

AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.
FORM 990
TAX YEAR 2009

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 09/01, 2009, and ending 08/31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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, MID-SOUTH		D Employer identification number
		Doing Business As		64-0329009
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
		1100 IRELAND WAY 300		(205) 930-8860
City or town, state or country, and ZIP + 4		G Gross receipts \$ 74,245,865.		
BIRMINGHAM, AL 35205		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
F Name and address of principal officer: LISA ROTH		H(c) Group exemption number ▶ 0580		
1100 IRELAND WAY SUITE 300, BIRMINGHAM, AL 35205				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CANCER.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996 M State of legal domicile: MS		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER, SAVING LIVES, AND DIMINISHING SUFFERING FROM THE DISEASE, THROUGH RESEARCH, EDUCATION, ADVOCACY AND SERVICE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of employees (Part V, line 2a)	5	599
Revenue	6 Total number of volunteers (estimate if necessary)	6	219,138
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	63,650,578.	63,450,888.
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,513.	2,287.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,315,770.	1,042,894.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-274,910.	164,895.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	64,709,951.	64,660,964.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,722,820.	2,476,407.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	29,457,040.	28,639,406.
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 11,467,639.	139,988.	155,715.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	34,590,405.	33,778,296.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,910,253.	65,049,824.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-1,200,302.	-388,860.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	99,565,856.	102,787,775.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,806,853.	28,201,780.
		73,759,003.	74,585,995.

Part II Signature Block

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 <i>Kelly G. Doss</i> Date <i>7/8/2011</i>			
Paid Preparer's Use Only	Preparer's signature <i>Kentley Davis</i> Date <i>7/8/11</i>		Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	Phone no. ▶
	ERNST & YOUNG U.S. LLP 1901 6TH AVENUE NORTH, STE 1200 BIRMINGHAM, AL 35203		34-6565596	205-251-2000
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 15,417,620. including grants of \$ 2,308,140.) (Revenue \$ 0.)PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES
IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE.

RELAY FOR LIFE - SEE SCHEDULE O

GRANTS TO AFFILIATES \$25,000 - SEE SCHEDULE O

4b (Code:) (Expenses \$ 6,861,856. including grants of \$ 168,267.) (Revenue \$ 2,287.)PREVENTION PROGRAMS, DERIVED IN PART ON OUR CANCER RESEARCH,
PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND
EDUCATION TO PREVENT CANCER OCCURRENCE AND TO REDUCE THE RISK OF
DEVELOPING CANCER.

RELAY FOR LIFE - SEE SCHEDULE O

4c (Code:) (Expenses \$ 5,848,287. including grants of \$ 0.) (Revenue \$ 0.)DETECTION AND TREATMENT PROGRAMS SEEK TO FIND CANCER BEFORE IT IS
CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT
OPTIONS FOR TREATMENT, A CURE, RECURRENCE, SYMPTOM MANAGEMENT, AND
PAIN CONTROL.

RELAY FOR LIFE - SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 23,529,436. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses ▶ 51,657,199.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		<input checked="" type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 251	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 2	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 599	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a 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)?	4a	X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 0	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	30
b Enter the number of voting members that are independent	1b	30
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AL, AR, KY, LA, MS, TN, _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KELLY G. DOSS, 1100 IRELAND WAY SUITE 300, BIRMINGHAM, AL 35205
 205-930-8860

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM G ROBBINS CHAIRMAN OF THE BOARD	5.00	X		X				0.	0.	0.
JOHN R KELLY PHD VICE CHAIRMAN OF THE BOARD	5.00	X		X				0.	0.	0.
RICHARD L ROBINSON ESQ SECRETARY	5.00	X		X				0.	0.	0.
LEE CARTER MD TREASURER	5.00	X		X				0.	0.	0.
EDWARD E PARTRIDGE MD IMMEDIATE PAST BOARD CHAIRMAN	5.00	X		X				0.	0.	0.
DONNIE BATIE MD BOARD MEMBER	3.00	X						0.	0.	0.
MICHAEL BERRY MD BOARD MEMBER	3.00	X						0.	0.	0.
WILLIAM BOYKIN JR MD BOARD MEMBER	3.00	X						0.	0.	0.
LEITHA CHAPMAN BOARD MEMBER	3.00	X						0.	0.	0.
ED COULTER EDD BOARD MEMBER	3.00	X						0.	0.	0.
DIANA S DIAZ RN MS BOARD MEMBER	3.00	X						0.	0.	0.
TERRY FONTHAM MPH DRPH BOARD MEMBER	3.00	X						0.	0.	0.
SAMMY B FOSTER JR BOARD MEMBER	3.00	X						0.	0.	0.
JOSEPH C GERACI JR BOARD MEMBER	3.00	X						0.	0.	0.
LINDA GOODSON RN BOARD MEMBER	3.00	X						0.	0.	0.
SUSAN D HENRY LCSW BOARD MEMBER	3.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SIS HOVIS BOARD MEMBER	3.00	X						0.	0.	0.
DANIEL E KENADY SR MD BOARD MEMBER	3.00	X						0.	0.	0.
CAROL B KNIGHT EDD BOARD MEMBER	3.00	X						0.	0.	0.
BENJAMIN D LI MD FACS BOARD MEMBER	3.00	X						0.	0.	0.
LELAND MITCHELL III BOARD MEMBER	3.00	X						0.	0.	0.
JOAN PERRY BOARD MEMBER	3.00	X						0.	0.	0.
SALLY SELF MD LSW BOARD MEMBER	3.00	X						0.	0.	0.
THOMAS SURTEES BOARD MEMBER	3.00	X						0.	0.	0.
SHARON CARTER BOARD MEMBER	3.00	X						0.	0.	0.
RONDA HENRY TILLMAN MD BOARD MEMBER	3.00	X						0.	0.	0.
BRENDA TURNER BOARD MEMBER	3.00	X						0.	0.	0.
BEDFORD WATERS MD FACS BOARD MEMBER	3.00	X						0.	0.	0.
LAURA WITHERSPOON BOARD MEMBER	3.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								1,507,731.	0.	1,187,329.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **15**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VIII Statement of Revenue

64-0329009

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 1,931,504.				
	b	Membership dues	1b				
	c	Fundraising events	1c 45,386,658.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e 122,597.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 16,010,129.				
	g	Noncash contributions included in lines 1a-1f: \$	41,001.				
	h	Total. Add lines 1a-1f		63,450,888.			
Program Service Revenue				Business Code			
	2a	PROGRAM SERVICE FEES		900099	2,287.	2,287.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,287.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,012,140.			1,012,140.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
			(i) Real (ii) Personal				
	6a	Gross Rents.	88,813.				
	b	Less: rental expenses . . .	6,002.				
	c	Rental income or (loss) . .	82,811.				
	d	Net rental income or (loss)		82,811.			82,811.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,674,516.	39,700.			
	b	Less: cost or other basis and sales expenses	3,672,826.	10,636.			
	c	Gain or (loss)	1,690.	29,064.			
	d	Net gain or (loss)		30,754.			30,754.
	8a	Gross income from fundraising events (not including \$ 45,386,658. of contributions reported on line 1c). See Part IV, line 18	a 5,861,015.				
	b	Less: direct expenses	b 5,861,015.				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a 14,400.				
	b	Less: direct expenses	b 1,874.				
	c	Net income or (loss) from gaming activities		12,526.			12,526.
	10a	Gross sales of inventory, less returns and allowances	a 26,669.				
b	Less: cost of goods sold	b 32,548.					
c	Net income or (loss) from sales of inventory		-5,879.			-5,879.	
Miscellaneous Revenue			Business Code				
11a	OTHER REVENUE		900099	75,437.		75,437.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		75,437.				
12	Total Revenue. See instructions		64,660,964.	2,287.		1,207,789.	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	587,919.	587,919.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,888,488.	1,888,488.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	857,774.	566,131.	42,889.	248,754.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	448,224.	295,829.	22,410.	129,985.
7 Other salaries and wages	19,775,710.	13,045,274.	889,032.	5,841,404.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	2,575,794.	1,698,674.	116,447.	760,673.
9 Other employee benefits	3,221,342.	2,120,907.	146,002.	954,433.
10 Payroll taxes	1,760,562.	1,161,342.	79,756.	519,464.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	14,032.	7,401.	3,268.	3,363.
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	155,715.			155,715.
f Investment management fees	0.			
g Other	1,275,667.	742,369.	110,404.	422,894.
12 Advertising and promotion	43,127.	29,679.	840.	12,608.
13 Office expenses	2,028,137.	1,292,572.	98,614.	636,951.
14 Information technology	47,861.	29,585.	4,832.	13,444.
15 Royalties	0.			
16 Occupancy	2,186,945.	1,655,219.	91,722.	440,004.
17 Travel	1,677,318.	1,158,883.	44,878.	473,557.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	900,427.	675,099.	31,571.	193,757.
20 Interest	48,348.	17,375.	13,809.	17,164.
21 Payments to affiliates	23,292,312.	23,292,312.		
22 Depreciation, depletion, and amortization . . .	1,502,070.	968,473.	68,312.	465,285.
23 Insurance	186,442.	122,306.	8,558.	55,578.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PRINTING-EDUCATION/FR</u>	479,135.	249,143.	121,277.	108,715.
b <u>MEMBERSHIP DUES&SUBSCRIPTION</u>	20,843.	14,958.	1,858.	4,027.
c <u>MISCELLANEOUS</u>	50,632.	12,261.	28,507.	9,864.
d <u>GRANTS TO AFFILIATES</u>	25,000.	25,000.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	65,049,824.	51,657,199.	1,924,986.	11,467,639.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	10,401,831.	6,093,039.	352,549.	3,956,243.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,000.	1	1,000.
	2 Savings and temporary cash investments	28,843,272.	2	29,010,217.
	3 Pledges and grants receivable, net	8,310,590.	3	7,349,906.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,253.	8	6,479.
	9 Prepaid expenses and deferred charges	176,779.	9	256,832.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,689,948.		
	b Less: accumulated depreciation	10b 12,488,959.		
	11 Investments - publicly traded securities	24,017,858.	10c	27,200,989.
	12 Investments - other securities. See Part IV, line 11	15,876,091.	11	16,452,678.
	13 Investments - program-related. See Part IV, line 11	1,514,655.	12	1,574,693.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	20,820,358.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	99,565,856.	15	20,934,981.	
		16	102,787,775.	
Liabilities	17 Accounts payable and accrued expenses	5,960,848.	17	7,289,372.
	18 Grants payable		18	
	19 Deferred revenue	152,743.	19	115,756.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	684,000.	23	584,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	19,009,262.	25	20,212,652.
	26 Total liabilities. Add lines 17 through 25	25,806,853.	26	28,201,780.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	52,653,494.	27	52,589,497.
	28 Temporarily restricted net assets	14,065,876.	28	14,165,551.
	29 Permanently restricted net assets	7,039,633.	29	7,830,947.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	73,759,003.	33	74,585,995.
	34 Total liabilities and net assets/fund balances	99,565,856.	34	102,787,775.

Form **990** (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.

Employer identification number
64-0329009

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: (For lines 1 through 11, check only one box.)

- 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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)(vi). (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).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described 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 col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,848,043.	68,598,887.	71,087,148.	63,650,578.	63,450,888.	333,635,544.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	66,848,043.	68,598,887.	71,087,148.	63,650,578.	63,450,888.	333,635,544.
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).						
6 Public support. Subtract line 5 from line 4.						333,635,544.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	66,848,043.	68,598,887.	71,087,148.	63,650,578.	63,450,888.	333,635,544.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,624,773.	1,914,237.	1,884,541.	1,404,045.	1,100,953.	7,928,549.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,000.	4,623.	-69,742.	-346,018.	76,363.	-330,774.
11 Total support. Add lines 7 through 10						341,233,319.
12 Gross receipts from related activities, etc. (see instructions)					12	23,382,475.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.77 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.82 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2008. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2009. 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 ► ☐

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 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 ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER REVENUE	4,000.	4,623.	-69,742.	-346,018.	76,363.	-330,774.
TOTALS	<u>4,000.</u>	<u>4,623.</u>	<u>-69,742.</u>	<u>-346,018.</u>	<u>76,363.</u>	<u>-330,774.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.

Employer identification number

64-0329009

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization **AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.**

Employer identification number
64-0329009

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,941,629.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No. 1545-0047
2009
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	AMERICAN CANCER SOCIETY INC, MID-SOUTH DIVISION INC.	Employer identification number	64-0329009
----------------------	---	--------------------------------	------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 2.000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		6,290.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		47,551.													
c Total lobbying expenditures (add lines 1a and 1b)		53,841.													
d Other exempt purpose expenditures		53,528,344.													
e Total exempt purpose expenditures (add lines 1c and 1d)		53,582,185.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	203,459.	152,591.	133,485.	53,841.	543,376.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	25,608.	103,773.	93,870.	6,290.	229,541.

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

GENERAL LOBBYING NARRATIVE

SCHEDULE C, PART IV

PUBLIC POLICY INITIATIVES HAVE THE POTENTIAL TO IMPACT PEOPLE TOUCHED BY
CANCER. RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE
AMERICAN CANCER SOCIETY SUPPORTS LIMITED LOBBYING ACTIVITIES TO ACHIEVE
EVIDENCE-BASED POLICY AND LEGISLATIVE SOLUTIONS DESIGNED TO ELIMINATE
CANCER AS A MAJOR HEALTH PROBLEM.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.

Employer identification number
64-0329009

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	131,307.	162,189.			
b Contributions					
c Net investment earnings, gains, and losses	8,514.	-30,882.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	139,821.	131,307.			

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.0000 %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,274,711.		2,274,711.
b Buildings		28,430,615.	9,319,818.	19,110,797.
c Leasehold improvements		154,159.	141,368.	12,791.
d Equipment		1,492,127.	1,438,825.	53,302.
e Other		7,338,336.	1,588,948.	5,749,388.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,200,989.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
COMBINED PLANNED GIVING POOL	15,884,552.
COMBINED ENDOWMENT POOL	139,821.
DUE FROM AFFILIATES	4,616,590.
SECURITY AND OTHER DEPOSITS	276,743.
PROPERTY HELD FOR SALE	17,275.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	20,934,981.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
DUE TO AFFILIATES	19,639,330.	
CAPITAL LEASE AND DISCOUNT	573,322.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	20,212,652.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	64,660,964.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,049,824.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-388,860.
4	Net unrealized gains (losses) on investments	4	988,248.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	227,604.
9	Total adjustments (net). Add lines 4 through 8	9	1,215,852.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	826,992.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	66,012,772.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	988,248.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	363,560.
e	Add lines 2a through 2d	2e	1,351,808.
3	Subtract line 2e from line 1	3	64,660,964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	64,660,964.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	65,049,824.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	65,049,824.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	65,049,824.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

RECONCILIATION OF CHANGE IN VALUE FROM FORM 990 TO FS

SCHEDULE D, PART XII, LINE 2D AND PART XI, LINE 8

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: \$363,560.

RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FS

SCHEDULE D, PART XI, LINE 8

NET CHANGE IN RETIREMENT PLAN LIABILITY: (\$135,956)

USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY.

DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE

MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S ENDOWMENT SPENDING

POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S

MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 RELAY FOR LIFE (event type)	(b) Event #2 GALA (event type)	(c) Other Events 97 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	43,688,651.	2,724,544.	4,834,478.	51,247,673.
	2 Less: Charitable contributions	39,369,416.	2,061,890.	3,955,352.	45,386,658.
	3 Gross income (line 1 minus line 2)	4,319,235.	662,654.	879,126.	5,861,015.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,930.	23,944.	23,345.	53,219.
	7 Food and beverages		192,408.	68,000.	260,408.
	8 Entertainment				
	9 Other direct expenses	4,313,305.	446,302.	787,781.	5,547,388.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(5,861,015.)
	11 Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain: _____			
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," explain: _____			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

13 Indicate the percentage of gaming activity operated in:

- | a The organization's facility | 13a | % |
|--|------------|---|
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ►\$ _____ and the amount of gaming revenue retained by the third party ►\$ _____.

- c**
- If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ►\$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 17a**

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.

Employer identification number
64-0329009

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	BETHESDA CANCER CENTER 208 MARENGO ST FLORENCE, AL 35630	20-1666379	OTHER	5,434.				TRANSPORTATION GRANT
	CENTER FOR CANCER CARE ONE HOSPITAL DRIVE, HUNSTVILLE AL 35801	63-1185834	OTHER	7,500.				TRANSPORTATION GRANT
	CLEARVIEW CANCER INSTITUTE 3601 CCI DR HUNTSVILLE, AL 35805	63-0897317	OTHER	5,600.				TRANSPORTATION GRANT
	DCH CANCER TREATMENT CTR 809 UNIVERSITY BLVD E TUSCALOOSA, AL 35401	63-6000271	OTHER	5,765.				TRANSPORTATION GRANT
	MOBILE INFIRMARY MEDICAL CENTER P.O. BOX 2144 MOBILE, AL 36652	63-0841123	OTHER	5,026.				TRANSPORTATION GRANT
	MONTGOMERY CANCER CENTER 4145 CARMICHAEL RD. MONTGOMERY, AL 36106	72-1366767	OTHER	16,295.				TRANSPORTATION GRANT
	UAB RADIATION ONCOLOGY 619 19TH STREET SOUTH BIRMINGHAM, AL 35249	63-6005396	GOV	6,737.				TRANSPORTATION GRANT
	CARTI/BAPTIST 9500 KANIS ROAD LITTLE ROCK, AR 72205	71-0437657	OTHER	8,000.				TRANSPORTATION GRANT
	NORTHWEST ARKANSAS RADIATION 5835 W. SUNSET AVE SPRINGDALE, AR 72762	71-0595593	OTHER	6,000.				TRANSPORTATION GRANT
	JOHN D CRONIN CANCER CENTER 1707 CUMBERLAND FALLS, LEXINGTON KY 40701	61-1091600	OTHER	5,500.				TRANSPORTATION GRANT
	LAKE CUMBERLAND RADIATION 112 TRADEPARK DR SOMERSET, KY 42503	62-1757920	OTHER	5,500.				TRANSPORTATION GRANT
	MITCHELL MEMORIAL CANCER CENTER 1020 BRECKENRIDGE ST OWENSBORO, KY 42303	61-1286361	OTHER	6,000.				TRANSPORTATION GRANT

2 Enter total number of section 501(c)(3) and government organizations 16

3 Enter total number of other organizations 21

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HAIR U WEAR WIGS	2,507		173,214.	RETAIL COST	HAIR U WEAR WIGS
LOOK GOOD FEEL BETTER KITS	5,592		1,398,000.	AVERAGE COST	LGFB KITS
COLLEGE SCHOLARSHIP FOR CHILDHOOD CANCER	223	223,000.			SCHOLARSHIPS
GAS CARDS	1,257		94,274.	AVERAGE COST	GAS CARDS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANT MONITORING

SCHEDULE I, PART I, LINE 2

1. GRANTS AWARDED TO HOSPITALS AND CANCER CENTERS FOR PATIENT

TRANSPORTATION

PROCEDURE: AN INITIAL PORTION OF THE GRANT IS GIVEN TO THE FACILITY AT

THE BEGINNING TO ESTABLISH THE PROGRAM. QUARTERLY, THE FACILITY SUBMITS

REPORTS TO ACS SHOWING THE TRIPS PROVIDED TO CANCER PATIENTS. THE

DIVISION WILL THEN DISPERSE THE NEXT QUARTERLY PAYMENT TO THE FACILITY.

2. GRANTS AWARDED FOR CHILDREN'S CANCER CAMPS

PROCEDURE: ACS REIMBURSES THE FACILITY FOR EXPENSES INCURRED UP TO THE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

AMOUNT AVAILABLE FOR FUNDING. ACS RECEIVES DETAILED INVOICES AND
RECEIPTS TO DOCUMENT THE GRANT PAYMENTS.

3. SCHOLARSHIPS AWARDED TO YOUNG CANCER SURVIVORS

PROCEDURE: STUDENTS ARE REQUIRED TO SUBMIT AN APPLICATION WHICH
VALIDATES ELIGIBILITY REQUIREMENTS, CANCER DIAGNOSIS, AND ATTENDANCE AT
AN ACCREDITED INSTITUTION. THE INDIVIDUAL MUST MEET MINIMUM CRITERIA TO
QUALIFY. THE GRANT PAYMENTS ARE ISSUED DIRECTLY TO THE UNIVERSITY ON
BEHALF OF THE INDIVIDUAL RECIPIENT. THE UNIVERSITY REFUNDS ANY UNUSED

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANT PORTIONS DIRECTLY TO ACS.

4. OTHER GRANTS AWARDED

PROCEDURE: VARIOUS OTHER GRANTS ARE AWARDED AND ACS IS PROVIDED PROGRESS

REPORTS ON THE AGREED OBJECTIVES FOR THE FUNDS.

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection**Name of the organization **AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.****Employer identification number**
64-0329009**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIKEVILLE MEDICAL CENTER 911 BYPASS ROAD PIKEVILLE, KY 41501	61-0458376	OTHER	5,910.				TRANSPORTATION GRANT
JAMES GRAHAM BROWN CANCER CENTER 529 SOUTH JACKSON ST LOUISVILLE, KY 40202	61-1293786	501C3	6,000.				TRANSPORTATION GRANT
WESTERN BAPTIST RADIATION ONCOLOGY 2501 KENTUCKY AVE PADUCAH, KY 42003	61-0444707	501C3	7,030.				TRANSPORTATION GRANT
BATON ROUGE GENERAL 3401 NORTH BLVD. BATON ROUGE, LA 70806	72-1025017	OTHER	5,229.				TRANSPORTATION GRANT
MARY BIRD PERKINS CANCER CENTER 4950 ESSENLANE BATON ROUGE, LA 70809	23-7010520	OTHER	6,000.				TRANSPORTATION GRANT
ONCOLOGIES INC. 917 GENERAL MOUTON AVE LAFAYETTE, LA 70501	72-1007343	OTHER	6,500.				TRANSPORTATION GRANT
FORREST GENERAL CANCER CENTER 301 SOUTH 28TH AVE HATTIESBURG, MS 39401	64-6001587	OTHER	6,000.				TRANSPORTATION GRANT
MEMORIAL HOSPITAL PO BOX 1810 GULFPORT, MS 39502	64-6010232	OTHER	6,000.				TRANSPORTATION GRANT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N STATE ST JACKSON, MS 39216	64-6008520	GOV	5,245.				TRANSPORTATION GRANT
CANCER CARE CENTER OF JACKSON 322 HOSPITAL BLVD. JACKSON, TN 38305	62-1427799	OTHER	18,327.				TRANSPORTATION GRANT
COOKEVILLE REGIONAL CANCER CENTER 1 MEDICAL CENTER BLVD COOKEVILLE, TN 38501	62-6002166	501C3	8,000.				TRANSPORTATION GRANT
CUMBERLAND MEDICAL CTR. REGIONAL CANCER CEN 421 SOUTH MAIN STREET CROSSVILLE, TN 38555	62-0790132	501C3	6,300.				TRANSPORTATION GRANT
MINNIE PEARL CANCER FOUNDATION/CENTENIAL 310 25TH AVE N STE 103 NASHVILLE, TN 37203	58-1747771	501C3	10,000.				TRANSPORTATION GRANT
UT MEDICAL CENTER RADIATION 1934 ALCOA HWY STE 473 KNOXVILLE, TN 37920	31-1626179	501C3	6,000.				TRANSPORTATION GRANT
VANDERBILT - INGRAM CANCER CENTER 1301 MEDICAL CENTER DR, NASHVILLE TN 37232	62-0476822	501C3	8,000.				TRANSPORTATION GRANT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.**

Employer identification number
64-0329009

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY VANDERBILT CANCER 375 ALFRED THUN ROAD CLARKSVILLE, TN 37040	20-3844791	501C3	5,490.				TRANSPORTATION GRANT
CAMP ALDERSGATE 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	71-0265209	OTHER	25,260.				CAMP FOR CANCER PATI
DEEP SOUTH NETWORK FOR CANCER CONTROL 1824 6TH AVENUE S. WTI, BIRMINGHAM AL 35294	64-6000818	OTHER	65,000.				DEEP SOUTH NETWORK '
MATTHEW WALKER COMPREHENSIVE 1035 14TH AVE NORTH NASHVILLE, TN 37208	62-1035426	501C3	10,000.				PREV., COLORECTAL&
NORTON CANCER INST. (NORTON HEALTHCARE FOUN 4001 DUCHMANS LANE, LOUISVILLE KY 40207	31-0914919	501C3	10,000.				PREVENTION, COLORECT
JEFFERSON CLINIC PO BOX 55845 BIRMINGHAM, TN 35255	63-0635873	OTHER	10,000.				PREVENTION, COLORECT
UNITED NEIGHBORHOOD HEALTH SER. 711 MAIN STREET NASHVILLE, TN 37206	62-1032792	501C3	10,000.				PREVENTION, COLORECT
UNIVERSITY COMMUNITY HEALTH SER. 2410 FRANKLIN ROAD NASHVILLE, TN 37204	62-1438461	501C3	10,000.				PREVENTION, COLORECT
BIRMINGHAM HEALTH CARE INC PO BOX 11523 BIRMINGHAM, AL 35202	63-0932057	501C3	10,000.				PREVENTION, COLORECT
FRANKLIN PRIMARY HEALTH CENTER PO BOX 2048 MOBILE, AL 36652	63-0695975	501C3	10,000.				PREVENTION, COLORECT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.

Employer identification number
64-0329009

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LISA ROTH	(i)	230,408.	0.	22,763.	158,619.	14,133.	425,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KELLY DOSS	(i)	164,705.	750.	587.	123,927.	14,295.	304,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAMELA DOTSON	(i)	185,102.	750.	915.	168,043.	12,076.	366,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL CALHOUN	(i)	194,338.	750.	3,081.	224,699.	13,120.	435,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL BETHEA	(i)	144,902.	750.	664.	37,318.	14,226.	197,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SCOTT DILLARD	(i)	141,305.	750.	118.	71,129.	13,504.	226,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN RYAN PALMER	(i)	141,629.	750.	1,710.	181,272.	15,378.	340,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICKEY JONES	(i)	134,625.	750.	673.	38,595.	585.	175,228.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELAINE GORDON	(i)	134,058.	750.	148.	80,551.	5,859.	221,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SUPPLEMENTAL RETIREMENT PLAN COMPENSATION

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT

PLAN ("SERP") AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN

EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE

LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE

TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. AS PART OF THE

COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE

CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS PART OF THE

TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE

PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART VI, LINE 15.

INCLUDED IN COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR

CHANGE IN ACTUARIAL VALUE OF PLAN ASSETS, AND IN SOME CASES THE CURRENT

YEAR CONTRIBUTION TO PLAN ASSETS. WITH THE EXCEPTION OF ANY CURRENT YEAR

RETIREES, NO AMOUNTS WERE ACTUALLY PAID TO THE ELIGIBLE EXECUTIVES DURING

THE YEAR.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

THE INDIVIDUAL LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN. THE AMOUNT OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

(SERP) BENEFIT PROVIDED IS NOTED NEXT TO THE NAME OF THE INDIVIDUAL:

LISA ROTH - \$22,302 (TAXABLE SERP COMPENSATION)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.

Employer identification number
64-0329009

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
---------------	--

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.**

Employer identification number
64-0329009

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	40	41,001.	COST OR SELLING PRIC
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►(.)				
26 Other ►(.)				
27 Other ►(.)				
28 Other ►(.)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

CARS FOR A CURE

SCHEDULE M, PART I, LINES 6, 29 & 32B, AND FORM 990, PART V, LINES 7C, 7D & 7H

CARS FOR A CURE® IS A PROGRAM WHICH ENCOURAGES INDIVIDUALS TO DONATE

THEIR CAR, TRUCK, MOTORCYCLE, NEWER BOAT ON A TRAILER, RV, AND/OR MOTOR

HOME TO THE AMERICAN CANCER SOCIETY. THE AMERICAN CANCER SOCIETY USES A

THIRD PARTY AUCTION VENDOR TO SELL THE DONATED ITEMS. THE PROCEEDS FROM

THE SALE ARE THEN USED FOR THE AMERICAN CANCER SOCIETY'S MISSION.

THE CARS FOR A CURE® PROGRAM IS MANAGED CENTRALLY BY THE AMERICAN CANCER

SOCIETY, INC. (NATIONAL HOME OFFICE). THE NATIONAL HOME OFFICE USES ONE

OF ITS CHARTERED DIVISIONS TO PERFORM THE ADMINISTRATIVE FUNCTIONS OF THE

CARS FOR A CURE PROGRAM. AS A RESULT, FORMS 8282, 8283 AND 1098-C, WHICH

ARE ALL REQUIRED TO BE FILED WITH THE IRS IN CONNECTION WITH THE RECEIPT

AND SALE OF THESE NON-CASH CONTRIBUTIONS, ARE FILED USING THE CHARTERED

DIVISION'S EMPLOYER IDENTIFICATION NUMBER RATHER THAN THE FILING

ORGANIZATION'S EMPLOYER IDENTIFICATION NUMBER.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.

Employer identification number
64-0329009

ATTACHMENT 2

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

PUBLIC SUPPORT, WHICH IS ALLOCABLE TO AFFILIATES FOR NATIONALLY MANAGED PROGRAMS. THESE NATIONALLY MANAGED PROGRAMS, WHICH INCLUDE RESEARCH AND THE NATIONAL CANCER INFORMATION CENTER (1-800-227-2345), DIRECTLY BENEFIT CONSTITUENTS OF THE FILING ORGANIZATION AS WELL AS OTHER AFFILIATED ORGANIZATIONS THROUGHOUT THE NATION.

RESEARCH PROGRAMS PROVIDE FINANCIAL SUPPORT TO ACADEMIC INSTITUTIONS AND SCIENTISTS TO SEEK NEW KNOWLEDGE ABOUT THE CAUSES, PREVENTION, AND CURE OF CANCER AND TO CONDUCT EPIDEMIOLOGIC AND BEHAVIORAL STUDIES.

NONCASH CONTRIBUTIONS AND CARS FOR A CURE

FORM 990, PART V, LINES 7C, 7D, & 7H

THE CARS FOR A CURE® PROGRAM IS MANAGED CENTRALLY BY THE AMERICAN CANCER SOCIETY, INC. (NATIONAL HOME OFFICE). THE NATIONAL HOME OFFICE USES ONE OF ITS CHARTERED DIVISIONS TO PERFORM THE ADMINISTRATIVE FUNCTIONS OF THE CARS FOR A CURE PROGRAM. AS A RESULT, FORMS 8282, 8283 AND 1098-C, WHICH ARE ALL REQUIRED TO BE FILED WITH THE IRS IN CONNECTION WITH THE RECEIPT AND SALE OF THESE NON-CASH CONTRIBUTIONS, ARE FILED USING THE CHARTERED DIVISION'S EMPLOYER IDENTIFICATION NUMBER RATHER THAN THE FILING ORGANIZATION'S EMPLOYER IDENTIFICATION NUMBER.

PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW FORM 990

Name of the organization AMERICAN CANCER SOCIETY INC, MID-SOUTH
DIVISION INC.

Employer identification number
64-0329009

ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 11A

MANAGEMENT PREPARES AND REVIEWS THE FORM 990. THEN, PRIOR TO FILING WITH THE IRS, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS' AUDIT & STEWARDSHIP COMMITTEE. THE CFO THEN CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH THE COMMITTEE MEMBERS. AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

THE AMERICAN CANCER SOCIETY MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED. THE BOARD OF DIRECTORS, TRUSTEES, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINES 15A & 15B

THE AMERICAN CANCER SOCIETY USES AN INDEPENDENT COMPENSATION COMMITTEE

Name of the organization	AMERICAN CANCER SOCIETY INC, MID-SOUTH DIVISION INC.	Employer identification number	64-0329009
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ATTACHMENT 2 (CONT'D)

("THE COMMITTEE") TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ("CEO") AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES.

THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE "BOARD") IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ("DISQUALIFIED PERSONS"). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL:

(A) CONDUCT AN ANNUAL REVIEW OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS;

(B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA;

(C) REVISE IF NECESSARY THE CEO'S PERFORMANCE GOALS;

Name of the organization	AMERICAN CANCER SOCIETY INC, MID-SOUTH DIVISION INC.	Employer identification number	64-0329009
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ATTACHMENT 2 (CONT'D)

(D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS
(INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN
HIS OR HER EMPLOYMENT AGREEMENT;

(E) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND
ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD;

(F) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE
RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF
COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL
DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH
TERMS ARE REASONABLE;

(G) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE
AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON;

(H) CONSIDER ALL BENEFITS PROVIDED BY THE AMERICAN CANCER SOCIETY TO THE
CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF
THE COMPENSATION AND BENEFITS;

(I) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND
BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS
EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT,
MAKE APPROPRIATE RECOMMENDATIONS TO THE BOARD;

Name of the organization	AMERICAN CANCER SOCIETY INC, MID-SOUTH DIVISION INC.	Employer identification number	64-0329009
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ATTACHMENT 2 (CONT'D)

(J) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.

DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC

FORM 990, PART VI, LINE 19

THE AMERICAN CANCER SOCIETY TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND OTHERWISE PROTECTED. THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES.

THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND COMBINED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG.

THE ORGANIZATION'S OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

SUPPLEMENTAL INFORMATION REGARDING GRANTS TO AFFILIATES

FORM 990, PART IX, LINE 24

LISTED BELOW ARE RECIPIENTS OF GRANTS TO AFFILIATES THAT RECEIVED \$5,000 OR MORE:

Name of the organization	AMERICAN CANCER SOCIETY INC, MID-SOUTH DIVISION INC.	Employer identification number 64-0329009
		<u>ATTACHMENT 2 (CONT'D)</u>

ORGANIZATION: AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE

EIN: 13-1788491

IRC SECTION: 501(C)(3)

AMOUNT OF GRANTS: \$25,000

PURPOSE: NHO FOR NATIONWIDE RESOURCES

GENERAL DISCLOSURE REGARDING FINANCIAL STATEMENTS

FORM 990, PART XI, LINE 2B & SCHEDULE D, PART XI, XII, XIII

THE AMERICAN CANCER SOCIETY IS REQUIRED BY THE IRS TO SUBMIT FORM 990S FOR EACH OF ITS LEGAL ORGANIZATIONS. WHILE EACH FORM 990 DOES REPRESENT THE OPERATIONS OF EACH AMERICAN CANCER SOCIETY DIVISION, IT DOES NOT INDIVIDUALLY PRESENT A COMPREHENSIVE OR MEANINGFUL PICTURE OF THE AMERICAN CANCER SOCIETY'S FINANCIAL TRANSACTIONS AS A WHOLE.

ADDITIONALLY, FORM 990 IS PRESENTED IN ACCORDANCE WITH IRS REGULATIONS WHICH IN SOME CASES ARE AT VARIANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THEREFORE, THE SOCIETY PROVIDES THE COMBINED FINANCIAL STATEMENTS ON ITS WEB SITE, WWW.CANCER.ORG. THE COMBINED FINANCIAL STATEMENTS PROVIDE THE ONLY MEANINGFUL FINANCIAL INFORMATION FOR 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 SET OF FINANCIAL STATEMENTS. WHILE THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE NOT SEPARATELY AUDITED BY AN INDEPENDENT ACCOUNTANT, THE FILING ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE COMBINED FINANCIAL STATEMENTS WHICH WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ALSO INCLUDED ON THE SOCIETY'S WEB SITE IS A

Name of the organization	AMERICAN CANCER SOCIETY INC, MID-SOUTH DIVISION INC.	Employer identification number	64-0329009
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ATTACHMENT 2 (CONT'D)

COPY OF THE SOCIETY'S MOST RECENT ANNUAL REPORT, WHICH DISCUSSES THE
ENTIRE SOCIETY'S MISSION AND ACCOMPLISHMENTS.

THE FILING ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE ABOVE
REFERENCED COMBINED FINANCIAL STATEMENTS, WHICH ARE AUDITED ANNUALLY BY
AN INDEPENDENT ACCOUNTANT.

SUPPLEMENTAL INFORMATION REGARDING HIGHEST PAID FUNDRAISERS
SCHEDULE G, PART I, LINE 2B(I)

THE FILING ORGANIZATION PARTICIPATES IN CERTAIN MAIL SOLICITATION
PROGRAMS WITH THE AMERICAN CANCER SOCIETY, INC. (NATIONAL HOME OFFICE).
THE NATIONAL HOME OFFICE MANAGES THESE PROGRAMS AND CONTRACTS DIRECTLY
WITH VENDORS TO PROVIDE SERVICES FOR THESE MAIL SOLICITATION PROGRAMS.
THE FILING ORGANIZATION'S SHARE OF THE COSTS OF THESE PROGRAMS IS
ALLOCATED TO THE FILING ORGANIZATION FROM THE NATIONAL HOME OFFICE. THE
FILING ORGANIZATION HAS REPORTED THESE COSTS AS PROFESSIONAL FUNDRAISING
COSTS ON LINE 11E OF PART IX OF THE CORE FORM 990.

THE NATIONAL HOME OFFICE COMPLIES WITH ALL REQUIRED STATUTORY FILING
REQUIREMENTS AS A RESULT OF ITS CONTRACTS WITH THE VENDORS FOR THESE
PROGRAMS.

SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING EVENTS
SCHEDULE G, PART II AND FORM 990, PART III, LINES 4A-4C
RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE
BATTLED AND ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR
SUPPORT TO THOSE FIGHTING CANCER. IT HONORS THOSE WHO HAVE BEEN LOST TO

Name of the organization	AMERICAN CANCER SOCIETY INC, MID-SOUTH DIVISION INC.	Employer identification number	64-0329009
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ATTACHMENT 2 (CONT'D)

THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING
 THE DISEASE. FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY
 PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE
 FIGHT AGAINST CANCER. THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS
 GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED
 OFFICIALS ABOUT CANCER. BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING
 STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BRICE BUILDING COMPANY INC 2311 HIGHLAND AVE SOUTH, SUITE 200 BIRMINGHAM, AL 35205	CONSTRUCTION OF HOPE	152,701.
TRIVERS AND ASSOCIATES 100 NORTH BROADWAY, SUITE 1800 ST. LOUIS, MO 63102	ARCHITECTURE OF HOPE	233,769.
TOTAL COMPENSATION		<u>386,470.</u>