


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
-----------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011		
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	C Name of organization American Cancer Society Inc National Home Office Doing Business As	D Employer identification number 13-1788491
	Number and street (or P O box if mail is not delivered to street address) 250 Williams Street NW	Room/suite
	E Telephone number (800) 227-2345	
	G Gross receipts \$ 729,908,302	
	City or town, state or country, and ZIP + 4 Atlanta, GA 30303	
	F Name and address of principal officer Dr John Seffrin 250 Williams Street NW Atlanta, GA 30303	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) H(c) Group exemption number ▶ 0580
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (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 1922
M State of legal domicile NY		

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	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,592
6 Total number of volunteers (estimate if necessary)	6	3,000,000	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	28,259	
b Net unrelated business taxable income from Form 990-T, line 34	7b	24,433	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	368,976,523	352,035,141
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,620,715	1,849,560
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,245,561	7,323,172
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,765,094	12,811,619
		391,607,893	374,019,492
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	116,143,759	113,106,262
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	98,253,713	92,142,421
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,975,631	7,961,670
	b Total fundraising expenses (Part IX, column (D), line 25) ▶39,007,659		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	157,013,009	160,252,520
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	379,386,112	373,462,873
	19 Revenue less expenses Subtract line 18 from line 12	12,221,781	556,619
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,534,908,713	1,521,867,801
	21 Total liabilities (Part X, line 26)	1,013,730,894	996,767,119
	22 Net assets or fund balances Subtract line 21 from line 20	521,177,819	525,100,682

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

Sign Here	▶ Signature of officer		2012-05-07		
	▶ CATHERINE E MICKLE CHIEF FINANCIAL OFFICER		Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
	Firm's address ▶ 1901 6TH AVENUE NORTH STE 1200 BIRMINGHAM, AL 35203				Phone no ▶ (205) 251-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the 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

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 \$ 151,032,792 including grants of \$ 108,704,816) (Revenue \$ 9,395,878)

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 GRANTS TO AFFILIATES \$5,790,424 DONATED SERVICES - SEE SCHEDULE O

4b

(Code) (Expenses \$ 77,624,527 including grants of \$ 1,128,701) (Revenue \$ 507,365)

PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE GRANTS TO AFFILIATES \$25,214,521 DONATED SERVICES - SEE SCHEDULE O

4c

(Code) (Expenses \$ 48,130,594 including grants of \$ 2,781,473) (Revenue \$ 674,139)

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 GRANTS TO AFFILIATES \$9,798,468 DONATED SERVICES - SEE SCHEDULE O

4d

Other program services (Describe in Schedule O)

(Expenses \$ 30,340,954 including grants of \$ 491,272) (Revenue \$ 172,254)

4e
























Total program service expenses

\$ 307,128,867

Form 990 (2010)

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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	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? If "Yes," complete Schedule D, Part VII. 	11b	No
c	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? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	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? If "Yes," complete Schedule D, Part IX. 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	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? If "Yes," complete Schedule F, Parts I and IV 	14b	Yes
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 U S? If "Yes," complete Schedule F, Parts II and IV 	15	Yes
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 U S? If "Yes," complete Schedule F, Parts III and IV 	16	No
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? If "Yes," complete Schedule G, Part I (see instructions) 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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>	21	Yes	
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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
24a	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–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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>	25a		No
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>	25b		No
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>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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>	36	Yes	
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>	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,321
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,592
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 e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
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	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	No
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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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?	Yes	
10b	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?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI
18	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	Catherine E Mickle CFO 250 Williams Street NW Atlanta, GA 30303 (404) 329-7934

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,309,684	116,300	2,192,049

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▶166

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*

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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3No

4Yes

5No

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
INFOCISION MANAGEMENT 325 SPRINGDALE DRIVE AKRON, OH 44333	TELEMRKTNG/FNDRSNG	5,264,511
THE MARTIN AGENCY INC PO BOX 7247-7224 PHILADELPHIA, PA 19170	CONSULTING	4,188,267
CONVIO INC PO BOX 671445 DALLAS, TX 752671445	CONSULTING	3,852,761
MERKLE INC PO BOX 64894 BALTIMORE, MD 21264	CONSULTING	3,107,470
CONE LLC 855 BOYLSTON STREET BOSTON, MA 02116	CONSULTING	2,432,977

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 ▶67

Form 990 (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,007,044			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	348,028,097			
	g	Noncash contributions included in lines 1a-1f \$		15,770,874			
	h	Total. Add lines 1a-1f		352,035,141			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEES	900099	1,838,317	1,838,317		
	b	EDUCATION MAGAZINES - ADVERTISING	541800	11,243		11,243	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,849,560			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)					
				3,484,149		3,484,149	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		3,013,590		3,013,590	
	6a	Gross Rents	(i) Real	(ii) Personal			
			727,545				
		b	Less rental expenses				
			0				
	c	Rental income or (loss)	727,545				
	d	Net rental income or (loss)		727,545		727,545	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			359,520,703				
		b	Less cost or other basis and sales expenses				
			355,681,680				
	c	Gain or (loss)	3,839,023				
	d	Net gain or (loss)		3,839,023		3,839,023	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
		b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events		0			
9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances	a					
		360,522					
	b	Less cost of goods sold	b	207,130			
c	Net income or (loss) from sales of inventory		153,392		153,392		
Miscellaneous Revenue		Business Code					
11a	GRANTS	900099	8,517,303	8,517,303			
	REFUNDS/RESIGNATIONS						
	b	OTHER GAINS (LOSSES)	900099	382,773	382,773		
	c	CAPITAL GAIN NET INCOME	900099	17,016		17,016	
	d	All other revenue					
e	Total. Add lines 11a-11d		8,917,092				
12	Total revenue. See Instructions		374,019,492	10,738,393	28,259	11,217,699	

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	110,646,976	110,646,976		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	2,459,286	2,459,286		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,194,872	2,163,921	1,568,991	461,960
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	789,394	346,387	203,882	239,125
7	Other salaries and wages	69,848,159	48,979,982	9,636,711	11,231,466
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,175,671	7,309,353	1,268,856	1,597,462
9	Other employee benefits	1,755,901	1,234,927	157,408	363,566
10	Payroll taxes	5,378,424	3,722,877	796,657	858,890
a	Fees for services (non-employees) Management	0			
b	Legal	1,059,007	311,573	669,120	78,314
c	Accounting	1,216,962		1,216,962	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	7,961,670			7,961,670
f	Investment management fees	1,062,972	1,138	1,061,289	545
g	Other	33,877,630	28,425,267	2,402,621	3,049,742
12	Advertising and promotion	18,500,492	18,013,521	45,921	441,050
13	Office expenses	16,166,733	9,985,032	2,595,296	3,586,405
14	Information technology	5,394,936	3,837,684	733,369	823,883
15	Royalties	0			
16	Occupancy	6,692,667	5,020,187	640,046	1,032,434
17	Travel	5,078,863	3,607,866	627,434	843,563
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,868,372	3,091,457	900,049	876,866
20	Interest	154,718		154,718	
21	Payments to affiliates	1,913,121	1,913,121		
22	Depreciation, depletion, and amortization	9,658,762	6,977,054	1,328,043	1,353,665
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	GRANTS TO AFFILIATES	47,423,118	45,567,048	267,600	1,588,470
b	PRINT-EDUCATION&FUNDRAISING	6,306,418	2,916,721	865,539	2,524,158
c	MEMBERSHIP DUES	501,130	316,633	138,492	46,005
d	MISCELLANEOUS	350,801	255,038	47,343	48,420
e	UBI TAX	25,818	25,818		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	373,462,873	307,128,867	27,326,347	39,007,659
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	18,888,926	6,840,128	2,092,397	9,956,401

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			45,812,476	2	80,306,361
	3	Pledges and grants receivable, net			9,689,377	3	7,617,664
	4	Accounts receivable, net			1,286,087	4	1,261,177
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			972,482	8	1,215,944
	9	Prepaid expenses and deferred charges			15,879,953	9	13,334,490
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	120,158,103	40,694,161	10c	32,993,420
	b	Less: accumulated depreciation	10b	87,164,683			
	11	Investments—publicly traded securities			782,149,750	11	826,501,579
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			638,424,427	15	558,637,166
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,534,908,713	16	1,521,867,801	
Liabilities	17	Accounts payable and accrued expenses			45,671,030	17	43,796,528
	18	Grants payable			210,801,184	18	215,555,784
	19	Deferred revenue			205,773	19	2,802,738
	20	Tax-exempt bond liabilities			8,045,000	20	7,570,000
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			749,007,907	25	727,042,069
	26	Total liabilities. Add lines 17 through 25			1,013,730,894	26	996,767,119
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			387,276,684	27	402,573,428
	28	Temporarily restricted net assets			91,401,159	28	76,596,580
	29	Permanently restricted net assets			42,499,976	29	45,930,674
	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			521,177,819	33	525,100,682
34	Total liabilities and net assets/fund balances			1,534,908,713	34	1,521,867,801	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	374,019,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	373,462,873
3	Revenue less expenses Subtract line 2 from line 1	3	556,619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	521,177,819
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,366,244
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	525,100,682

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated 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?	Yes	
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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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

2010

Open to Public
Inspection

Name of the organization American Cancer Society Inc National Home Office	Employer identification number 13-1788491
---------------------------------------------------------------------------------	--------------------------------------------------

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 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?
- h

☐

Provide the following information about the supported organization(s)

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

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)


Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	406,972,320	399,213,891	344,864,386	368,976,523	352,035,141	1,872,062,261
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	406,972,320	399,213,891	344,864,386	368,976,523	352,035,141	1,872,062,261
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						1,872,062,261



Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	406,972,320	399,213,891	344,864,386	368,976,523	352,035,141	1,872,062,261
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,650,247	18,137,275	11,448,115	7,312,367	7,225,284	62,773,288
9 Net income from unrelated business activities, whether or not the business is regularly carried on	27,122	34,026	34,024	73,527	28,259	196,958
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						1,935,032,507
12 Gross receipts from related activities, etc (See instructions)					12	32,614,001
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	96 746 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96 508 %
16a 33 1/3% support test—2010. 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 ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		




Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization American Cancer Society Inc National Home Office	Employer identification number 13-1788491
---------------------------------------------------------------------------------	--------------------------------------------------

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 funtion 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 the filing organization made payments 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-

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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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)															
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			11,419,239
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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 PRIMARILY THROUGH GRANTS TO OTHER ORGANIZATIONS 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

2010

Open to Public
Inspection

Name of the organization

American Cancer Society Inc
National Home Office

Employer identification number

13-1788491

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?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

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)											
	<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of open space</div>	<div><input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div>										
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?											
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>											
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)?											
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>											
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 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

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIV

Part V

Endowment Funds.

Complete if the 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	32,232,899	31,193,130	20,047,847	
b	Contributions	790,819	903,908	14,050,122	
c	Investment earnings or losses	2,557,247	821,379	-1,367,807	
d	Grants or scholarships			1,006,855	
e	Other expenditures for facilities and programs	2,995,418	685,518	530,177	
f	Administrative expenses				
g	End of year balance	32,585,547	32,232,899	31,193,130	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

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

3a(i)

☐

Yes

3a(ii)

☐

No

b

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

3b

☐

Yes

☐

No

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		543,158		543,158
b Buildings		5,431,577	1,907,235	3,524,342
c Leasehold improvements		21,518,626	7,889,924	13,628,702
d Equipment		83,479,348	71,843,246	11,636,102
e Other		9,185,395	5,524,279	3,661,116
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				32,993,420

Schedule D (Form 990) 2010

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1374,019,492
2	Total expenses (Form 990, Part IX, column (A), line 25)	2373,462,873
3	Excess or (deficit) for the year Subtract line 2 from line 1	3556,619
4	Net unrealized gains (losses) on investments	42,579,848
5	Donated services and use of facilities	5237
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	83,645,318
9	Total adjustments (net) Add lines 4 - 8	96,225,403
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	106,782,022

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1381,495,439
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a2,579,848	
b	Donated services and use of facilities2b5,292,713	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d9,196,110	
e	Add lines 2a through 2d2e17,068,671	
3	Subtract line 2e from line 13	3364,426,768
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 7b4a1,049,603	
b	Other (Describe in Part XIV)4b8,543,121	
c	Add lines 4a and 4b4c9,592,724	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	5374,019,492

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1374,981,087
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a5,292,950	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d5,817,988	
e	Add lines 2a through 2d2e11,110,938	
3	Subtract line 2e from line 13	3363,870,149
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 7b4a1,049,603	
b	Other (Describe in Part XIV)4b8,543,121	
c	Add lines 4a and 4b4c9,592,724	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	5373,462,873

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, 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.

Identifier	Return Reference	Explanation
INTENDED USE OF ORGANIZATION'S EMDOWMENT FUNDS	SCHEDULE D, PART V, LINE 5	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.
RECONCILIATION OF CHANGE IN NET ASSETS FROM 990 TO F/S	SCHEDULE D, PART XI, LINE 8	NET CHANGE IN RETIREMENT PLAN LIABILITY \$267,196, NET REVENUE OF AFFILIATES \$2,858,048, NET CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$518,815, AND MISCELLANEOUS \$1,259.
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	SCHEDULE D, PART XII, LINE 2D	REVENUE OF AFFILIATES \$8,671,296, NET CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$518,815, AND MISCELLANEOUS \$5,999.
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	SCHEDULE D, PART XII, LINE 4B	GRANTS REFUNDS / RESIGNATIONS \$8,517,303, EXCHANGE REVENUE / (EXPENSE) RECLASSIFIED TO EXPENSE - UBI FEES \$25,818.
RECONCILIATION OF EXPENSES PER AFS WITH REVENUE PER RETURN	SCHEDULE D, PART XIII, LINE 2D	EXPENSES OF AFFILIATES \$5,813,248, AND MISCELLANEOUS \$4,740.
RECONCILIATION OF EXPENSES PER AFS WITH REVENUE PER RETURN	SCHEDULE D, PART XIII, LINE 4B	GRANT REFUNDS / RESIGNATIONS \$8,517,303, EXCHANGE REVENUE / (EXPENSE) RECLASSIFIED TO EXPENSE - UBI FEES \$25,818.

The logo consists of a black rectangle with white text. At the top, it reads "OMB No 1545-0047". Below that, the year "2010" is written in a large, bold, sans-serif font. At the bottom, the words "Open to Public Inspection" are written in a smaller, bold, sans-serif font.

Employer identification number
13-1788491

3 Activites per Region (Use Part V If additional space is needed)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2010

[illegible]**Schedule F (Form 990) 2010**

Part III Grants and Other Assistance to Individuals Outside the United States

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Organization's Procedures for Monitoring Use of Grant Funds Outside the US	Schedule F, Part V	ACS DOES MONITOR AND CONDUCT AN EVALUATION OF OPERATIONS UNDER EACH GRANT THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF ACS TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO DISCUSS THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY ACS RECEIVING BENCH MARKING GRANT REPORTS ACS ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES MUST BE FURNISHED BY ALL GRANTEES TO ACS AS FOLLOWS (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT THE MIDPOINT OF THE GRANT, AND (2) FINAL NARRATIVE AND FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT THE SECOND GRANT INSTALLMENT MAY NOT BE PAID UNTIL SATISFACTORY PROGRESS INTERMIN REPORTS HAVE BEEN RECEIVED ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc
National Home Office

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	GLOBAL CANCER ADVOCACY	598
East Asia and the Pacific			Program Services	CAPACITY BUILDING	73,162
East Asia and the Pacific			Program Services	CANCER SCREENING STUDY	2,888
East Asia and the Pacific			Program Services	GLOBAL CANCER ADVOCACY	38,504
East Asia and the Pacific			Program Services	TOBACCO CONTROL	70,816
Europe (Including Iceland and Greenland)			Program Services	MEDICAL ONCOLOGY CONF	2,799
Europe (Including Iceland and Greenland)			Program Services	BREAST & OVARIAN CNCR	2,947
Europe (Including Iceland and Greenland)			Program Services	BREAST & PROSTATE CNCR	813
Europe (Including Iceland and Greenland)			Program Services	CAPACITY BUILDING	52,146
Europe (Including Iceland and Greenland)			Program Services	CANCER PREVENTION	2,041
Europe (Including Iceland and Greenland)			Program Services	GLOBAL CANCER ADVOCACY	60,392
Europe (Including Iceland and Greenland)			Program Services	PALLIATIVE CARE	6,070
Europe (Including Iceland and Greenland)			Program Services	RESEARCH FELLOWSHIP	2,555
Europe (Including Iceland and Greenland)			Program Services	TOBACCO CONTROL	24,275
Middle East and North Africa			Program Services	TOBACCO CONTROL	81,886
Middle East and North Africa			Program Services	HEALTH CONFERENCE	2,911
Middle East and North Africa			Program Services	GLOBAL CANCER ADVOCACY	7,189
North America			Program Services	POLICY GOVERNANCE MTG	893
North America			Program Services	CANCER CONTROL	529
North America			Program Services	CANCER PREVENTION	2,199
North America			Program Services	CAPACITY BUILDING	277
North America			Program Services	GLOBAL CANCER ADVOCACY	20,156
North America			Program Services	INTL ECONOMIC MTG	740
North America			Program Services	PALLIATIVE CARE	1,475
North America			Program Services	PATIENT SUPPORT	5,235
North America			Program Services	TOBACCO CONTROL	2,550
Russia and the Newly Independent States			Program Services	GLOBAL CANCER ADVOCACY	10,787
South America			Program Services	CANCER PREVENTION	8,012
South America			Program Services	GLOBAL CANCER ADVOCACY	453,472
South America			Program Services	TOBACCO CONTROL	12,972
Sub-Saharan Africa			Program Services	CAPACITY BUILDING	6,654
Sub-Saharan Africa			Program Services	GLOBAL CANCER ADVOCACY	70,737
Sub-Saharan Africa			Program Services	ERODIGESTIVE CANCERS	1,007
Sub-Saharan Africa			Program Services	PALLIATIVE CARE	6,334
Sub-Saharan Africa			Program Services	TOBACCO CONTROL	379,175
Middle East and North Africa			Grantmaking		24,984
Sub-Saharan Africa			Grantmaking		371,874
Central America and the Caribbean			Grantmaking		7,500
East Asia and the Pacific			Grantmaking		16,000
East Asia and the Pacific			Grantmaking		50,000
Europe (Including Iceland and Greenland)			Grantmaking		70,000
Europe (Including Iceland and Greenland)			Grantmaking		194,508
Europe (Including Iceland and Greenland)			Grantmaking		67,500
Europe (Including Iceland and Greenland)			Grantmaking		50,000
North America			Grantmaking		46,250
North America			Grantmaking		2,500
North America			Grantmaking		50,000
North America			Grantmaking		5,000
South America			Grantmaking		288,208
South America			Grantmaking		53,702
South America			Grantmaking		2,500
South Asia			Grantmaking		5,000
South Asia			Grantmaking		6,000
South Asia			Grantmaking		2,000
Sub-Saharan Africa			Grantmaking		836,760
Europe (Including Iceland and Greenland)			Grantmaking		299,000
Europe (Including Iceland and Greenland)			Grantmaking		10,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East/North Africa	TOBACCO CONTROL	15,984	WIRE			
		Middle East/North Africa	TOBACCO CONTROL	9,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		132,625	WIRE			
		Sub-Saharan Africa		10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		10,000	WIRE			
		Sub-Saharan Africa		10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		199,284	WIRE			
		Sub-Saharan Africa	CAPACITY BUILDING	9,965	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean		7,500	WIRE			
		East Asia/Pacific		11,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific		20,000	WIRE			
		East Asia/Pacific		10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific		10,000	WIRE			
		Europe/Iceland/Greenland		13,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland		57,000	CHECK			
		Europe/Iceland/Greenland		100,068	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland		45,800	WIRE			
		Europe/Iceland/Greenland		48,640	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland		50,000	WIRE			
		Europe/Iceland/Greenland		17,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland		50,000	WIRE			
		North America		35,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		11,250	WIRE			
		North America		50,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		96,973	WIRE			
		South America		30,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		10,000	WIRE			
		South America		79,375	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		12,500	WIRE			
		South America		7,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		9,990	WIRE			
		South America		9,970	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		10,000	WIRE			
		South America		30,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		9,400	WIRE			
		South America		18,702	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		78,131	WIRE			
		Sub-Saharan Africa		176,835	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	TOBACCO CONTROL	210,162	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	196,218	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		24,824	WIRE			
		Sub-Saharan Africa		14,970	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		21,000	WIRE			
		Sub-Saharan Africa		105,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		10,000	WIRE			
		Europe/Iceland/Greenland		10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland		299,000	WIRE			

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
American Cancer Society Inc
National Home Office

Employer identification number

13-1788491

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a	<input checked="" type="checkbox"/> Mail solicitations	e	<input checked="" type="checkbox"/> Solicitation of non-government grants
b	<input checked="" type="checkbox"/> Internet and e-mail solicitations	f	<input checked="" type="checkbox"/> Solicitation of government grants
c	<input checked="" type="checkbox"/> Phone solicitations	g	<input type="checkbox"/> Special fundraising events
d	<input type="checkbox"/> In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ASPEN MARKETING SERVICES INC	FUNDRAISING COUNSEL		No	0	144,898	0
CASWELL ZACHARY GRIZZARD	FUNDRAISING COUNSEL		No	0	670,739	0
CHARITY DYNAMICS INC	FUNDRAISING COUNSEL		No	0	414,944	0
INFOCISION MGMT CORP SEE SCHE	PROF FUNDRAISER		No	4,700,438	4,565,801	134,637
MERKLE GROUP INC SEE SCHED	FUNDRAISING COUNSEL		No	3,790,607	1,064,577	2,726,030
PARADYSZ MATERA	FUNDRAISING COUNSEL		No	5,779,407	1,100,711	4,678,696
Total				14,270,452	7,961,670	7,539,363

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

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	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash 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 lines 1 and 7 in column (d) ▶			

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14

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

Name  _____



Address  _____

15a

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

☐ Yes ☐ No

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

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?

☐ Yes ☐ No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING	SCHEDULE G, PART I, LINE 2B(I)	THE NATIONAL HOME OFFICE MANAGES CERTAIN DIRECT MAIL PROGRAMS ON BEHALF OF DIVISIONS THE RECEIPTS AND COSTS OF THESE PROGRAMS ARE PASSED THROUGH TO DIVISIONS AND ARE REPORTED ON THE RESPECTIVE DIVISIONS' FORMS 990 THE NATIONAL HOME OFFICE MAINTAINS THE CONTRACTS WITH THE PROFESSIONAL FUNDRAISERS FOR THESE PROGRAMS AND COMPLIES WITH ALL REQUIRED STATUTORY FILING REQUIREMENTS AS A RESULT OF ITS CONTRACTS WITH THESE VENDORS THE AMOUNT IN 2(B), LINE 4, COLUMN (VI) REPRESENTS A TIMING DIFFERENCE FOR RECEIPTS AND COSTS THAT ARE PASSED THROUGH TO DIVISIONS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
American Cancer Society Inc
National Home Office

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

2010

Open to Public
Inspection

Employer identification number

13-1788491

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

▶ 155

3

Enter total number of other organizations

▶ 0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2	PROGRESS REPORTS PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED THE SCIENTIFIC REPORT INCLUDES THE (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND ANNUAL REPORTS ARE REVIEWED BY VOLUNTEER PEER REVIEWERS AND KEPT WITH THE GRANT FILE FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF THE NON-TECHNICAL REPORTS ARE PRINTED AND DISTRIBUTED TO STAFF AND THE VOLUNTEER ADVISORS FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT, INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING - SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS - INDIRECT COSTS - SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR - SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE

Software ID:

Software Version:

EIN: 13-1788491

Name: American Cancer Society Inc
National Home Office

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ACCESS COMMUNITY HEALTH & RESRCH CTR 2651 SAULINO COURT DEARBORN,MI 48120	23-7444497	501(C)(3)	10,000				CONFERENCE SPONSORSHIP
ACTION ON SMOKING AND HEALTH701 4TH ST NW 3RD FLOOR WASHINGTON,DC 20001	13-2603590	501(C)(3)	7,500				FRAMEWORK CONVENTION ALLIANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ADVOCATE CHARITABLE FOUNDATION205 W TOUHY AVE STE 225 PARK RIDGE,IL 60068	36-3297360	501(C)(3)	12,000				MASTERS SOCIAL WORK
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	501(C)(3)	1,401,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMER COLLEGE OF PREVENTIVE MEDICINE 455 MASSACHUSETTS AVE NW 200 WASHINGTON,DC 20001	23-1722119	501(C)(3)	6,000				ACPM SPONSORSHIP
AMERICAN ASSOC FOR CANCER RSRC615 CHESTNUT ST 17TH FLOOR PHILADELPHIA,PA 19106	23-3100004	501(C)(3)	17,631				AACR SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN COLLEGE OF SURGEONSP O BOX 92425 CHICAGO,IL 60675	36-2192800	501(C)(3)	774,847				CANCER LIAISON PROGRAM
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501(C)(3)	231,345				PREVENTIVE HEALTH P'SHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ASCO 2318 MILL ROAD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	8,670				CANCER PREVENTION AND MGMT
ASPEN CANCER CONFERENCE INC 4383 MEDICAL DRIVE SAN ANTONIO, TX 78229	52-1746776	501(C)(3)	15,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BD OF REG OF THE UNIV OF WISCONSIN21 NORTH PARK ST SUITE 6401 MADISON, WI 53715	39-1805963	501(C)(3)	770,407				MASTERS SOCIAL WORK
BECKMAN RESEARCH INST OF THE CITY OF HOPE 1500 E DUARTE RD DUARTE,CA 91010	95-3432210	501(C)(3)	2,160,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BETH ISRAEL DEACONESS MED CTR330 BROOKLINE AVE E BR 259 BOSTON,MA 02215	04-2103881	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT
BETH ISRAEL MEDICAL CENTER555 W 57TH ST 18TH FLOOR NEW YORK,NY 10019	13-5564934	501(C)(3)	12,000				MASTERS SOCIAL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOSTON MEDICAL CENTER660 HARRISON AVE GAMBRO 2 BOSTON,MA 02118	04-3314093	501(C)(3)	300,000				PHYSICIAN TRAINING AWARD
BRIGHAM AND WOMENS HOSPITAL75 FRANCI STREET BOSTON,MA 02115	04-2312909	501(C)(3)	2,170,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
C CHANGE1776 EYE ST NW STE 900 WASHINGTON,DC 20006	16-1641769	501(C)(3)	500,000				CANCER CONTROL INITIATIVES
CAMPAIGN FOR TOBACCO FREE KIDS1400 I ST NW STE 1200 WASHINGTON,DC 20005	52-1969967	501(C)(3)	530,000				SMOKING PREVENTION AND CESSATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CANCERCARE275 SEVENTH AVE NEW YORK, NY 10001	13-1825919	501(C)(3)	12,000				MASTERS SOCIAL WORK
CANCERCARE OF LONG ISLAND20 CROSSWAYS PARK NORTH WOODBURY, NY 11797	13-1825919	501(C)(3)	12,000				MASTERS SOCIAL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CARNEGIE INST OF WASHINGTON1530 P STREET NW WASHINGTON,DC 20005	53-1096523	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT
CASE WESTERN RESERVE UNIV10900 EUCLID AVE CLEVELAND,OH 44106	34-1018992	501(C)(3)	1,672,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CASEY MAGUIRE PHD (MA GENERAL HOSPITAL)13TH STREET CHARLESTON,MA 02129	04-1564655	501(C)(3)	48,000				POSTDOCTORAL FELLOWSHIP
CEDARS SINAI MEDICAL CENTER6500 WILSHIRE BLVD 1150 LOS ANGELES,CA 90048	95-1644600	501(C)(3)	400,000				CANCER CONTROL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILDRENS HOSP MED CTR3333 BURNET AVE ML 4900 CINCINNATI, OH 45229	31-0833936	501(C)(3)	102,000				POSTDOCTORAL FELLOWSHIP
CHILDREN'S HOSPITAL BOSTONPO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	870,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD MAIL STOP 97 LOS ANGELES,CA 90027	95-1690977	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT
CHILDRENS RESEARCH INSTITUTE111 MICHIGAN AVE NW WASHINGTON,DC 20010	52-1654453	501(C)(3)	12,000				MASTERS SOCIAL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CITY UNIV OF NEW YORK 365 FIFTH AVE NEW YORK, NY 10016	13-1988190	501(C)(3)	20,000				DOCTORAL SOCIAL WORK
COLD SPRING HARBOR LABORATORYPO BOX 100 COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	379,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD STE 800 ALEXANDRIA,VA 22314	31-1667995	501(C)(3)	10,000				ASCO ANNUAL MEETING
CORNELL UNIVERSITY373 PINE TREE ROAD ITHACA,NY 14850	15-0532082	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	501(C)(3)	1,290,000				RESEARCH SCHOLAR GRANT
DUKE UNIVERSITY2200 W MAIN ST STE 300 DURHAM,NC 27701	56-2070036	501(C)(3)	1,885,500				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EASTERN VIRGINIA MEDICAL CENTER721 FAIRFAX AVE NORFOLK,VA 23507	54-1465574	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP
EMORY UNIVERSITY1599 CLIFTON RD NE 4TH FLOOR ATLANTA,GA 30322	58-0566256	501(C)(3)	942,656				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FLORIDA INTL UNIVERSITY11200 SW 8TH ST MIAMI,FL 33199	23-7047106	501(C)(3)	98,000				POSTDOCTORAL FELLOWSHIP
FORDHAM UNIVERSITY 441 E FORDHAM RD FMH 536 BRONX,NY 10458	13-1740451	501(C)(3)	40,000				DOCTORAL SOCIAL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRED HUTCHINSON CANCER RSCH1100 FAIRVIEW AVE N SEATTLE,WA 98109	23-7156071	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP
FRIENDS OF CANCER RESEARCH2231 CRYSTAL DR STE 200 ARLINGTON,VA 22202	52-1983273	501(C)(3)	7,500				CANCER RESEARCH STRATEGIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GEORGE WASHINGTON UNIVERSITY44983 KNOLL SQUARE ASHBURN,VA 20147	53-0196584	501(C)(3)	128,220				CISNET GRANT
GEORGETOWN UNIVERSITY37TH O STREETS NW WASHINGTON,DC 20007	52-2299950	501(C)(3)	108,000				RESEARCH SCHOLAR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GROUP HEALTH COOPERATIVEPO BOX 34587 SEATTLE, WA 98124	91-0511770	501(C)(3)	859,915				RESEARCH SCHOLAR GRANT
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	3,965,000				RESEARCH SCHOLAR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HEALTH RESEARCH INCPO 2966 BUFFALO, NY 14263	14-1402155	501(C)(3)	732,000				RESEARCH SCHOLAR GRANT
HOSPARUS INC3532 EPHRAIM MCDOWELL DR LOUISVILLE, KY 40205	61-0921718	501(C)(3)	12,000				MASTERS SOCIAL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HOSPICE OF THE BLUEGRASS2312 ALEXANDRIA DRIVE LEXINGTON,KY 40504	61-1317442	501(C)(3)	12,000				MASTERS SOCIAL WORK
INDIANA UNIVERSITYPO BOX 66057 INDIANAPOLIS,IN 46266	35-1990726	501(C)(3)	122,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
INSTITUTE FOR CANCER RESEARCH604 COTTMAN AVE CHELTENHAM,PA 19012	23-6296135	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP
INTERAMERICAN HEART FOUNDATION7272 GREENVILLE AVE DALLAS,TX 75231	75-2605363	501(C)(3)	28,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JOHNS HOPKINS UNIVERSITY525 N WOLFE ST BALTIMORE,MD 21205	52-0595110	501(C)(3)	2,195,000				RESEARCH SCHOLAR GRANT
LOYOLA UNIV CHICAGO 820 N MICHIGAN AVE CHICAGO,IL 60611	36-1408475	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LSU HEALTH SCIENCES CENTER1501 KINGS HIGHWAY SHREVEPORT,LA 71103	72-1402222	501(C)(3)	160,130				RESEARCH SCHOLAR GRANT
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE,WI 53201	39-0806251	501(C)(3)	20,000				CANCER NURSING SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MASS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVE CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	600,000				POSTDOCTORAL FELLOWSHIP
MASSACHUSETTS GENERAL HOSPITALPO BOX 414876 BOSTON,MA 02241	04-2697983	501(C)(3)	2,604,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MAYO CLINIC ROCHESTER PO BOX 4006 ROCHESTER,MN 55905	41-1937751	501(C)(3)	734,500				RESEARCH SCHOLAR GRANT
MEDICAL COLLEGE OF WISCONSIN8701 WATERTOWN PLANK RD MILWAUKEE,WI 53226	39-0806261	501(C)(3)	1,080,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MERCY MEDICAL CENTER INC227 ST PAUL PLACE 6TH FLOOR BALTIMORE,MD 21202	52-0591658	501(C)(3)	12,000				MASTERS SOCIAL WORK
MICHIGAN STATE UNIV 301 ADMIN BLDG EAST LANSING,MI 48824	38-6005984	501(C)(3)	671,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MOREHOUSE SCHOOL OF MEDICINE720 WESTVIEW DR SW ATLANTA,GA 30310	58-1438873	501(C)(3)	7,500				MASTERS SOCIAL WORK
MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE BOX 4500 NEW YORK,NY 10029	13-6171197	501(C)(3)	2,432,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NATIONAL ASSOC OF CHRONIC DISEASE DIRECTORS2872 WOODCOCK BLVD STE 220 ATLANTA,GA 30341	73-1328414	501(C)(3)	10,000				SPONSORSHIP
NATIONAL CANCER INSTITUTE6130 EXECUTIVE BLVD EPNRM 4005 ROCKVILLE,MD 20892	52-0858115	GOVT	100,000				MEDICAL EXPENDITURE PANEL SURVEY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEVADA CANCER INSTITUTEONE BREAKTHROUGH WAY LAS VEGAS, NV 89135	04-3632553	501(C)(3)	180,000				RESEARCH SCHOLAR GRANT
NEW YORK UNIV SCHOOL OF MED665 BROADWAY NEW YORK, NY 10016	13-5562309	501(C)(3)	1,020,000				RESEARCH SCHOLAR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW YORK UNIVERSITY 726 BROADWAY NEW YORK, NY 10003	13-5562308	501(C)(3)	52,000				POSTDOCTORAL FELLOWSHIP
NORTH CAROLINA STATE UNIV 2701 SULLIVAN DR STE 240 RALEIGH, NC 27695	56-6000756	SECTION 115	720,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NORTHSHORE UNIVERSITY HOSPITAL1301 CENTRAL STREET EVANSTON,IL 60201	36-2167060	501(C)(3)	5,037				NIH GRANT
NORTHWESTERN UNIVERSITY750 N LAKE SHORE DR 7TH FLOOR CHICAGO,IL 60610	36-2167817	501(C)(3)	650,000				RESEARCH SCHOLAR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6401599	501(C)(3)	870,000				RESEARCH SCHOLAR GRANT
OREGON HEALTH AND SCIENCE UNIV 690 SW BANCROFT ST PORTLAND, OR 97239	93-1176109	501(C)(3)	239,454				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OREGON HEALTH POLICY & RESEARCHPO BOX 14006 SALEM,OR 97309	93-1116395	GOVT	820,000				RESEARCH SCHOLAR GRANT
OREGON STATE UNIVERSITYPO BOX 1086 CORVALLIS,OR 97339	48-1278540	GOVT	720,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PATIENT ADVOCATE FOUNDATION421 BUTLER FARM RD HAMPTON,VA 23666	54-1806317	501(C)(3)	850,000				CASE MANAGEMENT
PONCE SCHOOL OF MEDICINEPO BOX 7004 PONCE,PR 00732	66-0379122	501(C)(3)	84,000				RESEARCH SCHOLAR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PRESIDENT AND FELLOWS OF HARVARDPO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	402,000				POSTDOCTORAL FELLOWSHIP
PURDUE UNIVERSITY201 S UNIVERSITY ST WEST LAFAYETTE, IN 47901	35-6002041	501(C)(3)	180,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REGENTS OF CALIFORNIA 1400 BIOLOGICAL SCIENCES III IRVINE,CA 92697	95-2226406	501(C)(3)	2,280,000				RESEARCH SCHOLAR GRANT
REGENTS OF THE UNIV OF CA 2195 HEARST AVE 130 BERKELEY,CA 94720	94-6002123	501(C)(3)	1,420,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REGENTS OF THE UNIV OF CA9500 GILMAN DR MAIL CODE 0009 LA JOLLA,CA 92093	95-6006143	501(C)(3)	1,587,000				RESEARCH SCHOLAR GRANT
REGENTS OF THE UNIV OF CALIF1855 FOLSOM ST SAN FRANCISCO,CA 94143	94-6036493	501(C)(3)	1,072,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REGENTS OF THE UNIV OF CALIF1125 MURPHY HALL BOX 951432 LOS ANGELES,CA 90095	95-6006143	501(C)(3)	492,000				RESEARCH SCHOLAR GRANT
REGENTS OF THE UNIV OF MICH3003 S STATE ST RM 1054 ANN ARBOR,MI 48109	38-6006309	501(C)(3)	4,674,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REGENTS OF THE UNIV OF MNPO BOX 1450 MINNEAPOLIS,MN 55485	41-6007513	GOVT	110,350				POSTDOCTORAL FELLOWSHIP
RESEARCH FOUNDATION OF SUNYP O BOX 9 ALBANY,NY 12201	14-1368361	501(C)(3)	1,620,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RESEARCHAMERICAPO BOX 222451 CHANTILLY,VA 20153	52-1609875	501(C)(3)	10,000				SPONSORSHIP
ROSWELL PARK CANCER INSTITUTEELM CARLTON STREETS BUFFALO,NY 14263	16-1552370	SECTION 115	729,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SALK INST FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES RD LA JOLLA,CA 92037	95-2160097	501(C)(3)	402,000				POSTDOCTORAL FELLOWSHIP
SANFORD-BURNHAM MEDICAL 10901 NORTH TORREY PINES RD LA JOLLA,CA 92037	51-0197108	501(C)(3)	1,590,000				RESEARCH SCHOLAR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SCRIPPS RESEARCH INSTITUTE10550 N TORREY PINES RD TPC 7 LA JOLLA, CA 92037	33-0435954	501(C)(3)	300,000				POSTDOCTORAL FELLOWSHIP
SLOAN KETTERING INSTITUTEPO BOX 026338 NEW YORK, NY 10087	13-1924236	501(C)(3)	2,042,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SOC FOR RES ON NICOTINE AND TOBACCO 2810 CROSSROADS DR 3800 MADISON,WI 53718	52-1906424	501(C)(3)	10,000				TREATMENT OF TOBACCO DEPENDENCE
SOUTH CAROLINA RESEARCH FDN901 SUMTER ST COLUMBIA,SC 29208	57-0967350	501(C)(3)	104,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST JUDE CHILDRENS RESRCH HOSPPPO BOX 1000 DEPT 949 MEMPHIS,TN 38148	62-0646012	501(C)(3)	1,411,000				RESEARCH SCHOLAR GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO,CA 94144	94-1156365	501(C)(3)	982,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STATE UNIVERSITY OF NY ALBANYPO BOX 9 ALBANY,NY 12201	14-1599643	501(C)(3)	707,000				RESEARCH SCHOLAR GRANT
STOWERS INSTITUTE FOR MED RSCHP O BOX 412411 KANSAS CITY,MO 64141	43-1684454	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SUTTER WEST BAY HSPTLS DBA CA PACIFIC MD CT 2200 WEBSTER ST RM 511 SAN FRANCISCO,CA 94115	94-0562680	501(C)(3)	15,000				SPONSORSHIP
TEXAS A&M UNIVERSITY RESEARCH FOUNDATION PO BOX 201918 DALLAS,TX 75320	74-2648747	GOVT	718,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE BOARD OF REG OF UNIV WISCONSIN21 N PARK ST STE 6401 MADISON,WI 53715	39-6006492	501(C)(3)	1,630,000				RESEARCH SCHOLAR GRANT
THE CHILDRENS HOSPITAL OF PHILADELPHIAPO BOX 8500 PHILADELPHIA,PA 19178	23-1352166	501(C)(3)	52,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THOMAS JEFFERSON UNIVERSITY1020 WALNUT ST ROOM 528 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	519,000				INSTITUTIONAL RESEARCH GRANT
TRUSTEES OF BOSTON UNIVERSITY25 BUICK ST BOSTON,MA 02215	04-2103547	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TRUSTEES OF DARTMOUTH COLLEGE11 ROPE FERRY RD 6210 HANOVER,NH 03755	02-0222111	501(C)(3)	81,510				RESEARCH SCHOLAR GRANT
TRUSTEES OF PRINCETON UNIV5 NEW SOUTH BUILDING PRINCETON,NJ 08544	21-0634501	501(C)(3)	180,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TRUSTEES OF THE UNIV OF PENN3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,673,000				RESEARCH SCHOLAR GRANT
TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	04-2103634	501(C)(3)	102,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TUFTS UNIVERSITY136 HARRISON AVE BOSTON,MA 02111	04-2103634	501(C)(3)	730,000				RESEARCH SCHOLAR GRANT
UNIV OF ALABAMA AT BIRMINGHAM701 20TH ST SOUTH ADM BLDG 990 BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	1,062,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF ARIZONA FRS #426600PO BOX 3520 TUCSON,AZ 85722	74-2652689	SECTION 115	330,000				MASTERS SOCIAL WORK
UNIV OF ARKANSAS FOR MED SCIENCES4301 WEST MARKHAM LITTLE ROCK,AR 72205	71-6003252	501(C)(3)	12,000				MASTERS SOCIAL WORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF CHICAGO1427 E 60TH ST STE 120 CHICAGO,IL 60637	36-2177139	501(C)(3)	1,940,000				RESEARCH SCHOLAR GRANT
UNIV OF COLORADOPO BOX 238 DENVER,CO 80291	84-6000555	501(C)(3)	300,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF CONNECTICUT HLTH CTR263 FARMINGTON AVE FARMINGTON,CT 06030	23-7187838	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP
UNIV OF FLORIDA207 GRINTER HALL GAINESVILLE,FL 32611	59-6002052	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF GEORGIA RESEARCH FDN475 N LUMPKIN ST ATHENS,GA 30602	58-1353149	501(C)(3)	467,000				RESEARCH SCHOLAR GRANT
UNIV OF ILLINOISPO BOX 4610 SPRINGFIELD,IL 62708	31-6000511	501(C)(3)	870,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF IOWAB5 JESSUP HALL IOWA CITY,IA 52242	42-6004813	501(C)(3)	2,915,000				RESEARCH SCHOLAR GRANT
UNIV OF KENTUCKY109 KINKEAD HALL LEXINGTON,KY 40506	61-6033693	501(C)(3)	914,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF LOUISVILLE RESEARCH FOUNDATION INCSERVICE COMPLEX 2ND FLOOR LOUISVILLE,KY 40292	61-1029626	501(C)(3)	617,000				RESEARCH SCHOLAR GRANT
UNIV OF MARYLAND BALTIMORE220 ARCH ST ROOM 02 128 BALTIMORE,MD 21201	31-1678679	501(C)(3)	55,000				CANCER NURSING SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF MARYLAND COLLEGE PARK4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	1,618,000				RESEARCH SCHOLAR GRANT
UNIV OF MASSACHUSETTS 55 LAKE AVE NORTH WORCHESTER, MA 01655	04-6014838	501(C)(3)	1,041,000				PALLIATIVE CARE INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF MIAMIPO BOX 025405 MIAMI,FL 33102	59-0624458	501(C)(3)	774,000				RESEARCH SCHOLAR GRANT
UNIV OF MIAMI SCHL OF MEDICINE1120 NW 14TH STREET SUITE 1140 MIAMI,FL 33136	59-0624458	501(C)(3)	10,500				CAREER DEVELOPMENT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF MISSOURI KANSAS CITY310 JESSE HALL COLUMBIA,MO 65211	43-6003859	501(C)(3)	7,200				SPONSORSHIP
UNIV OF NC AT CHAPEL HILL104 AIRPORT DR STE 2200 CHAPEL HILL,NC 27599	56-6001393	501(C)(3)	2,547,958				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	85-6000642	501(C)(3)	547,841				RESEARCH SCHOLAR GRANT
UNIV OF NOTRE DAME836 GRACE HALL NOTRE DAME,IN 46556	35-0868188	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF OREGON PO BOX 3237 EUGENE, OR 97403	43-6015767	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP
UNIV OF PITTSBURGH 3100 CATHEDRAL OF LEARNING PO BOX PITTSBURGH, PA 15213	25-0965591	501(C)(3)	1,616,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 32886	59-0879015	501(C)(3)	50,000				DOCTORAL NURSING
UNIV OF SOUTHERN CALIFORNIA3500 S FIGUEROA ST STE 102 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	2,160,000				RESEARCH SCHOLAR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF TENNESSEE210 STUDENT SERVICES BUILDING KNOXVILLE, TN 37996	62-1844686	501(C)(3)	40,000				DOCTORAL SOCIAL WORK
UNIV OF TEXAS7000 FANNIN ST UCT-1733 HOUSTON, TX 77030	74-1769336	501(C)(3)	30,000				DOCTORAL NURSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF TEXAS AT AUSTINPO BOX 7159 AUSTIN, TX 78713	74-1587488	501(C)(3)	2,502,000				RESEARCH SCHOLAR GRANT
UNIV OF TEXAS HEALTH 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-2586219	501(C)(3)	732,917				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF TEXAS HEALTH SCIENCEPO BOX 203382 HOUSTON,TX 77216	74-1769336	501(C)(3)	720,000				CANCER NURSING SCHOLARSHIPS
UNIV OF TEXAS MD ANDERSONPO BOX 4390 HOUSTON,TX 77210	74-6035669	501(C)(3)	3,964,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF UTAH201 PRESIDENTS CIRCLE ROOM 406 SALT LAKE CITY,UT 84112	23-7112869	501(C)(3)	498,000				POSTDOCTORAL FELLOWSHIP
UNIV OF VIRGINIAPO BOX 400195 CHARLOTTESVILLE,VA 22904	54-6001795	501(C)(3)	900,000				MASTERS/DOCTORAL NURSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF VT & STATE AG COLLEGE85 S PROSPECT ST BURLINGTON,VT 05405	03-0179440	501(C)(3)	131,666				INSTITUTIONAL RESEARCH GRANT
UNIV OF WASHINGTON BOX 356410 1959 PACIFIC STREET SEATTLE,WA 98195	91-1486484	GOVT	109,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY MEDICAL CENTER3838 N CAMPBELL AVE TUCSON,AZ 85719	86-0492210	501(C)(3)	12,000				MASTERS SOCIAL WORK
UNIVERSITY OF ALABAMA BOX 870136 TUSCALOOSA,AL 35487	63-6001138	501(C)(3)	40,000				DOCTORAL SOCIAL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UT SOUTHWESTERN MED CTR DALLASPO BOX 841753 DALLAS, TX 75284	75-6042147	GOVT	1,939,000				RESEARCH SCHOLAR GRANT
VANDERBILT UNIVERSITY MED CTR719 THOMPSON LANE NASHVILLE, TN 37232	62-0476822	501(C)(3)	452,000				POSTDOCTORAL FELLOWSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VILLANOVA UNIVERSITY 800 LANCASTER AVE VILLANOVA,PA 19085	23-1352688	501(C)(3)	30,000				DOCTORAL NURSING
VIRGINIA COMMONWEALTH UNIVPO BOX 843039 RICHMOND,VA 23284	54-6001758	SECTION 115	282,000				INSTITUTIONAL RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WASHINGTON STATE UNIVERSITYPO BOX 641039 PULLMAN,WA 99164	91-6001108	501(C)(3)	30,000				DOCTORAL NURSING
WASHINGTON UNIVERSITYCAMPUS BOX 1034 700 ROSEDALE AVE ST LOUIS,MO 63112	43-6401888	501(C)(3)	1,995,000				RESEARCH SCHOLAR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WAYNE STATE UNIVERSITY5057 WOODWARD 13TH FLOOR DETROIT,MI 48202	38-6028429	501(C)(3)	360,000				RESEARCH SCHOLAR GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH9 CAMBRIDGE CENTER CAMBRIDGE,MA 02142	06-1043412	501(C)(3)	102,000				POSTDOCTORAL FELLOWSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YALE UNIVERSITY47 COLLEGE ST STE 216 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	1,063,000				RESEARCH SCHOLAR GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

American Cancer Society Inc
National Home Office

Employer identification number

13-1788491

Part I

Questions Regarding Compensation

		Yes	No
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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 from the organization or a related organization?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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?		No
b	Any related organization?		No
	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?		No
b	Any related organization?		No
	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		No
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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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				
(1) John R Seffrin	(i)	550,015	0	78,359	60,392	11,690	700,456	0
	(ii)	50,001	0	7,124	5,490	1,063	63,678	0
(2) Otis Brawley	(i)	390,825	0	504	44,931	2,143	438,403	0
	(ii)	0	0	0	0	0	0	0
(3) Greg Bontrager	(i)	471,112	0	86,100	354,570	1,344	913,126	0
	(ii)	0	0	0	0	0	0	0
(4) Terry Music	(i)	344,642	0	100,829	311,688	12,589	769,748	0
	(ii)	0	0	0	0	0	0	0
(5) Joe Cahoon	(i)	372,109	0	32,484	352,219	5,596	762,408	0
	(ii)	0	0	0	0	0	0	0
(6) Catherine E Mickle	(i)	292,969	0	11,152	53,992	8,715	366,828	0
	(ii)	31,960	0	1,217	5,890	951	40,018	0
(7) Frank S Hale	(i)	232,549	0	5,770	76,885	10,987	326,191	0
	(ii)	25,369	0	629	8,387	1,199	35,584	0
(8) Gerard J Fischer	(i)	290,879	0	4,792	189,575	2,015	487,261	0
	(ii)	0	0	0	0	0	0	0
(9) Reuel Johnson	(i)	268,945	0	1,548	365,350	11,184	647,027	0
	(ii)	0	0	0	0	0	0	0
(10) Laura Reeves	(i)	264,807	0	210	31,882	13,418	310,317	0
	(ii)	0	0	0	0	0	0	0
(11) Victor Ayers	(i)	258,133	0	0	97,947	17,358	373,438	0
	(ii)	0	0	0	0	0	0	0
(12) Greg Donaldson	(i)	250,951	0	0	115,244	17,355	383,550	0
	(ii)	0	0	0	0	0	0	0
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	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 BENEFITS. NO AMOUNTS WERE ACTUALLY PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR. THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE AMOUNT OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL: JOHN SEFFRIN \$78,430; CATHERINE MICKLE \$12,029; GREG BONTRAGER \$85,341; JOE CAHOON \$31,573; TERRY MUSIC \$100,014; FRANK S. HALE \$5,799; GERARD FISCHER \$4,792. IN 2010, THE VOLUNTEER MEMBERS OF THE COMPENSATION COMMITTEE OF THE AMERICAN CANCER SOCIETY'S NATIONAL BOARD OF DIRECTORS APPROVED A RETENTION AGREEMENT FOR GREG BONTRAGER IN ORDER TO PRESERVE MANAGEMENT STABILITY, ESTABLISH A FOUNDATION FOR SUCCESSION PLANNING, AND IN ACKNOWLEDGEMENT OF ENVIRONMENTAL MARKET FACTORS IDENTIFIED BY THE EXTERNAL INDEPENDENT COMPENSATION CONSULTANT. THE TERMS OF THAT AGREEMENT HAVE NOT YET BEEN FULLY MET AND NO AMOUNTS HAVE BEEN PAID. THE EARNED BUT DEFERRED AMOUNT IS INCLUDED IN COLUMN C.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
American Cancer Society Inc
National Home Office

Employer identification number

13-1788491

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$										

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JACE OUTLAW	SON-IN-LAW OF TERRY MUSIC	85,335	COMPENSATION		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
American Cancer Society Inc
National Home Office

Employer identification number
13-1788491

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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 .				
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 ► (COSMETIC KITS)	X	0	13,914,000	COST/SELLING PRICE
26 Other ► (WIGS)	X	0	1,844,199	COST/SELLING PRICE
27 Other ► (T-Shirts)	X	0	12,675	COST/SELLING PRICE
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

290

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 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?		Yes	No
b	If "Yes," describe the arrangement in Part II	30a		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
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			

Part III

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.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE M, PART I, LINE 32B	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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization American Cancer Society Inc National Home Office	Employer identification number 13-1788491
---------------------------------------------------------------------------------	--------------------------------------------------

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	PART III, LINE 4D	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 GRANTS TO AFFILIATES \$4,763,635

Identifier	Return Reference	Explanation
DONATED SERVICES	PART III, LINES 4A-4D	<p>4A DONATED SERVICES PROVIDED BY SCIENTIFIC PEER REVIEWERS CONSISTING OF MEDICAL DOCTORS, PH D'S, PROFESSORS, BIOMEDICAL AND PSYCHOSOCIAL PROFESSIONALS, SOCIAL WELFARE SERVICE PROVIDERS, AND OTHER SERVICE PROVIDERS TOTAL 24,280 HOURS VALUED AT \$1,771,567 4B DONATED ADVERTISING PRODUCTION, MAGAZINE SPACE, PUBLIC SERVICE ANNOUNCEMENTS AND IN-STORE ADVERTISING MATERIALS FROM VARIOUS RETAIL AND PROFESSIONAL ORGANIZATIONS IN SUPPORT OF CANCER PATIENTS ALSO INCLUDED ARE DONATED AIRLINE TRAVEL MILES FOR SUPPORT OF PEDIATRIC CANCER PATIENTS TOTAL VALUE OF SERVICES FOR PATIENT SUPPORT IS \$1,071,187 4C DONATED ADVERTISING PRODUCTION, MAGAZINE SPACE, PUBLIC SERVICE ANNOUNCEMENTS AND IN-STORE ADVERTISING MATERIALS FROM VARIOUS RETAIL AND PROFESSIONAL ORGANIZATIONS VALUED AT \$504,546 IN SUPPORT OF PREVENTING CANCER OCCURRENCE AND RISK OF DEVELOPING THE DISEASE 4D DONATED ADVERTISING PRODUCTION, MAGAZINE SPACE, PUBLIC SERVICE ANNOUNCEMENTS AND IN-STORE ADVERTISING MATERIALS FROM VARIOUS RETAIL AND PROFESSIONAL ORGANIZATIONS VALUED AT \$247,273 IN SUPPORT OF DETECTION AND TREATMENT PROGRAMS</p>

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART V, LINES 7C, 7D, AND 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

Identifier	Return Reference	Explanation
EXPLANATION OF MEMBERS AND THEIR RIGHTS	PART VI, LINES 6, 7A & 7B	CERTAIN BUSINESS AFFAIRS OF THE FILING ORGANIZATION ARE UNDER THE OVERSIGHT OF THE NATIONAL ASSEMBLY, WHICH CONSIST OF DELEGATES ELECTED BY AFFILIATE DIVISIONS, DELEGATES OF THE FILING ORGANIZATION'S GOVERNING BODY, PAST OFFICER DELEGATES AND HONORARY LIFE MEMBERS THE NATIONAL ASSEMBLY IS RESPONSIBLE FOR THE ELECTION OF THE FILING ORGANIZATION'S GOVERNING BODY, VOLUNTEER OFFICERS, THE NOMINATING COMMITTEE, PAST OFFICER DELEGATES, HONORARY LIFE MEMBERS IN ADDITION, THE NATIONAL ASSEMBLY IS RESPONSIBLE FOR APPROVAL OF CHANGES TO THE FILING ORGANIZATION'S ORGANIZING DOCUMENTS, INCLUDING ITS ARTICLES OF INCORPORATION AND BYLAWS

Identifier	Return Reference	Explanation
PROCESS USED TO REVIEW 990 BY MANAGEMENT &/OR GOVERNING BODY	PART VI, LINE 11B	MANAGEMENT PREPARES AND REVIEWS THE FORM 990 THEN, PRIOR TO FILING WITH THE IRS, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS' FINANCE/AUDIT COMMITTEE, AND THE CFO 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

Identifier	Return Reference	Explanation
PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	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, 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.

Identifier	Return Reference	Explanation
OFFICERS & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	PART VI, LINES 15A & 15B	<p>THE AMERICAN CANCER SOCIETY USES AN INDEPENDENT COMPENSATION COMMITTEE ("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:</p> <ul style="list-style-type: none"> (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; (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; (J) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC	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 GOVERNING DOCUMENTS AND 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

Identifier	Return Reference	Explanation
HOURS FROM RELATED ORGANIZATION	PART VII, SECTION A, COLUMN B	THE INDIVIDUALS LISTED ON SCHEDULE J, PART II, ARE EMPLOYEES OF THE AMERICAN CANCER SOCIETY, INC HOWEVER, CERTAIN OF THOSE INDIVIDUALS ALSO SPEND A PORTION OF THEIR TIME CONDUCTING BUSINESS IN THEIR ROLES WITH ORGANIZATIONS THAT ARE RELATED TO THE AMERICAN CANCER SOCIETY, INC SINCE THESE ORGANIZATIONS ARE CONSIDERED RELATED ORGANIZATIONS FOR 990 PURPOSES, THE TOTAL COMPENSATION, FOR INDIVIDUALS DISCLOSED ON SCHEDULE J, PART II, FROM THE FILING ORGANIZATION AND ALL RELATED ORGANIZATIONS IS REQUIRED TO BE DISCLOSED ON SCHEDULE J, PART II THESE SAME AMOUNTS ARE ALSO REQUIRED TO BE REPORTED ON THE FORM 990'S FOR EACH RELATED ORGANIZATION THE FOLLOWING INDIVIDUALS' AVERAGE HOURS PER WEEK WORKING FOR RELATED ORGANIZATIONS ARE AS FOLLOWS AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC JOHN R SEFFRIN - 5 HOUR/WEEK CATHERINE E MICKLE - 5 HOUR/WEEK FRANK S HALE - 5 HOUR/WEEK ACS PRODUCTS, INC CATHERINE E MICKLE - 1 HOUR/WEEK FRANK S HALE - 1 HOUR/WEEK

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING GRANTS TO AFFILIATES	PART IX, LINE 24	<p>GRANTS TO AFFILIATES ARE NOT ENTIRELY ALLOCABLE TO PROGRAM SERVICES LISTED BELOW ARE RECIPIENTS OF GRANTS TO AFFILIATES THAT RECEIVED \$5,000 OR MORE. ORGANIZATION AMERICAN CANCER SOCIETY CALIFORNIA DIVISION, INC EIN 94-1170350 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$3,129,502 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC EIN 52-2340031 IRC SECTION 501(C)(4) AMOUNT OF GRANT \$14,314,227 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY EAST CENTRAL DIVISION, INC EIN 25-1798733 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$4,688,667 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY EASTERN DIVISION, INC EIN 16-0743902 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$3,256,658 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY FLORIDA DIVISION, INC EIN 59-0657320 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$1,648,757 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY GREAT LAKES DIVISION, INC EIN 38-1387120 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$1,611,714 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY GREAT WEST DIVISION, INC EIN 84-1316555 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$2,861,964 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY HAWAII PACIFIC, INC EIN 99-0073489 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$81,011 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY HIGH PLAINS DIVISION, INC EIN 74-1185665 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$3,649,944 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY ILLINOIS DIVISION, INC EIN 36-2167721 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$1,332,170 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY MIDSOUTH DIVISION, INC EIN 64-0329009 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$2,563,851 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY MIDWEST DIVISION, INC EIN 41-0724036 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$1,955,337 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY NEW ENGLAND DIVISION, INC EIN 05-0271570 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$1,816,978 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY OF PUERTO RICO, INC EIN 66-0321594 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$195,846 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY SOUTH ATLANTIC DIVISION, INC EIN 58-0659875 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$4,316,492 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY</p>

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART X, COLUMN A & COLUMN B	THE AMERICAN CANCER SOCIETY, INC (NATIONAL HOME OFFICE) IS REQUIRED TO PREPARE ITS AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR GAAP PURPOSES, THE ACTIVITIES OF ACS PRODUCTS, INC MUST BE CONSOLIDATED IN THE AUDITED FINANCIAL STATEMENTS OF THE AMERICAN CANCER SOCIETY, INC (NATIONAL HOME OFFICE), BUT ARE NOT PERMITTED TO BE CONSOLIDATED ON FORM 990 ACS PRODUCTS INC 'S PRINCIPLE PURPOSE IS TO SELL PRODUCTS IN SUPPORT OF THE AMERICAN CANCER SOCIETY, INC 'S MISSION

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART X, LINE 15	THE NATIONAL HOME OFFICE MAINTAINS A PLANNED GIVING BUSINESS UNIT (PGBU) UNDER A JOINT OPERATING AGREEMENT WITH PARTICIPATING DIVISIONS. THE PGBU IS A COOPERATIVE EFFORT THROUGH WHICH PARTICIPATING DIVISIONS USE A CENTRALLY MANAGED STAFF TO COORDINATE A SHARED PLANNED GIVING PROGRAM. THE PARTICIPATING DIVISIONS SHARE IN THE PLANNED GIVING REVENUE INCLUDING LEGACIES RECEIVABLE AND BENEFICIAL INTERESTS IN TRUSTS GENERATED THROUGH THE EFFORTS OF THE PGBU STAFF. THE COSTS OF OPERATING THE PGBU ARE FUNDED 70% BY THE PARTICIPATING DIVISIONS, AND 30% BY THE NATIONAL HOME OFFICE.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED GAIN ON INVESTMENTS \$2,579,848 NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 518,815 NET CHANGE IN RETIREMENT PLAN LIABILITY 267,196 NET DONATED SERVICES - IN-KIND 237 MISCELLANEOUS 148 ----- \$3,366,244 =====

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	PART XII, LINE 2B	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 ENTITY, 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 CONSOLIDATED 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 CONSOLIDATE ALL PARTS OF THE ORGANIZATION IN ONE SET OF FINANCIAL STATEMENTS. ALSO INCLUDED ON THE SOCIETY'S WEB SITE IS A 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 CONSOLIDATED FINANCIAL STATEMENTS, WHICH ARE AUDITED ANNUALLY BY AN INDEPENDENT ACCOUNTANT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
American Cancer Society Inc
National Home Office

Employer identification number

13-1788491

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ACS PRODUCTS INC 250 WILLIAMS STREET NW ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(C)(3)	11A	NA		
(2) ACS CANCER ACTION NETWORK 555 11TH STREET NW WASHINGTON, DC 20004 52-2340031	ELIM CANCER	GA	501(C)(4)	N/A	NA		

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK INC	B	14,314,227	
(2) ACS CANCER ACTION NETWORK INC	K	79,874	
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc
National Home Office

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
George Atkins Immediate Past Chair	5 0	X		X				0	0	0
Alan G Thorson MD FACS Immediate Past President	5 0	X		X				0	0	0
Stephen L Swanson Chair of the Board	5 0	X		X				0	0	0
Edward E Partridge MD President	5 0	X		X				0	0	0
Cynthia M LeBlanc EdD Chair elect	5 0	X		X				0	0	0
W Phil Evans MD President elect	5 0	X		X				0	0	0
Gary M Reedy Vice Chair	5 0	X		X				0	0	0
Vincent T DeVita Jr MD First Vice President	5 0	X		X				0	0	0
TIM E BYERS MD MPH Second Vice President	5 0	X		X				0	0	0
Daniel P Heist CPA Treasurer	5 0	X		X				0	0	0
Lila R Johnson RN MPH CHES Secretary	5 0	X		X				0	0	0
Briggs W Andrews Esq Director Lay	3 0	X						0	0	0
Vincent F Barbetta CLU ChFC Director Lay	3 0	X						0	0	0
Bryan K Earnest Director Lay	3 0	X						0	0	0
Allen H Henderson PhD Director Lay	3 0	X						0	0	0
Susan D Henry LCSW Director Lay	3 0	X						0	0	0
Jeffrey L Kean Director Lay	3 0	X						0	0	0
Robert R Kugler Esq Director Lay	3 0	X						0	0	0
Pamela Meyerhoffer FAHP ABC Director Lay	3 0	X						0	0	0
Linda Z Mowad RN Director Lay	3 0	X						0	0	0
Scarlott K Mueller RN MPH Director Lay	3 0	X						0	0	0
Patricia E Swanson RN Director Lay	3 0	X						0	0	0
Robert E Youle Director Lay	3 0	X						0	0	0
Ermilo Barrera Jr MD Director Medical	3 0	X						0	0	0
Patricia Bradley PhD RN Director Medical	3 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Robert K Brookland MD Director Medical	3 0	X						0	0	0
Judith E Calhoun PhD ARNP Director Medical	3 0	X						0	0	0
Carmel J Cohen MD Director Medical	3 0	X						0	0	0
Diana S Diaz RN MS Director Medical	3 0	X						0	0	0
Willie Goffney MD FACS Director Medical	3 0	X						0	0	0
Enrique Hernandez MD Director Medical	3 0	X						0	0	0
Michael E Kasper MD FACRO Director Medical	3 0	X						0	0	0
Douglas K Kelsey MD PhD Director Medical	3 0	X						0	0	0
Clement S Rose MD Director Medical	3 0	X						0	0	0
Maria J Worsham PhD FACMG Director Medical	3 0	X						0	0	0
Marjorie K Singer RN MN PhD Director at Large	3 0	X						0	0	0
William J Todd Director at Large	3 0	X						0	0	0
Sandra M Underwood RN PhD FAAN Director at Large	3 0	X						0	0	0
Haskell S Ward Director at Large	3 0	X						0	0	0
Graham A Colditz MD DrPH Director at Large	3 0	X						0	0	0
Kevin J Cullen MD Director at Large	3 0	X						0	0	0
Adnan Hammad PHD Director at Large	3 0	X						0	0	0
Maryjean Schenk MD MPH MS Director at Large	3 0	X						0	0	0
John R Seffrin Chief Executive Officer	55 0			X				628,374	57,125	78,635
Catherine E Mickle Chief Financial Officer	55 0			X				304,121	33,177	69,548
Otis Brawley Chief Medical Officer	55 0				X			391,329	0	47,074
Greg Bontrager Chief Operating Officer	55 0				X			557,212	0	355,914
Terry Music Chief Mission Officer	55 0				X			445,471	0	324,277
Joe Cahoon Executive VP Field Operations	55 0				X			404,593	0	357,815
Frank S Hale Chief Counsel	55 0				X			238,319	25,998	97,458

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Gerard J Fischer Chief Development Officer	55 0					X		295,671	0	191,590
Reuel Johnson National VP, Relay for Life	55 0					X		270,493	0	376,534
Laura Reeves Chief Talent Officer	55 0					X		265,017	0	45,300
Victor Ayers Former Chief Information Officer	55 0					X		258,133	0	115,305
Greg Donaldson National VP Corp Communicatns	55 0					X		250,951	0	132,599