

**Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning <u>2008</u> , and ending <u>2008</u>		D Employer identification number 72-0517802
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		E Telephone number 504-733-5539
C Please use IRS label or print or type. See Specific Instructions. CANCER ASSOCIATION OF GREATER NO INC 824 ELMWOOD PARK BLVD STE 240 NEW ORLEANS, LA 70123		F Group Exemption Number
G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ N/A

J Organization type (check only one) — 501(c) (3) ▶ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. If a return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 473,927.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
1	Contributions, gifts, grants, and similar amounts received	452,708.
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3
4	Investment income	21,219.
5a	Gross amount from sale of assets other than inventory	5a
5b	Less: cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (alt sel)	5c
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
a	Gross revenue (not including \$ of contributions reported on line 1)	6a
b	Less: direct expenses other than fundraising expenses	6b
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a	Gross sales of inventory, less returns and allowances	7a
b	Less: cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe ▶)	8
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	473,927.
10	Grants and similar amounts paid (attach schedule)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe ▶ SEE STATEMENT 2)	16
17	Total expenses (add lines 10 through 16)	17
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

	(A) Beginning of year	(B) End of year
22	1,001,279.	833,395.
23	2,479.	981.
24	249,609.	137,863.
25	1,253,367.	972,239.
26	28,103.	12,113.
27	1,225,264.	960,126.

Form **8868**
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1705

▶ file a separate application for each return.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 9989, or 9870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or Print	Name of Exempt Organization	Employer identification number
File by the due date for filing. See instructions.	<i>WALLE ASSOCIATED OF GREAT BRITAIN</i>	<i>72 0177 8022</i>
File by the date you have. See instructions.	<i>834 EDWARDS BARK BLVD. STE 200</i>	
	<i>Mill Plains, Va 20123</i>	

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

- Form 980
- Form 980-BL
- Form 990-EZ
- Form 990-PF
- Form 4720
- Form 5227
- Form 6069
- Form 9870

• The books are in the care of *TILL CALENDAR*

Telephone No. *(574) 733-5533* FAX No. *(574) 733-8258*

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until *8/5/09*, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20*08*, or
▶ tax year beginning 20 , and ending 20

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

3a If this application is for Form 980-BL, 980-PF, 990-T, 4720, or 6089, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <u><i>NONE</i></u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u><i>NONE</i></u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <u><i>NONE</i></u>

Caution: If you are going to make an electronic (and withdrawal with this Form 8868, see Form 9453-EO and Form 8079-EO) for payment instructions.

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

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type of print	Name of Exempt Organization	Employer identification number
File by the extended due date for return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

- Form 990 Form 990-PF Form 1041-A Form 0009
- Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 9870
- Form 990-EZ Form 990-T (trust other than above) Form 6227

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

- The books are in the care of Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until 20 and ending 20
- 5 For calendar year or other tax year beginning 20 and ending 20
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	BA \$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	BB \$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FID coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	90 \$

Signature and Verification

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

Signature Will Calhoun Taxp SEVIN MURPHY Date 4-14-09
Form 8868 (Rev. 4-2008)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part I and check this box: Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I on page 1). Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization CANCER ASSOCIATION OF GREATER N.O., INC.		Employer identification number 72-0517802
Type or print	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
File by the extended due date for filing the return. See instructions.	824 ELMWOOD PARK BLVD., STE 240 City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW ORLEANS, LA 70123	

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

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

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

- The books are in care of **PHYLLIS EMBERY** Telephone No. **504-733-5539** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box: _____ . If this is for the whole group, check this box: . If it is for part of the group, check this box: and attach a list with the names and EINs of all members the extension is for.

- 1 request an additional 3-month extension of time until 11/15, 2009, and ending , 20 .
- 2 For calendar year 2008, or other tax year beginning , 20 , and ending , 20 .
 Initial return Final return Change in accounting period
- 3 State in detail why you need the extension. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

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

Signature and Verification

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

Signature *Phyllis Embery* Title CPA Date 8/15/09

SILVA & ASSOCIATES, LLC.
 4565 LASALLE ST STE 300
 MANDEVILLE, LA 70471

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

What is the organization's primary exempt purpose? SEE STATEMENT 6
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3)
 and (4) organizations and
 4947(a)(1) trusts; optional
 for others.)

28 EDUCATION - INCLUDES PROVIDING EDUCATION IN THE FORM OF SLIDE SHOWS, PAMPHLETS, PURCHASES, LECTURES, SCHOOL PROGRAMS, HOSPITAL PROGRAMS
 (Grants \$) If this amount includes foreign grants, check here. 28a 169,042.

29 PATIENT SERVICES - INCLUDES USE OF EQUIPMENT, MEDICATIONS, & SUPPLIES
 (Grants \$) If this amount includes foreign grants, check here. 29a 245,386.

30 RESEARCH - INCLUDES THE COST OF GRANTS & THE COST OF ADMINISTRATION
 (Grants \$) If this amount includes foreign grants, check here. 30a 16,424.

31 Other program services (attach schedule).
 (Grants \$) If this amount includes foreign grants, check here. 31a

32 Total program service expenses (add lines 28a through 31a). 32 430,852.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
SCOTT A DESSENS CPA	PRESIDENT	0.	0.	0.
YVONNE M STERLING RN DN SC	VICE PRESIDENT	0.	0.	0.
MRS WALTER C FLOWER III	SECRETARY	0.	0.	0.
JERRY D CARLISLE	TREASURER	0.	0.	0.
SEE ATTACHED LISTING OF BOARD OF DIRECTORS NONE ARE COMPENSATED.		0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. Yes No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes. 33 34 X X

35 If the organization had income from business activities, such as those reported on lines 2, 6g, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. 35 36 X

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? 35a 35b X

b If 'Yes,' has it filed a tax return on Form 990-T for this year? 36 37a 0.

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36

If 'Yes,' complete applicable parts of Schedule N. 37a 0.

b Did the organization file Form 1120-POL for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a 38b 38c X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A

39 501(c)(7) organizations. Enter: 39a N/A

a Initiation fees and capital contributions included on line 9. 39b N/A

b Gross receipts, included on line 9, for public use of club facilities. 39c 0.

40a 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under: 40a 40b X

section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 40b X

If 'Yes,' complete Schedule L, Part I. 40c 0.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40d 0.

d Enter amount of tax on line 40c reimbursed by the organization. 40e X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 40e X

41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ PHYLLIS EMBERY Telephone no. ▶ 504-733-5539
 located at ▶ 824 ELMWOOD PARK BLVD., STE 240 NEW ORLEANS LA ZIP + 4 ▶ 70123

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Yes No X

If 'Yes,' enter the name of the foreign country: 42c X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X

If 'Yes,' enter the name of the foreign country: 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. 43

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 45 X

Part VII Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 7

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	Yes	No
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	X	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	X	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If 'Yes,' was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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.

Sign Here

Signature of officer: **PHYLLIS M EMBREY** Date: _____

Type or print name and title: **EXECUTIVE DIRECTOR**

Preparer's signature: *[Signature]* Date: **11/11/09**

Type or print name and title: **BRENT A. SILVA, CPA**

Firm's name (or yours if self-employed), address, and ZIP + 4: **SILVA & ASSOCIATES, LLC, 4565 LASALLE ST STE 300 MANDEVILLE, LA 70471**

Check if self-employed: Preparer's identifying number (see instructions): **N/A**

EIN: **N/A** Phone no.: **(985) 626-8299**

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

BAA Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No. 1545-0047

2008



Department of the Treasury
Internal Revenue Service

Name of the organization
CANCER ASSOCIATION OF GREATER NO INC

Employer identification number
72-0517802

Part I Reason for Public Charity Status (All organizations must complete this part.) (See instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9 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 exempt 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). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (See instructions.)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. _____
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (defined on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in the U.S.?	(vii) Amount of Support	
			Yes	No	Yes	No		Yes	No
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include unusual grants.)	413,527.	539,680.	515,031.	533,702.	473,927.	2,475,867.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.
4 Total. Add lines 1-3.	413,527.	539,680.	515,031.	533,702.	473,927.	2,475,867.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						2,475,867.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	413,527.	539,680.	515,031.	533,702.	473,927.	2,475,867.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	117,942.	97,797.	126,237.	52,101.	21,219.	415,296.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						2,891,163.
12 Gross receipts from related activities, etc. (see instructions)						0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 85.6%

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. 15 0.0%

16a 33-1/3 support test—2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test—2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

BAA

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include unusual grants.) ...						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6).						

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (explain in Part IV.).						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%
19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<input type="checkbox"/>	

CANCER ASSOCIATION OF GREATER NO INC

72-0517802

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME: VARIOUS RECIPIENTS UNDER \$5,000, EACH \$ 157,243,
CASH AMOUNT GIVEN:

CLASS OF ACTIVITY: MEDICAL ASSISTANCE
DONEE'S NAME: MICHAEL J CARDBBA
DONEE'S ADDRESS: 2012 HARVARD AVE
METAIRIE, LA 70001

RELATIONSHIP OF DONEE: NONE \$ 6,128,
CASH AMOUNT GIVEN:

CLASS OF ACTIVITY: MEDICAL ASSISTANCE
DONEE'S NAME: PATRICIA FROSCH BOUDREAUX
DONEE'S ADDRESS: 1108 FOREST RIDGE LOOP
PEARL RIVER, LA 70452

RELATIONSHIP OF DONEE: NONE \$ 12,633,
CASH AMOUNT GIVEN:

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DEPRECIATION..... \$ 1,497.
INTEREST..... 907.
OFFICE EXPENSES..... 24,797.
TRAVEL..... 5,159.
TOTAL \$ 32,360.

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS..... \$ -217,993.
TOTAL \$ -217,993.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
PLEDGES AND GRANTS RECEIVABLE.....	\$ 7,114.	\$ 7,114.
PREPAID EXPENSES AND DEFERRED CHARGES.....	238,665.	126,792.
TOTAL \$ 249,609.	\$ 3,830.	\$ 3,957.
		TOTAL \$ 137,863.

2008

FEDERAL STATEMENTS

PAGE 2

CANCER ASSOCIATION OF GREATER NO INC

72-0517802

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 28,103.	\$ 12,113.
TOTAL	\$ 28,103.	\$ 12,113.

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE
TO FIGHT CANCER THROUGH RESEARCH, EDUCATION, AND SERVICE TO PATIENTS AND THEIR FAMILIES

STATEMENT 7
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO