AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE
FORM 990
TAX YEAR 2010

PUBLIC DISCLOSURE COPY

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 **, 20** 11

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 250 WILLIAMS STREET NW — Room/suite: 400

City or town, state or country, and ZIP + 4: ATLANTA, GA 30303

D Employer identification number 13-1788491

E Telephone number (800) 227-2345

G Gross receipts $ 729,908,302.

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? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CANCER.ORG

H(c) Group exemption number ▶ 0580

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 ▶ ☐ 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 gross 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.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	368,976,523.	352,035,141.
	9	Program service revenue (Part VIII, line 2g)	2,620,715.	1,849,560.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,245,561.	7,323,172.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,765,094.	12,811,619.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	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.
	16 a	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.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	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 — Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN

Firm's name ▶ ERNST & YOUNG U.S. LLP — Firm's EIN ▶ 34-6565596

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 [X] 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 [X] 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.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
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		X
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	X	
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
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	X	
b	Did the organization report an amount for investments—othersecurities 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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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	X	
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		X
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		X
20 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements 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)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
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		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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? *If "Yes," complete Schedule L, Part I*	25b		X
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? *If "Yes," complete Schedule L, Part II*	26		X
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? *If "Yes," complete Schedule L, Part III*	27		X
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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
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? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . X

				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, Transmittal of Wage and Tax Statements, 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?			2b	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X
b	If "Yes," enter the name of the foreign country: ▶ _____ See 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
c	If "Yes," to 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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	X
g	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	X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?			13a	
	Note. See the instructions for additional information the organization must report on Schedule O.				
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	X
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 line 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 . . . . . [X]

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	1a 43			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 43			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CATHERINE E. MICKLE, CFO 250 WILLIAMS STREET, NW ATLANTA, GA 30303
404-329-7934

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) GEORGE ATKINS IMMEDIATE PAST CHAIR	5.00	X		X				0.	0.	0.
(2) ALAN G THORSON MD FACS IMMEDIATE PAST PRESIDENT	5.00	X		X				0.	0.	0.
(3) STEPHEN L SWANSON CHAIR OF THE BOARD	5.00	X		X				0.	0.	0.
(4) EDWARD E PARTRIDGE MD PRESIDENT	5.00	X		X				0.	0.	0.
(5) CYNTHIA M LEBLANC EDD CHAIR ELECT	5.00	X		X				0.	0.	0.
(6) W PHIL EVANS MD PRESIDENT ELECT	5.00	X		X				0.	0.	0.
(7) GARY M REEDY VICE CHAIR	5.00	X		X				0.	0.	0.
(8) VINCENT T DEVITA JR MD FIRST VICE PRESIDENT	5.00	X		X				0.	0.	0.
(9) TIM E BYERS MD MPH SECOND VICE PRESIDENT	5.00	X		X				0.	0.	0.
(10) DANIEL P HEIST CPA TREASURER	5.00	X		X				0.	0.	0.
(11) LILA R JOHNSON RN MPH CHES SECRETARY	5.00	X		X				0.	0.	0.
(12) BRIGGS W ANDREWS ESQ DIRECTOR LAY	3.00	X						0.	0.	0.
(13) VINCENT F BARBETTA CLU CHFC DIRECTOR LAY	3.00	X						0.	0.	0.
(14) BRYAN K EARNEST DIRECTOR LAY	3.00	X						0.	0.	0.
(15) ALLEN H HENDERSON PHD DIRECTOR LAY	3.00	X						0.	0.	0.
(16) SUSAN D HENRY LCSW DIRECTOR LAY	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(17) JEFFREY L KEAN DIRECTOR LAY	3.00	X						0.	0.	0.
(18) ROBERT R KUGLER ESQ DIRECTOR LAY	3.00	X						0.	0.	0.
(19) PAMELA MEYERHOFFER FAHP ABC DIRECTOR LAY	3.00	X						0.	0.	0.
(20) LINDA Z MOWAD RN DIRECTOR LAY	3.00	X						0.	0.	0.
(21) SCARLOTT K MUELLER RN MPH DIRECTOR LAY	3.00	X						0.	0.	0.
(22) PATRICIA E SWANSON RN DIRECTOR LAY	3.00	X						0.	0.	0.
(23) ROBERT E YOULE DIRECTOR LAY	3.00	X						0.	0.	0.
(24) ERMILO BARRERA JR MD DIRECTOR MEDICAL	3.00	X						0.	0.	0.
(25) PATRICIA BRADLEY PHD RN DIRECTOR MEDICAL	3.00	X						0.	0.	0.
(26) ROBERT K BROOKLAND MD DIRECTOR MEDICAL	3.00	X						0.	0.	0.
(27) JUDITH E CALHOUN PHD ARNP DIRECTOR MEDICAL	3.00	X						0.	0.	0.
(28) CARMEL J COHEN MD DIRECTOR MEDICAL	3.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 3 ▶								4,309,684.	116,300.	2,192,049.
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

		Yes	No
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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
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*	5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 67

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	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.
			(i) Real / (ii) Personal				
	6a	Gross Rents	727,545.				
	b	Less: rental expenses	0.				
	c	Rental income or (loss)	727,545.				
	d	Net rental income or (loss) ▶		727,545.			727,545.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	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 REFUNDS/RESIGNATIONS	900099	8,517,303.	8,517,303.		
	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.
11 Fees for services (non-employees):				
a 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 ▶ [X] 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) Beginning of year		(B) 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)			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.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 120,158,103.			
	b	Less: accumulated depreciation	10b 87,164,683.	40,694,161.	10c	32,993,420.
	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 ▶ [X] 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 ▶ [ ] 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 . . . . . [X]

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 . . . . . [X]

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

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 [X] 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?

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. (i) listed in your governing document? Yes	No	**(v)** Did you notify the organization in col. (i) of your support? Yes	No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	No	**(vii)** Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

JSA
0E1210 3.000

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 section 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** 96.75 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . **15** 96.51 %

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 . . . . . ▶ [X]

b **33 1/3 % support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 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 organzation 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 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						
10 a 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	%

19 a **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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2010

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

Name of organization AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

Employer identification number 13-1788491

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 40,455,777.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 31,419,361.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 32,039,647.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 30,008,647.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 23,185,354.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 22,870,724.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

Employer identification number 13-1788491

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 18,562,784.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		$ 17,161,195.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		$ 18,859,198.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		$ 32,310,766.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		$ 16,558,618.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12		$ 16,476,556.	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

Employer identification number 13-1788491

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		$ 13,914,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

Employer identification number 13-1788491

Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	COSMETIC KITS	$ 13,914,000.	09/01/2010

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

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 VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of 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 on behalf of or in opposition to candidates for public office in Part IV.

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ **Yes** ☐ **No**

4a Was a correction made? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

JSA
0E1264 0.040

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group.
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
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.		
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-		

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.

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? ☐ **Yes** ☐ **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
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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) Yes	(a) No	(b) 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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?	X		454.
f	Grants to other organizations for lobbying purposes?	X		11,353,042.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		65,743.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total. Add lines 1c through 1i			11,419,239.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

GENERAL LOBBYING NARRATIVE

SCHEDULE C, PART IV

PUBLIC POLICY INITIATIVES HAVE THE POTENTIAL TO IMPACT PEOPLE TOUCHED BY CANCER. RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY SUPPORTS LIMITED LOBBYING ACTIVITIES 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
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 XI V and complete the following table:

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,232,899.	31,193,130.	20,047,847.		
b Contributions	790,819.	903,908.	14,050,122.		
c Net investment earnings, gains, and 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 y ear end balance held as:

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

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds.

Part VI **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 through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				32,993,420.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	262,802,109.
(2) PLANNED GIVING ASSETS HELD	258,577,043.
(3) BENEFICIAL INTERESTS IN TRUSTS	15,160,123.
(4) COLLATERAL RECD UNDER SEC LDNG	17,927,262.
(5) OTHER RECEIVABLES	4,170,629.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	558,637,166.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) INVESTMENTS HELD FOR AFFILIATES	670,098,655.
(3) PAYABLE UNDER SECURITIES LENDING PR	17,927,262.
(4) GIFT ANNUITY LIABILITY	25,103,513.
(5) DEFERRED RENT PAYABLE	13,912,639.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	727,042,069.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	374,019,492.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	373,462,873.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	556,619.
4	Net unrealized gains (losses) on investments	4	2,579,848.
5	Donated services and use of facilities	5	237.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	3,645,318.
9	Total adjustments (net). Add lines 4 through 8	9	6,225,403.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,782,022.

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

1	Total revenue, gains, and other support per audited financial statements			1	381,495,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	2,579,848.		
b	Donated services and use of facilities	2b	5,292,713.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	9,196,110.		
e	Add lines **2a** through **2d**			2e	17,068,671.
3	Subtract line **2e** from line **1**			3	364,426,768.
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 7b	4a	1,049,603.		
b	Other (Describe in Part XIV.)	4b	8,543,121.		
c	Add lines **4a** and **4b**			4c	9,592,724.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	374,019,492.

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

1	Total expenses and losses per audited financial statements			1	374,981,087.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	5,292,950.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	5,817,988.		
e	Add lines **2a** through **2d**			2e	11,110,938.
3	Subtract line **2e** from line **1**			3	363,870,149.
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 7b	4a	1,049,603.		
b	Other (Describe in Part XIV.)	4b	8,543,121.		
c	Add lines **4a** and **4b**			4c	9,592,724.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	373,462,873.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

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

Part XIV Supplemental Information *(continued)*

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

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ 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 **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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? . . . . . [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	598.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CAPACITY BUILDING	73,162.
(3) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CANCER SCREENING STUDY	2,888.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	38,504.
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TOBACCO CONTROL	70,816.
(6) EUROPE			PROGRAM SERVICES	MEDICAL ONCOLOGY CONF.	2,799.
(7) EUROPE			PROGRAM SERVICES	BREAST & OVARIAN CNCR	2,947.
(8) EUROPE			PROGRAM SERVICES	BREAST & PROSTATE CNCR	813.
(9) EUROPE			PROGRAM SERVICES	CAPACITY BUILDING	52,146.
(10) EUROPE			PROGRAM SERVICES	CANCER PREVENTION	2,041.
(11) EUROPE			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	60,392.
(12) EUROPE			PROGRAM SERVICES	PALLIATIVE CARE	6,070.
(13) EUROPE			PROGRAM SERVICES	RESEARCH FELLOWSHIP	2,555.
(14) EUROPE			PROGRAM SERVICES	TOBACCO CONTROL	24,275.
(15) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	81,886.
(16) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	HEALTH CONFERENCE	2,911.
(17) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	7,189.
3a Sub-total					431,992.
b Total from continuation sheets to Part I					3,442,490.
c **Totals** (add lines 3a and 3b)					3,874,482.

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

Schedule F (Form 990) 2010

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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Name of the organization AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

Employer identification number 13-1788491

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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? . . . . . [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1) NORTH AMERICA			PROGRAM SERVICES	POLICY GOVERNANCE MTG.	893.
(2) NORTH AMERICA			PROGRAM SERVICES	CANCER CONTROL	529.
(3) NORTH AMERICA			PROGRAM SERVICES	CANCER PREVENTION	2,199.
(4) NORTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	277.
(5) NORTH AMERICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	20,156.
(6) NORTH AMERICA			PROGRAM SERVICES	INTL. ECONOMIC MTG.	740.
(7) NORTH AMERICA			PROGRAM SERVICES	PALLIATIVE CARE	1,475.
(8) NORTH AMERICA			PROGRAM SERVICES	PATIENT SUPPORT	5,235.
(9) NORTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	2,550.
(10) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	10,787.
(11) SOUTH AMERICA			PROGRAM SERVICES	CANCER PREVENTION	8,012.
(12) SOUTH AMERICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	453,472.
(13) SOUTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	12,972.
(14) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	6,654.
(15) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	70,737.
(16) SUB-SAHARAN AFRICA			PROGRAM SERVICES	ERODIGESTIVE CANCERS	1,007.
(17) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PALLIATIVE CARE	6,334.
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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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

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(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	379,175.
(2) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		24,984.
(3) SUB-SAHARAN AFRICA			GRANTMAKING		371,874.
(4) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		7,500.
(5) EAST ASIA AND THE PACIFIC			GRANTMAKING		16,000.
(6) EAST ASIA AND THE PACIFIC			GRANTMAKING		50,000.
(7) EUROPE			GRANTMAKING		70,000.
(8) EUROPE			GRANTMAKING		194,508.
(9) EUROPE			GRANTMAKING		67,500.
(10) EUROPE			GRANTMAKING		50,000.
(11) NORTH AMERICA			GRANTMAKING		46,250.
(12) NORTH AMERICA			GRANTMAKING		2,500.
(13) NORTH AMERICA			GRANTMAKING		50,000.
(14) NORTH AMERICA			GRANTMAKING		5,000.
(15) SOUTH AMERICA			GRANTMAKING		288,208.
(16) SOUTH AMERICA			GRANTMAKING		53,702.
(17) SOUTH AMERICA			GRANTMAKING		2,500.
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ 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 **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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? . . . . . [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1) SOUTH ASIA			GRANTMAKING		5,000.
(2) SOUTH ASIA			GRANTMAKING		6,000.
(3) SOUTH ASIA			GRANTMAKING		2,000.
(4) SUB-SAHARAN AFRICA			GRANTMAKING		836,760.
(5) EUROPE			GRANTMAKING		299,000.
(6) EUROPE			GRANTMAKING		10,000.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2010**

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who 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 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)
(1)		MIDDLE EAST/NORTH AFRICA	TOBACCO CONTROL	15,984.	WIRE			
(2)		MIDDLE EAST/NORTH AFRICA	TOBACCO CONTROL	9,000.	WIRE			
(3)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	132,625.	WIRE			
(4)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	10,000.	WIRE			
(5)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	10,000.	WIRE			
(6)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	10,000.	WIRE			
(7)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	199,284.	WIRE			
(8)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	9,965.	WIRE			
(9)		CENT. AMERICA/CARIBBEAN	BEST PRACTICE AWD	7,500.	WIRE			
(10)		EAST ASIA/PACIFIC	CAPACITY BUILDING	11,000.	WIRE			
(11)		EAST ASIA/PACIFIC	TOBACCO CONTROL	20,000.	WIRE			
(12)		EAST ASIA/PACIFIC	TOBACCO CONTROL	10,000.	WIRE			
(13)		EAST ASIA/PACIFIC	TOBACCO CONTROL	10,000.	WIRE			
(14)		EUROPE/ICELAND/GREENLAND	CANCER PREVENTION	13,000.	WIRE			
(15)		EUROPE/ICELAND/GREENLAND	CANCER PREVENTION	57,000.	CHECK			
(16)		EUROPE/ICELAND/GREENLAND	MAMMOGRAPHIC SCREENING	100,068.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who 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 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)
(1)		EUROPE/ICELAND/GREENLAND	MAMMOGRAPHIC SCREENING	45,800.	WIRE			
(2)		EUROPE/ICELAND/GREENLAND	MAMMOGRAPHIC SCREENING	48,640.	WIRE			
(3)		EUROPE/ICELAND/GREENLAND	GLOBAL CANCER ADVOC	50,000.	WIRE			
(4)		EUROPE/ICELAND/GREENLAND	GLOBAL CANCER ADVOC	17,500.	WIRE			
(5)		EUROPE/ICELAND/GREENLAND	SPONSORSHIP NCD SUMMIT	50,000.	WIRE			
(6)		NORTH AMERICA	GLOBAL CANCER ADVOC	35,000.	WIRE			
(7)		NORTH AMERICA	GLOBAL CANCER ADVOC	11,250.	WIRE			
(8)		NORTH AMERICA	BREAST CANC SCORE CARD	50,000.	WIRE			
(9)		SOUTH AMERICA	GLOBAL CANCER ADVOC	96,973.	WIRE			
(10)		SOUTH AMERICA	GLOBAL CANCER ADVOC	30,000.	WIRE			
(11)		SOUTH AMERICA	GLOBAL CANCER ADVOC	10,000.	WIRE			
(12)		SOUTH AMERICA	GLOBAL CANCER ADVOC	79,375.	WIRE			
(13)		SOUTH AMERICA	GLOBAL CANCER ADVOC	12,500.	WIRE			
(14)		SOUTH AMERICA	GLOBAL CANCER ADVOC	7,500.	WIRE			
(15)		SOUTH AMERICA	GLOBAL CANCER ADVOC	9,990.	WIRE			
(16)		SOUTH AMERICA	GLOBAL CANCER ADVOC	9,970.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who 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 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)
(1)		SOUTH AMERICA	GLOBAL CANCER ADVOC	10,000.	WIRE			
(2)		SOUTH AMERICA	GLOBAL CANCER ADVOC	30,000.	WIRE			
(3)		SOUTH AMERICA	GLOBAL CANCER ADVOC	9,400.	WIRE			
(4)		SOUTH AMERICA	PATIENT NAVIGATION	18,702.	WIRE			
(5)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	78,131.	WIRE			
(6)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	176,835.	WIRE			
(7)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	210,162.	WIRE			
(8)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	196,218.	WIRE			
(9)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	24,824.	WIRE			
(10)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	14,970.	WIRE			
(11)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	21,000.	WIRE			
(12)		SUB-SAHARAN AFRICA	TOBACCO CONTROL	105,000.	WIRE			
(13)		SOUTH AMERICA	GLOBAL CANCER ADVOC	10,000.	WIRE			
(14)		EUROPE/ICELAND/GREENLAND	CONFERENCE LUNG CANCER	10,000.	WIRE			
(15)		EUROPE/ICELAND/GREENLAND	INT'L FELLOWSHIP	299,000.	WIRE			
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 44.

3 Enter total number of other organizations or entities . . . . . ▶ 3.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	[ ] Yes	[X] 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	[X] 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	[X] 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	[X] 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	[X] No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [ ] In-person solicitations
- e [X] Solicitation of non-government grants
- f [X] Solicitation of government grants
- g [ ] Special fundraising events

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? [X] **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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
1 ASPEN MARKETING SERVICES, INC.	FUNDRAISING COUNSEL		X	0.	144,898.	0.
2 CASWELL ZACHARY GRIZZARD	FUNDRAISING COUNSEL		X	0.	670,739.	0.
3 CHARITY DYNAMICS, INC.	FUNDRAISING COUNSEL		X	0.	414,944.	0.
4 INFOCISION MGMT CORP (SEE SCHEDULE G, PART IV)	PROF. FUNDRAISER		X	4,700,438.	4,565,801.	134,637.
5 MERKLE GROUP, INC. (SEE SCHEDULE G, PART IV)	FUNDRAISING COUNSEL		X	3,790,607.	1,064,577.	2,726,030.
6 PARADYSZ MATERA	FUNDRAISING COUNSEL		X	5,779,407.	1,100,711.	4,678,696.
7						
8						
9						
10						
Total ▶				14,270,452.	7,961,670.	7,539,363.

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (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 Noncash 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 line 3, column (d), and line 10 ▶				

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

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

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: _____

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

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

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

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

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

Name of the organization: AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

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? . . . . . [X] 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 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
(1) ACCESS COMMUNITY HEALTH & RESRCH CTR 2651 SAULINO COURT DEARBORN, MI 48120	23-7444497	501(C)(3)	10,000.				CONFERENCE SPONSORSHIP
(2) ACTION ON SMOKING AND HEALTH 701 4TH ST NW 3RD FL WASHINGTON, DC 20001	13-2603590	501(C)(3)	7,500.				FRAMEWORK CONVENTION ALLIANCE
(3) ADVOCATE CHARITABLE FOUNDATION 205 W TOUHY AV STE 225 PARK RIDGE, IL 60068	36-3297360	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(4) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)(3)	1,401,000.				RESEARCH SCHOLAR GRANT
(5) AMER COLLEGE OF PREVENTIVE MEDICINE 455 MASSCHTS AV NW 200 WASHINGTON, DC 20001	23-1722119	501(C)(3)	6,000.				ACPM SPONSORSHIP
(6) AMERICAN ASSOC FOR CANCER RSRC 615 CHESTNUT 17TH FL PHILADELPHIA, PA 19106	23-3100004	501(C)(3)	17,631.				AACR SPONSORSHIP
(7) AMERICAN COLLEGE OF SURGEONS PO BOX 92425 CHICAGO, IL 60675	36-2192800	501(C)(3)	774,847.				CANCER LIAISON PROGRAM
(8) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	231,345.				PREVENTIVE HEALTH PARTNERSHIP
(9) ASCO 2318 MILL ROAD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	8,670.				CANCER PREVENTION AND MANAGEMENT
(10) ASPEN CANCER CONFERENCE INC 4383 MEDICAL DRIVE SAN ANTONIO, TX 78229	52-1746776	501(C)(3)	15,000.				SPONSORSHIP
(11) BD OF REG OF THE UNIV OF WISCONSIN 21 NORTH PARK ST STE 6401 MADISON, WI 53715	39-1805963	501(C)(3)	770,407.				MASTERS SOCIAL WORK
(12) 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

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

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 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
(1) BETH ISRAEL DEACONESS MED CTR 330 BROOKLINE AVE, E BR 259 BOSTON,MA 02215	04-2103881	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(2) BETH ISRAEL MEDICAL CENTER 555 W 57TH ST 18TH FLOOR NEW YORK, NY 10019	13-5564934	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(3) BOSTON MEDICAL CENTER 660 HARRISON AVE, GAMBRO 2 BOSTON, MA 02118	04-3314093	501(C)(3)	300,000.				PHYSICIAN TRAINING AWARD
(4) BRIGHAM AND WOMENS HOSPITAL 75 FRANCI STREET BOSTON, MA 02115	04-2312909	501(C)(3)	2,170,000.				RESEARCH SCHOLAR GRANT
(5) C CHANGE 1776 EYE ST NW STE 900 WASHINGTON, DC 20006	16-1641769	501(C)(3)	500,000.				CANCER CONTROL INITIATIVES
(6) CAMPAIGN FOR TOBACCO FREE KIDS 1400 I ST NW STE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	530,000.				SMOKING PREVENTION AND CESSATION
(7) CANCERCARE 275 SEVENTH AVE NEW YORK, NY 10001	13-1825919	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(8) CANCERCARE OF LONG ISLAND 20 CROSSWAYS PARK NORTH WOODBURY, NY 11797	13-1825919	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(9) CARNEGIE INST OF WASHINGTON 1530 P STREET NW WASHINGTON, DC 20005	53-1096523	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(10) CASE WESTERN RESERVE UNIV 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	1,672,000.				RESEARCH SCHOLAR GRANT
(11) CASEY MAGUIRE PHD (MA GENERAL HOSPITAL) 13TH STREET CHARLESTON, MA 02129	04-1564655	501(C)(3)	48,000.				POSTDOCTORAL FELLOWSHIP
(12) CEDARS SINAI MEDICAL CENTER 6500 WILSHIRE BVD#1150 LOS ANGELES,CA 90048	95-1644600	501(C)(3)	400,000.				CANCER CONTROL GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

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 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
(1) CHILDRENS HOSP MED CTR 3333 BURNET AV ML 4900 CINCINNATI, OH 45229	31-0833936	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(2) CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	870,000.				RESEARCH SCHOLAR GRANT
(3) CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET ML STOP 97 LOS ANGELES,CA 90027	95-1690977	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(4) CHILDRENS RESEARCH INSTITUTE 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1654453	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(5) CITY UNIV OF NEW YORK 365 FIFTH AVE NEW YORK, NY 10016	13-1988190	501(C)(3)	20,000.				DOCTORAL SOCIAL WORK
(6) COLD SPRING HARBOR LABORATORY PO BOX 100 COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	379,000.				POSTDOCTORAL FELLOWSHIP
(7) CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000.				ASCO ANNUAL MEETING
(8) CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(9) DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	1,290,000.				RESEARCH SCHOLAR GRANT
(10) DUKE UNIVERSITY 2200 W MAIN ST STE 300 DURHAM, NC 27701	56-2070036	501(C)(3)	1,885,500.				RESEARCH SCHOLAR GRANT
(11) EASTERN VIRGINIA MEDICAL CENTER 721 FAIRFAX AVE NORFOLK, VA 23507	54-1465574	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(12) EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FL ATLANTA, GA 30322	58-0566256	501(C)(3)	942,656.				RESEARCH SCHOLAR GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

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 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
(1) FLORIDA INTL UNIVERSITY 11200 SW 8TH ST MIAMI, FL 33199	23-7047106	501(C)(3)	98,000.				POSTDOCTORAL FELLOWSHIP
(2) FORDHAM UNIVERSITY 441 E FORDHAM RD FMH 536 BRONX, NY 10458	13-1740451	501(C)(3)	40,000.				DOCTORAL SOCIAL WORK
(3) FRED HUTCHINSON CANCER RSCH 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(4) FRIENDS OF CANCER RESEARCH 2231 CRYSTAL DR STE 200 ARLINGTON, VA 22202	52-1983273	501(C)(3)	7,500.				CANCER RESEARCH STRATEGIES
(5) GEORGE WASHINGTON UNIVERSITY 44983 KNOLL SQUARE ASHBURN, VA 20147	53-0196584	501(C)(3)	128,220.				CISNET GRANT
(6) GEORGETOWN UNIVERSITY 37TH & O STREETS NW WASHINGTON, DC 20007	52-2299950	501(C)(3)	108,000.				RESEARCH SCHOLAR GRANT
(7) GROUP HEALTH COOPERATIVE PO BOX 34587 SEATTLE, WA 98124	91-0511770	501(C)(3)	859,915.				RESEARCH SCHOLAR GRANT
(8) H LEE MOFFITT CANCER CENTER & RESEARCH INST 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	3,965,000.				RESEARCH SCHOLAR GRANT
(9) HEALTH RESEARCH INC PO 2966 BUFFALO, NY 14263	14-1402155	501(C)(3)	732,000.				RESEARCH SCHOLAR GRANT
(10) HOSPARUS INC 3532 EPHRAIM MCDWLL DR LOUISVILLE, KY 40205	61-0921718	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(11) HOSPICE OF THE BLUEGRASS 2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504	61-1317442	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(12) INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 46266	35-1990726	501(C)(3)	122,000.				POSTDOCTORAL FELLOWSHIP

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

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

Schedule I (Form 990) (2010)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

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 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
(1) INSTITUTE FOR CANCER RESEARCH 604 COTTMAN AVE CHELTENHAM, PA 19012	23-6296135	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(2) INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE DALLAS, TX 75231	75-2605363	501(C)(3)	28,000.				SPONSORSHIP
(3) JOHNS HOPKINS UNIVERSITY 525 N WOLFE ST BALTIMORE, MD 21205	52-0595110	501(C)(3)	2,195,000.				RESEARCH SCHOLAR GRANT
(4) LOYOLA UNIV CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(5) LSU HEALTH SCIENCES CENTER 1501 KINGS HIGHWAY SHREVEPORT, LA 71103	72-1402222	501(C)(3)	160,130.				RESEARCH SCHOLAR GRANT
(6) MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	20,000.				CANCER NURSING SCHOLARSHIPS
(7) MASS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	600,000.				POSTDOCTORAL FELLOWSHIP
(8) MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-2697983	501(C)(3)	2,604,000.				RESEARCH SCHOLAR GRANT
(9) MAYO CLINIC ROCHESTER PO BOX 4006 ROCHESTER, MN 55905	41-1937751	501(C)(3)	734,500.				RESEARCH SCHOLAR GRANT
(10) MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	1,080,000.				RESEARCH SCHOLAR GRANT
(11) MERCY MEDICAL CENTER INC 227 ST PAUL PLACE 6TH FL BALTIMORE,MD 21202	52-0591658	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(12) MICHIGAN STATE UNIV 301 ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501(C)(3)	671,000.				RESEARCH SCHOLAR GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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NATIONAL HOME OFFICE

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(1) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW ATLANTA, GA 30310	58-1438873	501(C)(3)	7,500.				MASTERS SOCIAL WORK
(2) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L LEVY PL #4500 NEW YORK,NY 10029	13-6171197	501(C)(3)	2,432,000.				RESEARCH SCHOLAR GRANT
(3) NATIONAL ASSOC OF CHRONIC DISEASE DIRECTORS 2872 WOODCOCK BL STE 220 ATLANTA, GA 30341	73-1328414	501(C)(3)	10,000.				SPONSORSHIP
(4) NATIONAL CANCER INSTITUTE 6130 EXCTV BL EPNRM 4005 ROCKVILLE,MD 20892	52-0858115	GOVT.	100,000.				MEDICAL EXPENDITURE PANEL SURVEY
(5) NEVADA CANCER INSTITUTE ONE BREAKTHROUGH WAY LAS VEGAS, NV 89135	04-3632553	501(C)(3)	180,000.				RESEARCH SCHOLAR GRANT
(6) NEW YORK UNIV SCHOOL OF MED 665 BROADWAY NEW YORK, NY 10016	13-5562309	501(C)(3)	1,020,000.				RESEARCH SCHOLAR GRANT
(7) NEW YORK UNIVERSITY 726 BROADWAY NEW YORK, NY 10003	13-5562308	501(C)(3)	52,000.				POSTDOCTORAL FELLOWSHIP
(8) NORTH CAROLINA STATE UNIV 2701 SULLIVAN DR STE 240 RALEIGH, NC 27695	56-6000756	SECTION 115	720,000.				RESEARCH SCHOLAR GRANT
(9) NORTHSHORE UNIVERSITY HOSPITAL 1301 CENTRAL STREET EVANSTON, IL 60201	36-2167060	501(C)(3)	5,037.				NIH GRANT
(10) NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR 7TH FL CHICAGO,IL 60610	36-2167817	501(C)(3)	650,000.				RESEARCH SCHOLAR GRANT
(11) OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6401599	501(C)(3)	870,000.				RESEARCH SCHOLAR GRANT
(12) OREGON HEALTH AND SCIENCE UNIV 690 SW BANCROFT ST PORTLAND, OR 97239	93-1176109	501(C)(3)	239,454.				POSTDOCTORAL FELLOWSHIP

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3 Enter total number of other organizations . . . . . ▶

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Schedule I (Form 990) (2010)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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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 General Information on Grants and Assistance

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Part II Grants and Other Assistance to Governments and Organizations in the United States.

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(1) OREGON HEALTH POLICY & RESEARCH PO BOX 14006 SALEM, OR 97309	93-1116395	GOVT.	820,000.				RESEARCH SCHOLAR GRANT
(2) OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339	48-1278540	GOVT.	720,000.				RESEARCH SCHOLAR GRANT
(3) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	850,000.				CASE MANAGEMENT
(4) PONCE SCHOOL OF MEDICINE PO BOX 7004 PONCE, PR 00732	66-0379122	501(C)(3)	84,000.				RESEARCH SCHOLAR GRANT
(5) PRESIDENT AND FELLOWS OF HARVARD PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	402,000.				POSTDOCTORAL FELLOWSHIP
(6) PURDUE UNIVERSITY 201 S UNIVERSITY WEST LAFAYETTE, IN 47901	35-6002041	501(C)(3)	180,000.				RESEARCH SCHOLAR GRANT
(7) REGENTS OF CALIFORNIA 1400 BIOLOGICAL SCIENCE III IRVINE,CA 92697	95-2226406	501(C)(3)	2,280,000.				RESEARCH SCHOLAR GRANT
(8) REGENTS OF THE UNIV OF CA 2195 HEARST AVE 130 BERKELEY, CA 94720	94-6002123	501(C)(3)	1,420,000.				RESEARCH SCHOLAR GRANT
(9) REGENTS OF THE UNIV OF CA 9500 GILMAN MAIL CD 0009 SAN DIEGO,CA 92093	95-6006143	501(C)(3)	1,587,000.				RESEARCH SCHOLAR GRANT
(10) REGENTS OF THE UNIV OF CALIF 1855 FOLSOM ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	1,072,000.				POSTDOCTORAL FELLOWSHIP
(11) REGENTS OF THE UNIV OF CALIF 1125 MURPHY HL #951432 LOS ANGELES,CA 90095	95-6006143	501(C)(3)	492,000.				RESEARCH SCHOLAR GRANT
(12) REGENTS OF THE UNIV OF MICH 3003 S STATE ST RM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	4,674,000.				RESEARCH SCHOLAR GRANT

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3 Enter total number of other organizations . . . . . ▶

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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NATIONAL HOME OFFICE

Employer identification number: 13-1788491

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) REGENTS OF THE UNIV OF MN PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	GOVT.	110,350.				POSTDOCTORAL FELLOWSHIP
(2) RESEARCH FOUNDATION OF SUNY P O BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	1,620,000.				RESEARCH SCHOLAR GRANT
(3) RESEARCH!AMERICA PO BOX 222451 CHANTILLY, VA 20153	52-1609875	501(C)(3)	10,000.				SPONSORSHIP
(4) ROSWELL PARK CANCER INSTITUTE ELM & CARLTON STREETS BUFFALO, NY 14263	16-1552370	SECTION 115	729,000.				RESEARCH SCHOLAR GRANT
(5) SALK INST FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	402,000.				POSTDOCTORAL FELLOWSHIP
(6) SANFORD-BURNHAM MEDICAL 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	1,590,000.				RESEARCH SCHOLAR GRANT
(7) SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PNS TPC 7 LA JOLLA, CA 92037	33-0435954	501(C)(3)	300,000.				POSTDOCTORAL FELLOWSHIP
(8) SLOAN KETTERING INSTITUTE PO BOX 026338 NEW YORK, NY 10087	13-1924236	501(C)(3)	2,042,000.				RESEARCH SCHOLAR GRANT
(9) 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
(10) SOUTH CAROLINA RESEARCH FDN 901 SUMTER ST COLUMBIA, SC 29208	57-0967350	501(C)(3)	104,000.				POSTDOCTORAL FELLOWSHIP
(11) ST JUDE CHILDRENS RESRCH HOSP PO BOX 1000 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	1,411,000.				RESEARCH SCHOLAR GRANT
(12) STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	982,000.				RESEARCH SCHOLAR GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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Part II Grants and Other Assistance to Governments and Organizations in the United States.

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(1) STATE UNIVERSITY OF NY ALBANY PO BOX 9 ALBANY, NY 12201	14-1599643	501(C)(3)	707,000.				RESEARCH SCHOLAR GRANT
(2) STOWERS INSTITUTE FOR MED RSCH P O BOX 412411 KANSAS CITY, MO 64141	43-1684454	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(3) SUTTER WEST BAY HSPTLS DBA CA PACIFIC MD CT 2200 WEBSTER ST #511 SAN FRANCISCO,CA 94115	94-0562680	501(C)(3)	15,000.				SPONSORSHIP
(4) TEXAS A&M UNIVERSITY RESEARCH FOUNDATION PO BOX 201918 DALLAS, TX 75320	74-2648747	GOVT.	718,000.				RESEARCH SCHOLAR GRANT
(5) THE BOARD OF REG OF UNIV WISCONSIN 21 N PARK ST STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	1,630,000.				RESEARCH SCHOLAR GRANT
(6) THE CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	52,000.				POSTDOCTORAL FELLOWSHIP
(7) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST RM 528 PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	519,000.				INSTITUTIONAL RESEARCH GRANT
(8) TRUSTEES OF BOSTON UNIVERSITY 25 BUICK ST BOSTON, MA 02215	04-2103547	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(9) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD 6210 HANOVER, NH 03755	02-0222111	501(C)(3)	81,510.				RESEARCH SCHOLAR GRANT
(10) TRUSTEES OF PRINCETON UNIV 5 NEW SOUTH BUILDING PRINCETON, NJ 08544	21-0634501	501(C)(3)	180,000.				POSTDOCTORAL FELLOWSHIP
(11) TRUSTEES OF THE UNIV OF PENN 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,673,000.				RESEARCH SCHOLAR GRANT
(12) TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	04-2103634	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) TUFTS UNIVERSITY 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	730,000.				RESEARCH SCHOLAR GRANT
(2) UNIV OF ALABAMA AT BIRMINGHAM 701 20TH ST S AD BL 990 BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	1,062,000.				RESEARCH SCHOLAR GRANT
(3) UNIV OF ARIZONA FRS #426600 PO BOX 3520 TUCSON, AZ 85722	74-2652689	SECTION 115	330,000.				MASTERS SOCIAL WORK
(4) UNIV OF ARKANSAS FOR MED SCIENCES 4301 WEST MARKHAM LITTLE ROCK, AR 72205	71-6003252	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(5) UNIV OF CHICAGO 1427 E 60TH ST STE 120 CHICAGO, IL 60637	36-2177139	501(C)(3)	1,940,000.				RESEARCH SCHOLAR GRANT
(6) UNIV OF COLORADO PO BOX 238 DENVER, CO 80291	84-6000555	501(C)(3)	300,000.				POSTDOCTORAL FELLOWSHIP
(7) UNIV OF CONNECTICUT HLTH CTR 263 FARMINGTON AVE FARMINGTON, CT 06030	23-7187838	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(8) UNIV OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(9) UNIV OF GEORGIA RESEARCH FDN 475 N LUMPKIN ST ATHENS, GA 30602	58-1353149	501(C)(3)	467,000.				RESEARCH SCHOLAR GRANT
(10) UNIV OF ILLINOIS PO BOX 4610 SPRINGFIELD, IL 62708	31-6000511	501(C)(3)	870,000.				POSTDOCTORAL FELLOWSHIP
(11) UNIV OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	2,915,000.				RESEARCH SCHOLAR GRANT
(12) UNIV OF KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)(3)	914,000.				RESEARCH SCHOLAR GRANT

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Department of the Treasury
Internal Revenue Service

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(1) UNIV OF LOUISVILLE RESEARCH FOUNDATION INC SERVICE COMPLEX 2ND FL LOUISVILLE, KY 40292	61-1029626	501(C)(3)	617,000.				RESEARCH SCHOLAR GRANT
(2) UNIV OF MARYLAND BALTIMORE 220 ARCH ST, RM 02 128 BALTIMORE, MD 21201	31-1678679	501(C)(3)	55,000.				CANCER NURSING SCHOLARSHIPS
(3) UNIV OF MARYLAND COLLEGE PARK 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	1,618,000.				RESEARCH SCHOLAR GRANT
(4) UNIV OF MASSACHUSETTS 55 LAKE AVE NORTH WORCHESTER, MA 01655	04-6014838	501(C)(3)	1,041,000.				PALLIATIVE CARE INITIATIVE
(5) UNIV OF MIAMI PO BOX 025405 MIAMI, FL 33102	59-0624458	501(C)(3)	774,000.				RESEARCH SCHOLAR GRANT
(6) UNIV OF MIAMI SCHL OF MEDICINE 1120 NW 14TH STREET MIAMI, FL 33136	59-0624458	501(C)(3)	10,500.				CAREER DEVELOPMENT AWARD
(7) UNIV OF MISSOURI KANSAS CITY 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	501(C)(3)	7,200.				SPONSORSHIP
(8) UNIV OF NC AT CHAPEL HILL 104 AIRPORT DR #2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	2,547,958.				RESEARCH SCHOLAR GRANT
(9) UNIV OF NEW MEXICO 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	547,841.				RESEARCH SCHOLAR GRANT
(10) UNIV OF NOTRE DAME 836 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(11) UNIV OF OREGON P O BOX 3237 EUGENE, OR 97403	43-6015767	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(12) UNIV OF PITTSBURGH 3100 CTHDL LRNG #371220 PITTSBURGH,PA 15213	25-0965591	501(C)(3)	1,616,000.				RESEARCH SCHOLAR GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

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 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
(1) UNIV OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 32886	59-0879015	501(C)(3)	50,000.				DOCTORAL NURSING
(2) UNIV OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST#102 LOS ANGELES,CA 90089	95-1642394	501(C)(3)	2,160,000.				RESEARCH SCHOLAR GRANT
(3) UNIV OF TENNESSEE 210 STUDENT SERVICES BLD KNOXVILLE,TN 37996	62-1844686	501(C)(3)	40,000.				DOCTORAL SOCIAL WORK
(4) UNIV OF TEXAS 7000 FANNIN ST UCT-1733 HOUSTON, TX 77030	74-1769336	501(C)(3)	30,000.				DOCTORAL NURSING
(5) UNIV OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-1587488	501(C)(3)	2,502,000.				RESEARCH SCHOLAR GRANT
(6) UNIV OF TEXAS HEALTH 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-2586219	501(C)(3)	732,917.				RESEARCH SCHOLAR GRANT
(7) UNIV OF TEXAS HEALTH SCIENCE PO BOX 203382 HOUSTON, TX 77216	74-1769336	501(C)(3)	720,000.				CANCER NURSING SCHOLARSHIPS
(8) UNIV OF TEXAS MD ANDERSON PO BOX 4390 HOUSTON, TX 77210	74-6035669	501(C)(3)	3,964,000.				RESEARCH SCHOLAR GRANT
(9) UNIV OF UTAH 201 PRSDNTS CR #406 SALT LAKE CITY,UT 84112	23-7112869	501(C)(3)	498,000.				POSTDOCTORAL FELLOWSHIP
(10) UNIV OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001795	501(C)(3)	900,000.				MASTERS/DOCTORAL NURSING
(11) UNIV OF VT & STATE AG COLLEGE 85 S PROSPECT ST BURLINGTON, VT 05405	03-0179440	501(C)(3)	131,666.				INSTITUTIONAL RESEARCH GRANT
(12) UNIV OF WASHINGTON BOX 356410 SEATTLE, WA 98195	91-1486484	GOVT.	109,000.				POSTDOCTORAL FELLOWSHIP

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

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 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
(1) UNIVERSITY MEDICAL CENTER 3838 N CAMPBELL AVE TUCSON, AZ 85719	86-0492210	501(C)(3)	12,000.				MASTERS SOCIAL WORK
(2) UNIVERSITY OF ALABAMA BOX 870136 TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	40,000.				DOCTORAL SOCIAL WORK
(3) UT SOUTHWESTERN MED CTR DALLAS PO BOX 841753 DALLAS, TX 75284	75-6042147	GOVT.	1,939,000.				RESEARCH SCHOLAR GRANT
(4) VANDERBILT UNIVERSITY MED CTR 719 THOMPSON LANE NASHVILLE, TN 37232	62-0476822	501(C)(3)	452,000.				POSTDOCTORAL FELLOWSHIP
(5) VILLANOVA UNIVERSITY 800 LANCASTER AVE VILLANOVA, PA 19085	23-1352688	501(C)(3)	30,000.				DOCTORAL NURSING
(6) VIRGINIA COMMONWEALTH UNIV PO BOX 843039 RICHMOND, VA 23284	54-6001758	SECTION 115	282,000.				INSTITUTIONAL RESEARCH GRANT
(7) WASHINGTON STATE UNIVERSITY PO BOX 641039 PULLMAN, WA 99164	91-6001108	501(C)(3)	30,000.				DOCTORAL NURSING
(8) WASHINGTON UNIVERSITY CMP BX 1034, 700 ROSEDALE ST LOUIS,MO 63112	43-6401888	501(C)(3)	1,995,000.				RESEARCH SCHOLAR GRANT
(9) WAYNE STATE UNIVERSITY 5057 WOODWARD 13TH FLOOR DETROIT, MI 48202	38-6028429	501(C)(3)	360,000.				RESEARCH SCHOLAR GRANT
(10) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(11) YALE UNIVERSITY 47 COLLEGE ST STE 216 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	1,063,000.				RESEARCH SCHOLAR GRANT
(12)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 155.

3 Enter total number of other organizations . . . . . ▶ 0.

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

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

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.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

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

- 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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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.			
	[ ] First-class or charter travel			
	[ ] Travel for companions			
	[ ] Tax indemnification and gross-up payments			
	[ ] Discretionary spending account			
	[ ] Housing allowance or residence for personal use			
	[ ] Payments for business use of personal residence			
	[ ] Health or social club dues or initiation fees			
	[ ] Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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.			
	[X] Compensation committee			
	[X] Independent compensation consultant			
	[ ] Form 990 of other organizations			
	[ ] Written employment contract			
	[X] Compensation survey or study			
	[X] Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

Schedule J (Form 990) 2010

JSA
0E1290 1.000

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	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL 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:

Part III Supplemental Information

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

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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ 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 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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total . . . . . ▶ $										

Part III Grants or Assistance Benefiting 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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

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		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

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 noncash 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		13,914,000.	COST/SELLING PRICE
26	Other ▶(WIGS)	X		1,844,199.	COST/SELLING PRICE
27	Other ▶(T-SHIRTS)	X		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 . . . . . **29** 0.

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

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

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

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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

DONATED SERVICES

PART III, LINES 4A-4D

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

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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.

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.

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

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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.

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.

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

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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.

OFFICERS & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

PART VI, LINES 15A & 15B

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:

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

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(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;

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(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.

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.

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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

SUPPLEMENTAL INFORMATION REGARDING GRANTS TO AFFILIATES

PART IX, LINE 24

GRANTS TO AFFILIATES ARE NOT ENTIRELY ALLOCABLE TO PROGRAM SERVICES.

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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

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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

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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

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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

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

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PRINCIPLE PURPOSE IS TO SELL PRODUCTS IN SUPPORT OF THE AMERICAN CANCER SOCIETY, INC.'S MISSION.

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.

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

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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.

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ATTACHMENT 1

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

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

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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,

ATTACHMENT 3

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES
(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A)NAME AND TITLE	(B)HOURS	(C)POSITION (1)(2)(3)(4)(5)(6)	COMPENSATION FROM (D)ORG.	(E)REL. ORG.	(F)OTHER
29 DIANA S DIAZ RN MS DIRECTOR MEDICAL	3.00	X	0.	0.	0.
30 WILLIE GOFFNEY MD FACS DIRECTOR MEDICAL	3.00	X	0.	0.	0.
31 ENRIQUE HERNANDEZ MD DIRECTOR MEDICAL	3.00	X	0.	0.	0.
32 MICHAEL E KASPER MD FACRO DIRECTOR MEDICAL	3.00	X	0.	0.	0.
33 DOUGLAS K KELSEY MD PHD DIRECTOR MEDICAL	3.00	X	0.	0.	0.
34 CLEMENT S ROSE MD DIRECTOR MEDICAL	3.00	X	0.	0.	0.
35 MARIA J WORSHAM PHD FACMG DIRECTOR MEDICAL	3.00	X	0.	0.	0.
36 MARJORIE K SINGER RN MN PHD DIRECTOR AT LARGE	3.00	X	0.	0.	0.
37 WILLIAM J TODD DIRECTOR AT LARGE	3.00	X	0.	0.	0.
38 SANDRA M UNDERWOOD RN PHD FAAN					

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ATTACHMENT 3 (CONT'D)

	DIRECTOR AT LARGE	3.00	X		0.	0.	0.
39	HASKELL S WARD						
	DIRECTOR AT LARGE	3.00	X		0.	0.	0.
40	GRAHAM A COLDITZ MD DRPH						
	DIRECTOR AT LARGE	3.00	X		0.	0.	0.
41	KEVIN J CULLEN MD						
	DIRECTOR AT LARGE	3.00	X		0.	0.	0.
42	ADNAN HAMMAD PHD						
	DIRECTOR AT LARGE	3.00	X		0.	0.	0.
43	MARYJEAN SCHENK MD MPH MS						
	DIRECTOR AT LARGE	3.00	X		0.	0.	0.
44	JOHN R SEFFRIN						
	CHIEF EXECUTIVE OFFICER	55.00		X	628,374.	57,125.	78,635.
45	CATHERINE E MICKLE						
	CHIEF FINANCIAL OFFICER	55.00		X	304,121.	33,177.	69,548.
46	OTIS BRAWLEY						
	CHIEF MEDICAL OFFICER	55.00		X	391,329.	0.	47,074.
47	GREG BONTRAGER						
	CHIEF OPERATING OFFICER	55.00		X	557,212.	0.	355,914.
48	TERRY MUSIC						
	CHIEF MISSION OFFICER	55.00		X	445,471.	0.	324,277.
49	JOE CAHOON						
	EXECUTIVE VP FIELD OPERATIONS	55.00		X	404,593.	0.	357,815.
50	FRANK S HALE						
	CHIEF COUNSEL	55.00		X	238,319.	25,998.	97,458.
51	GERARD J FISCHER						
	CHIEF DEVELOPMENT OFFICER	55.00		X	295,671.	0.	191,590.
52	REUEL JOHNSON						
	NATIONAL VP, RELAY FOR LIFE	55.00		X	270,493.	0.	376,534.
53	LAURA REEVES						
	CHIEF TALENT OFFICER	55.00		X	265,017.	0.	45,300.
54	VICTOR AYERS						
	FORMER CHIEF INFORMATION OFFCR	55.00		X	258,133.	0.	115,305.
55	GREG DONALDSON						
	NATIONAL VP CORP COMMUNICTNS	55.00		X	250,951.	0.	132,599.

ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	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.

Name of the organization AMERICAN CANCER SOCIETY, INC.
NATIONAL HOME OFFICE

Employer identification number
13-1788491

ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CONVIO INC PO BOX 671445 DALLAS, TX 75267-1445	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.
TOTAL COMPENSATION		18,845,986.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 entity? Yes	No
(1) ACS PRODUCTS, INC. 02-0651055 250 WILLIAMS STREET, NW ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	11A	N/A	X	
(2) ACS CANCER ACTION NETWORK 52-2340031 555 11TH STREET, NW WASHINGTON, DC 20004	ELIM. CANCER	GA	501(C)(4)	N/A	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2010

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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 of this schedule.

			Yes	No
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 or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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.	FMV
(2)	ACS CANCER ACTION NETWORK, INC.	K	79,874.	FMV
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII **Supplemental Information**

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