Number	Explanation
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

Line Number	Explanation
2d	SEE FORM 990 PART V-A AND STATEMENT 45. 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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Supplemental Support Schedule

Name: AMERICAN CANCER SOCIETY inc (national
HOME OFFICE)

EIN: 13-1788491

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	366,210,059		20,810,393	12,701,764					399,722,216
2004	354,939,545		11,824,718	8,480,204					375,244,467
2003	320,734,751		8,394,521	12,618,424					341,747,696
2002	298,600,528		14,996,669	9,885,124					323,482,321