

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  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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) Room/suite 250 Williams Street NW City or town, state or country, and ZIP + 4 Atlanta, GA 30303 <b>F</b> Name and address of principal officer Dr John Seffrin 250 Williams Street NW Atlanta, GA 30303	<b>D</b> Employer identification number 13-1788491 <b>E</b> Telephone number (800) 227-2345 <b>G</b> Gross receipts \$ 1,709,013,019 <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 0580
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ www.cancer.org		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1922 <b>M</b> State of legal domicile NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	43
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	43
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	1,522
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	3,000,000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	51,145
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	45,030
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	352,035,141	350,778,337
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	1,849,560	2,894,410
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	7,323,172	10,458,719
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,811,619	12,154,989
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	374,019,492	376,286,455
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	113,106,262	114,604,921
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	92,142,421	102,093,063
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	7,961,670	2,325,789
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 47,394,776		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	160,252,520	189,873,037
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	373,462,873	408,896,810
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	556,619	-32,610,355
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	1,521,867,801	1,749,234,420
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	996,767,119	1,249,696,433
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	525,100,682	499,537,987

**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.

<b>Sign Here</b>	Signature of officer CATHERINE E MICKLE CHIEF FINANCIAL OFFICER Type or print name and title	Date 2013-05-01	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ KATHY PITTS Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 1901 6TH AVENUE NORTH STE 1200 BIRMINGHAM, AL 35203	Date Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) EIN ▶ Phone no ▶ (205) 251-2000

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

TO ELIMNATE CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER, SAVING LIVES, AND DIMINISHING SUFFERING FROM THE DISEASE, THROUGH RESEARCH, EDUCATION, ADVOCACY, AND SERVICE

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 159,493,830 including grants of \$ 111,184,463 ) (Revenue \$ 8,964,854 )

RESEARCH PROGRAMS PROVIDE SUPPORT TO FUND AND CONDUCT RESEARCH INTO THE CAUSES OF CANCER, HOW IT CAN BE PREVENTED, DETECTED EARLY, AND TREATED SUCCESSFULLY, HOW TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH CANCER, AND TO ADVOCATE FOR LAWS AND POLICIES THAT HELP FURTHER CANCER RESEARCH GRANTS TO AFFILIATES \$10,587,237 DONATED SERVICES - SEE SCHEDULE O

**4b** (Code ) (Expenses \$ 89,896,651 including grants of \$ 585,809 ) (Revenue \$ 837,155 )

PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE GRANTS TO AFFILIATES \$26,266,865 DONATED SERVICES - SEE SCHEDULE O

**4c** (Code ) (Expenses \$ 50,946,617 including grants of \$ 2,153,727 ) (Revenue \$ 538,375 )

PREVENTION PROGRAMS PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE OR REDUCE RISK OF DEVELOPING CANCER GRANTS TO AFFILIATES \$10,683,913 DONATED SERVICES - SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 32,006,649 including grants of \$ 680,922 ) (Revenue \$ 273,690 )

**4e Total program service expenses** \$ 332,343,747

**Part IV Checklist of Required Schedules**

	Yes	No	
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	1	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	2	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>	3		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	4	Yes	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>	5		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>	6		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>	7		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	8		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	9		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	10	Yes	
<b>11</b> 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			
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	11a	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	11b		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	11c		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	11d	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11e	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11f		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	12a	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	12b	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	14b	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>	15	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>	16		No
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	17	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	18	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>	19		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b		

**Part IV Checklist of Required Schedules** *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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? . . . . .		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
 Catherine E Mickle CFO  
 250 Williams Street NW  
 Atlanta, GA 30303  
 (404) 329-7934



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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							4,771,990	126,975	831,601	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **186**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
THE MARTIN AGENCY ONE SHOCKOE PLAZA RICHMOND, VA 23219	CONSULTING	5,507,399
CONVIO INC 11921 N MOPAC EXPRESSWAY SUITE 20 AUSTIN, TX 78759	CONSULTING	4,361,468
MCKINSEY AND COMPANY 133 PEACHTREE STREET SUITE 4400 ATLANTA, GA 30303	CONSULTING	4,220,000
MERKLE INC PO BOX 64894 BALTIMORE, MD 21264	CONSULTING	3,056,191
INFOCISION MANAGEMENT 325 SPRINGDALE DRIVE AKRON, OH 44333	TELEMARKETING/FDRS	2,089,812

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **74**



**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	6,974,562				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	3,467,307				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	340,336,468				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 17,762,819					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	350,778,337				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	PROGRAM SERVICE FEES	900099	2,843,265	2,843,265		
	<b>b</b>	EDUCATION MAGAZINES	514800	51,145		51,145	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		2,894,410			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .		4,181,535		4,181,535	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		3,521,219		3,521,219	
	<b>6a</b>	(i) Real		(ii) Personal			
		Gross rents	765,098				
		Less rental expenses					
		Rental income or (loss)	765,098				
	<b>d</b>	Net rental income or (loss) . . . . .		765,098		765,098	
	<b>7a</b>	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory	1,337,581,180	160,046			
		Less cost or other basis and sales expenses	1,331,305,845	158,197			
		Gain or (loss)	6,275,335	1,849			
	<b>d</b>	Net gain or (loss) . . . . .		6,277,184		6,277,184	
	<b>8a</b>	Gross income from fundraising events (not including \$ 6,974,562 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		<b>a</b>			1,105,488		
		<b>b</b>	Less direct expenses . . . . . <b>b</b>		1,105,488		
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .					
		<b>a</b>					
		<b>b</b>	Less direct expenses . . . . . <b>b</b>				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
	<b>a</b>			306,042			
	<b>b</b>	Less cost of goods sold . . . . . <b>b</b>		157,034			
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		149,008		149,008		
Miscellaneous Revenue		Business Code					
<b>11a</b>	GRANT REFUNDS/RESIGNATIONS		900099	7,617,206	7,617,206		
	<b>b</b>	OTHER GAINS (LOSSES)	900099	102,458	102,458		
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		7,719,664				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		376,286,455	10,562,929	51,145	14,894,044	

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	112,252,095	112,252,095		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,352,826	2,352,826		
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	4,875,626	2,564,331	1,750,776	560,519
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,941,144	1,141,874	281,412	517,858
<b>7</b>	Other salaries and wages	75,461,079	51,783,476	9,158,767	14,518,836
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,296,339	6,550,069	868,543	1,877,727
<b>9</b>	Other employee benefits	5,077,597	3,513,537	409,104	1,154,956
<b>10</b>	Payroll taxes	5,441,278	3,698,056	692,459	1,050,763
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	182,067	121,619	23,593	36,855
<b>b</b>	Legal	1,608,381	696,875	682,049	229,457
<b>c</b>	Accounting	870,540		870,540	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising See Part IV, line 17	2,325,789			2,325,789
<b>f</b>	Investment management fees	806,052		806,052	
<b>g</b>	Other	47,763,509	34,976,633	3,613,776	9,173,100
<b>12</b>	Advertising and promotion	25,616,028	22,364,555	635,131	2,616,342
<b>13</b>	Office expenses	15,148,162	9,313,684	2,505,178	3,329,300
<b>14</b>	Information technology	7,929,949	5,049,409	1,066,570	1,813,970
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	7,017,834	5,041,845	444,440	1,531,549
<b>17</b>	Travel	7,018,994	4,744,453	865,258	1,409,283
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	6,915,734	4,008,269	1,362,714	1,544,751
<b>20</b>	Interest	131,491		131,491	
<b>21</b>	Payments to affiliates	940,462	940,462		
<b>22</b>	Depreciation, depletion, and amortization	8,643,535	6,265,329	1,179,209	1,198,997
<b>23</b>	Insurance	820,497	454,801	304,651	61,045
<b>24</b>	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 )				
<b>a</b>	GRANTS TO AFFILIATES	54,026,289	52,272,203	626,757	1,127,329
<b>b</b>	PRINT-EDUCATION&FUNDRAISING	4,405,140	2,288,120	830,895	1,286,125
<b>c</b>	UBI TAX	1,053	1,053		
<b>d</b>	MISCELLANEOUS	27,320	-51,827	48,922	30,225
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	408,896,810	332,343,747	29,158,287	47,394,776
<b>26</b>	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25,353,307	13,634,643	2,872,631	8,846,033

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	80,306,361	<b>2</b>	42,999,434
	<b>3</b> Pledges and grants receivable, net . . . . .	7,617,664	<b>3</b>	3,233,716
	<b>4</b> Accounts receivable, net . . . . .	1,261,177	<b>4</b>	1,368,021
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	1,215,944	<b>8</b>	1,258,493
	<b>9</b> Prepaid expenses and deferred charges . . . . .	13,334,490	<b>9</b>	7,114,328
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	126,689,035		
	<b>b</b> Less accumulated depreciation . . . . .	95,938,381	<b>10c</b>	30,750,654
	<b>11</b> Investments—publicly traded securities . . . . .	826,501,579	<b>11</b>	1,150,258,272
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	558,637,166	<b>15</b>	512,251,502
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,521,867,801	<b>16</b>	1,749,234,420	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	43,796,528	<b>17</b>	47,991,515
	<b>18</b> Grants payable . . . . .	215,555,784	<b>18</b>	207,550,873
	<b>19</b> Deferred revenue . . . . .	2,802,738	<b>19</b>	2,244,704
	<b>20</b> Tax-exempt bond liabilities . . . . .	7,570,000	<b>20</b>	7,070,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	727,042,069	<b>25</b>	984,839,341
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	996,767,119	<b>26</b>	1,249,696,433
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	402,573,428	<b>27</b>	382,395,261
	<b>28</b> Temporarily restricted net assets . . . . .	76,596,580	<b>28</b>	70,939,419
	<b>29</b> Permanently restricted net assets . . . . .	45,930,674	<b>29</b>	46,203,307
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	525,100,682	<b>33</b>	499,537,987	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,521,867,801	<b>34</b>	1,749,234,420	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	376,286,455
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	408,896,810
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-32,610,355
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	525,100,682
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	7,047,660
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	499,537,987

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 13-1788491

**Name:** AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA M LEBLANC EDD CHAIR OF THE BOARD	5 0	X		X						
WPHIL EVANS MD FACR PRESIDENT	5 0	X		X						
GARY M REEDY CHAIR ELECT	5 0	X		X						
VINCENT T DEVITA JR MD PRESIDENT ELECT	5 0	X		X						
PAMELA K MEYERHOFFER FAHP VICE CHAIR	5 0	X		X						
TIM E BYERS MD MPH FIRST VICE PRESIDENT	5 0	X		X						
DOUGLAS K KELSEY MD PHD FAAP SECOND VICE PRESIDENT	5 0	X		X						
DANIEL P HEIST CPA TREASURER	5 0	X		X						
ROBERT R KUGLER ESQ SECRETARY	5 0	X		X						
STEPHEN L SWANSON IMMEDIATE PAST CHAIR	5 0	X		X						
EDWARD E PARTRIDGE MD IMMEDIATE PAST PRESIDENT	5 0	X		X						
JOHN ALFONSO CPA DIRECTOR LAY	3 0	X								
BRIGGS W ANDREWS ESQ DIRECTOR LAY	3 0	X								
VINCENT F BARBETTA CLU CHFC DIRECTOR LAY	3 0	X								
DEBRA J COHEN DIRECTOR LAY	3 0	X								
BRYAN K EARNEST DIRECTOR LAY	3 0	X								
ALLEN H HENDERSON DIRECTOR LAY	3 0	X								
Susan D Henry DIRECTOR LAY	3 0	X								
Jeffrey L Kean DIRECTOR LAY	3 0	X								
Joseph R Mahoney CPA DIRECTOR LAY	3 0	X								
Linda Z Mowad RN DIRECTOR LAY	3 0	X								
Scarlott K Mueller RN MPH DIRECTOR LAY	3 0	X								
Robert E Youle DIRECTOR LAY	3 0	X								
Patricia K Bradley PhD RN FAAN DIRECTOR LAY	3 0	X								
Robert K Brookland MD DIRECTOR LAY	3 0	X								

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Judith E Calhoun PhD ARNP DIRECTOR LAY	3 0	X								
Carmel J Cohen MD DIRECTOR LAY	3 0	X								
Diana S Diaz RN MS DIRECTOR LAY	3 0	X								
Willie H Goffney MD FACS DIRECTOR LAY	3 0	X								
John W Hamilton DDS DIRECTOR LAY	3 0	X								
Enrique Hernandez MD DIRECTOR LAY	3 0	X								
Michael E Kasper MD FACRO DIRECTOR LAY	3 0	X								
Clement S Rose MD DIRECTOR LAY	3 0	X								
Donald K Warne MD MPH DIRECTOR LAY	3 0	X								
Maria J Worsham PhD FACMG DIRECTOR LAY	3 0	X								
Sheila P Burke DIRECTOR LAY	3 0	X								
Marjorie Kagawa Singer PhD MA MN DIRECTOR LAY	3 0	X								
Sandra Millon Underwood RN PhD DIRECTOR LAY	3 0	X								
Haskell Sears Ward DIRECTOR LAY	3 0	X								
Michele Carbone MD PhD DIRECTOR MEDICAL	3 0	X								
Graham A Colditz MD DrPH DIRECTOR MEDICAL	3 0	X								
Kevin J Cullen MD DIRECTOR MEDICAL	3 0	X								
Maryjean Schenk MD MPH MS DIRECTOR MEDICAL	3 0	X								
JOHN R SEFFRIN CHIEF EXECUTIVE OFFICER	55 0			X			722,716	65,700	43,939	
CATHERINE E MICKLE CHIEF FINANCIAL OFFICER	55 0			X			317,166	34,600	33,634	
OTIS BRAWLEY CHIEF MEDICAL OFFICER	55 0				X		408,469		34,779	
GREG BONTRAGER CHIEF OPERATING OFFICER	55 0				X		627,684		130,846	
TERRY MUSIC OUTGOING CHIEF MISSION OFCR	55 0				X		536,620		125,656	
JOE CAHOON EXECUTIVE VP FIELD OPERATIONS	55 0				X		497,326		77,072	
FRANK S HALE OUTGOING CHIEF COUNSEL	55 0				X		244,522	26,675	50,137	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERARD J FISCHER OUTGOING CHIEF DVLPMNT OFCR	55 0					X		296,952		66,252
REUEL JOHNSON NATIONAL VP, RELAY FOR LIFE	55 0					X		279,018		123,227
LAURA GRIFFITH CHIEF TALENT OFFICER	55 0					X		272,476		32,665
VICTOR AYERS OUTGOING CHIEF INFRMTN OFCR	55 0					X		309,434		48,522
GREG DONALDSON NATIONAL VP CORPORATE COMMUNIC	55 0					X		259,607		64,872

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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 **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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



**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	399,213,891	344,864,386	368,976,523	352,035,141	350,778,337	1,815,868,278
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	399,213,891	344,864,386	368,976,523	352,035,141	350,778,337	1,815,868,278
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						1,815,868,278

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	399,213,891	344,864,386	368,976,523	352,035,141	350,778,337	1,815,868,278
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,137,275	11,448,115	7,312,367	7,225,284	8,467,852	52,590,893
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	34,026	34,024	73,527	28,259	51,145	220,981
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						1,868,680,152
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	28,034,307

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	97.174 %
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	96.746 %

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

**Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation 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).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE

Employer identification number

13-1788491

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

- 1 Provide a description of the organization's direct and indirect political campaign activities 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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

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

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?	Yes		
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		16,633,733
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		87,105
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			16,720,838
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**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".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
GENERAL LOBBYING NARRATIVE	SCHEDULE C, PART IV	PUBLIC POLICY INITIATIVES HAVE THE POTENTIAL TO IMPACT PEOPLE TOUCHED BY CANCER RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO OTHER ORGANIZATIONS TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATIVE SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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, 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-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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)?

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	32,585,547	32,232,899	31,193,130	20,047,847	
<b>b</b> Contributions . . . . .	1,170,697	790,819	903,908	14,050,122	
<b>c</b> Investment earnings or losses . . . . .	2,781,051	2,557,247	821,379	-1,367,807	
<b>d</b> Grants or scholarships . . . . .				1,006,855	
<b>e</b> Other expenditures for facilities and programs . . . . .	1,251,562	2,995,418	685,518	530,177	
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	35,285,733	32,585,547	32,232,899	31,193,130	

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

- a** Board designated or quasi-endowment
- b** Permanent endowment  100.000 %
- c** Term endowment

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		543,158		543,158
<b>b</b> Buildings . . . . .		5,431,577	2,088,324	3,343,253
<b>c</b> Leasehold improvements . . . . .		21,280,845	9,482,440	11,798,405
<b>d</b> Equipment . . . . .		89,721,365	78,208,741	11,512,623
<b>e</b> Other . . . . .		9,712,090	6,158,875	3,553,215
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				30,750,654





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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	376,286,455
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	408,896,810
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-32,610,355
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	7,714,612
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	1,721,110
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	9,435,722
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-23,174,633

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	387,555,547
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	7,714,612
<b>b</b>	Donated services and use of facilities	<b>2b</b>	4,105,455
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	7,898,864
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	19,718,931
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	367,836,616
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	831,580
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	7,618,259
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,449,839
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	376,286,455

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	410,399,496
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	4,105,455
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	5,847,070
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	9,952,525
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	400,446,971
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	831,580
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	7,618,259
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,449,839
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	408,896,810

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
INTENDED USE OF ORGANIZATION'S ENDOWMENT 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 FS	SCHEDULE D, PART XI, LINE 8	NET CHANGE IN RETIREMENT PLAN LIABILITY (\$330,681), NET REVENUE OF AFFILIATES \$2,388,174, NET CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (\$336,383)
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	SCHEDULE D, PART XII, LINE 2D	REVENUE OF AFFILIATES \$8,235,247, CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (\$336,383)
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	SCHEDULE D, PART XII, LINE 4B	GRANTS REFUNDS/RESIGNATIONS \$7,617,206, EXCHANGE REVENUE/(EXPENSE) RECLASSIFIED TO EXPENSE - UBI FEES \$1,053
RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN	SCHEDULE D, PART XIII, LINE 2D	EXPENSES OF AFFILIATES \$5,847,070
RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN	SCHEDULE D, PART XIII, LINE 4B	GRANT REFUNDS/RESIGNATION \$7,617,206, EXCHANGE REVENUE/(EXPENSE) RECLASSIFIED TO EXPENSE - UBI TAX \$1,053

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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...
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 (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes sub-totals and totals at the bottom.





**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

**Part V Supplemental Information**

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

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

**Schedule F (Form 990) 2010**

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 13-1788491

**Name:** AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	CAPACITY BUILDING	24,602
East Asia and the Pacific			Program Services	GLOBAL CANCER ADVOCACY	4,503
East Asia and the Pacific			Program Services	PALLIATIVE CARE SVCS	1,263
East Asia and the Pacific			Program Services	PATIENT SUPPORT	1,883
East Asia and the Pacific			Program Services	RESEARCH FELLOWSHIP	1,983
East Asia and the Pacific			Program Services	TOBACCO CONTROL	132,628
Europe (Including Iceland and Greenland)			Program Services	BREAST/PROSTATE CANCER	3,546
Europe (Including Iceland and Greenland)			Program Services	CANCER PREVENTION	4,262
Europe (Including Iceland and Greenland)			Program Services	CAPACITY BUILDING	46,059
Europe (Including Iceland and Greenland)			Program Services	COLORECTAL CANCER SCRIN	2,697
Europe (Including Iceland and Greenland)			Program Services	DISEASE ALLIANE MTG	1,260
Europe (Including Iceland and Greenland)			Program Services	GLOBAL CANCER ADVOCACY	42,201
Europe (Including Iceland and Greenland)			Program Services	GRANT AGREEMENT PROG	424
Europe (Including Iceland and Greenland)			Program Services	HEALTH CONFERENCE	6,102
Europe (Including Iceland and Greenland)			Program Services	ONCOGENIC VIRUSES	1,816
Europe (Including Iceland and Greenland)			Program Services	PAIN RELIEF PROJECT	1,826
Europe (Including Iceland and Greenland)			Program Services	PALLIATIVE CARE SVCS	16,737
Europe (Including Iceland and Greenland)			Program Services	RESEARCH FELLOWSHIP	319
Europe (Including Iceland and Greenland)			Program Services	TOBACCO CONTROL	36,032
Europe (Including Iceland and Greenland)			Program Services	MAMMOGRAPHY PROJECT	1,658
Middle East and North Africa			Program Services	CAPACITY BUILDING	413
Middle East and North Africa			Program Services	GLOBAL CANCER AWARE	4,839
Middle East and North Africa			Program Services	RESEARCH FELLOWSHIP	4,310
Middle East and North Africa			Program Services	TOBACCO CONTROL	1,618
Middle East and North Africa			Program Services	GLOBAL CANCER ADVOCACY	2,394
North America			Program Services	BREAST CANCER AWARE	4,063
North America			Program Services	CANCER PREVENTION	681
North America			Program Services	CAPACITY BUILDING	49,077
North America			Program Services	CERVICAL CANCER MTG	2,037
North America			Program Services	COLORECTAL CANCER SCRIN	440
North America			Program Services	CYTOPATHOLOGY PROJECT	845
North America			Program Services	GLOBAL CANCER ADVOCACY	176,528
North America			Program Services	PAIN RELIEF PROJECT	1,954
North America			Program Services	PALLIATIVE CARE SVCS	15,837
North America			Program Services	POLICY GOVERNANCE MTG	1,596
North America			Program Services	TOBACCO CONTROL	19,961
North America			Program Services	CAPACITY BUILDING	3,622
South America			Program Services	BREAST CANCER AWARE	63,814
South America			Program Services	CAPACITY BUILDING	60,577
South America			Program Services	GLOBAL CANCER ADVOCACY	284,778
South America			Program Services	TOBACCO CONTROL	4,453
South Asia			Program Services	CANCER PREVENTION	4,806
Sub-Saharan Africa			Program Services	BREAST CANCER AWARE	2,210
Sub-Saharan Africa			Program Services	CAPACITY BUILDING	54,115
Sub-Saharan Africa			Program Services	CERVICAL CANCER MTG	7,878
Sub-Saharan Africa			Program Services	GLOBAL CANCER ADVOCACY	13,356
Sub-Saharan Africa			Program Services	PAIN RELIEF PROJECT	8,731
Sub-Saharan Africa			Program Services	PALLIATIVE CARE SVCS	1,253
Sub-Saharan Africa			Program Services	TOBACCO CONTROL	255,919

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	TOBACCO CONTROL	14,968	WIRE			
		South America	GLOBAL CANCER ADVOCACY	33,397	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	30,000	WIRE			



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(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific	CAPACITY BUILDING	15,000	WIRE			
		Sub-Saharan Africa	GLOBAL CANCER ADVOCACY	20,000	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	17,282	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	GLOBAL CANCER ADVOCACY	60,000	WIRE			
		Sub-Saharan Africa	RESEARCH	25,000	WIRE			
		North America	GLOBAL CANCER ADVOCACY	37,500	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	GLOBAL CANCER ADVOCACY	25,779	WIRE			
		South America	TOBACCO CONTROL	20,000	WIRE			
		South America	GLOBAL CANCER ADVOCACY	15,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	GLOBAL CANCER ADVOCACY	15,000	WIRE			
		Middle East/North Africa	TOBACCO CONTROL	10,000	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	77,340	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	GLOBAL CANCER ADVOCACY	20,000	WIRE			
		Sub-Saharan Africa	GLOBAL CANCER ADVOCACY	32,873	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	15,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	TOBACCO CONTROL	14,978	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	40,000	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	45,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	GLOBAL CANCER ADVOCACY	10,000	WIRE			
		South America	CAPACITY BUILDING	90,000	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	192,854	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	BREAST CANCER RESEARCH	89,400	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	165,682	WIRE			
		South America	GLOBAL CANCER ADVOCACY	57,050	WIRE			



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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	TOBACCO CONTROL	5,010	WIRE			
		North America	GLOBAL CANCER ADVOCACY	20,000	WIRE			
		South Asia	GLOBAL CANCER ADVOCACY	20,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	GLOBAL CANCER ADVOCACY	20,000	WIRE			
		Cent America/Caribbean	GLOBAL CANCER ADVOCACY	20,000	WIRE			
		South America	CAPACITY BUILDING	12,500	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	GLOBAL CANCER ADVOCACY	51,700	WIRE			
		South America	CAPACITY BUILDING	49,202	WIRE			
		Europe/Iceland/Greenland	RESEARCH	50,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	TOBACCO CONTROL	20,000	WIRE			
		Europe/Iceland/Greenland	GLOBAL CANCER ADVOCACY	28,500	WIRE			
		Sub-Saharan Africa	GLOBAL CANCER ADVOCACY	20,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East/North Africa	GLOBAL CANCER ADVOCACY	20,000	WIRE			
		South America	GLOBAL CANCER ADVOCACY	45,000	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	34,063	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	CAPACITY BUILDING	65,000	WIRE			
		Europe/Iceland/Greenland	CANCER SCREENING	20,000	WIRE			
		Middle East/North Africa	CAPACITY BUILDING	27,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	TOBACCO CONTROL	27,000	WIRE			
		Europe/Iceland/Greenland	GLOBAL CANCER ADVOCACY	174,330	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	9,965	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH	171,798	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	105,000	WIRE			
		North America		26,360	WIRE			



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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	TOBACCO CONTROL	49,054	WIRE			
		Sub-Saharan Africa	TOBACCO CONTROL	39,064	WIRE			
		South America	TOBACCO CONTROL	20,000	WIRE			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE

Employer identification number 13-1788491

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

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

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Rows include CHARITY DYNAMICS INC, FISHBAIT MARKETING LLC, MERKLE GROUP INC, PARADYSZ MATERA, and a Total row.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>DETERMINATION</b> (event type)	(event type)	<b>0</b> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	8,080,050			8,080,050
	<b>2</b> Less Charitable contributions . . . . .	6,974,562			6,974,562
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	1,105,488			1,105,488
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .	4,554			4,554
	<b>6</b> Rent/facility costs . . . . .	14,650			14,650
	<b>7</b> Food and beverages . . . . .	52,697			52,697
	<b>8</b> Entertainment . . . . .	82			82
	<b>9</b> Other direct expenses . . . . .	1,033,505			1,033,505
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 1,105,488 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶					

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

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

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

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

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

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

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 141
3 Enter total number of other organizations listed in the line 1 table 10

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

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

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	<p>PROGRESS REPORTS PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED THE SCIENTIFIC REPORT INCLUDES THE (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND ANNUAL REPORTS ARE REVIEWED BY VOLUNTEER PEER REVIEWERS AND KEPT WITH THE GRANT FILE FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF THE NON-TECHNICAL REPORTS ARE PRINTED AND DISTRIBUTED TO STAFF AND THE VOLUNTEER ADVISORS FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT, INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING - SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS - INDIRECT COSTS - SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR - SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE</p>

**Software ID:**  
**Software Version:**  
**EIN:** 13-1788491  
**Name:** AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD 6210 HANOVER, NH 037551404	02-0222111	501(C)(3)	1,592,000				RESEARCH SCHOLAR GRANT
NORTHEASTERN UNIVERSITY 960 RENAISSANCE PLACE BOSTON, MA 02115	04-1679980	501(C)(3)	660,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSTON COLLEGE 36 COLLEGE RD RM 201 CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	760,000				RESEARCH SCHOLAR GRANT
TRUSTEES OF BOSTON UNIV 25 BUICK STREET BOSTON, MA 02215	04-2103547	501(C)(3)	360,000				INSTITUTIONAL RESEARCH GRANT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	1,170,000				POSTDOCTORAL FELLOWSHIP
MASS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	570,656				POSTDOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF TUFTS UNIVERSITY 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	160,000				POSTDOCTORAL FELLOWSHIP
BETH ISRAEL DEACONESS MED CTR 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	972,000				POSTDOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	04- 2263040	501(C)(3)	2,215,000				POSTDOCTORAL FELLOWSHIP
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241	04- 2312909	501(C)(3)	155,000				POSTDOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL BOX 414876 BOSTON, MA 02241	04- 2697983	501(C)(3)	2,205,000				POSTDOCTORAL FELLOWSHIP
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241	04- 2774441	501(C)(3)	450,000				POSTDOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	04-3400617	501(C)(3)	400,000				RESEARCH PROFESSOR AWARD
UNIV OF MA MEDICAL SCHOOL S-1 802 LAKE AVEN WORCESTER, MA 01655	04-6014838	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YALE UNIVERSITY 9 CAMBRIDGE CTR CAMBRIDGE, MA 02142	06- 0646973	501(C)(3)	1,210,000				POSTDOCTORAL FELLOWSHIP
WHITEHEAD INSTITUTE9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06- 1043412	501(C)(3)	1,270,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL ASSOCIATION OF BASKETBALL COACHES1111 MAIN ST STE 1000 KANSAS CITY, MO 64105	06-1560942	501(C)(3)	124,459				SPONSORSHIP
COLD SPRING HARBOR LABORATORY WAVEPEX BLDG ONE BUNG TOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	10,000				PROFESSOR RESEARCH DEVELOPMENT GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MED 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)(3)	890,000				RESEARCH SCHOLAR GRANT
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10458	13-1740451	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANCERCARE INC 275 SEVENTH AVE NEW YORK, NY 10001	13- 1825919	501(C)(3)	48,000				MASTER'S TRAINING GRANT
SLOAN KETTERING INST FOR CANCER RESEARCH P.O. BOX 026338 NEW YORK, NY 10087	13- 1924236	501(C)(3)	2,614,000				POSTDOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL COUNCIL ON AGING 1901 L ST NW 4TH FL WASHINGTON, DC 20036	13-1932384	501(C)(3)	20,522				CAREER DEVELOPMENT AWARD
ACTION ON SMOKING & HEALTH 701 4TH ST NW WASHINGTON, DC 20001	13-2603590	501(C)(3)	127,500				FRAMEWORK CONVENTION ALLIANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW YORK UNIVERSITY 726 BROADWAY 9TH FL NEW YORK, NY 10003	13-5562308	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT
NEW YORK UNIV SCHOOL OF MEDICINE 665 BROADWAY NEW YORK, NY 10016	13-5562309	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVPO BOX 29789 NEW YORK, NY 10087	13- 5598093	501(C)(3)	2,543,000				RESEARCH SCHOLAR GRANT
AMERICAN HEART ASSOCIATION208 S LASALLE ST CHICAGO, IL 60604	13- 5613797	501(C)(3)	265,968				PREVENTIVE HEALTH PARTNERSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOUNT SINAI SCHOOL OF MEDICINE BOX 3500 NEW YORK, NY 10029	13-6171197	501(C)(3)	1,106,500				POSTDOCTORAL FELLOWSHIP
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STATE UNIVERSITY OF NY ALBANYPO BOX 9 ALBANY, NY 12201	14-1599643	501(C)(3)	16,216				RESEARCH SCHOLAR GRANT
STATE UNIVERSITY OF NY STONYBRDEPT OF PREV MED STONY BROOK, NY 11794	14-6013200	501(C)(3)	300,000				PHYSICIAN TRAINING AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORNELL UNIV ITHACAPO BOX 22 ITHACA, NY 14851	15- 0532082	501(C)(3)	300,000				POSTDOCTORAL FELLOWSHIP
ROSWELL PARK CANCER INSTITUTEPO BOX 2966 BUFFALO, NY 14263	16- 1552370	115	900,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
C-CHANGE1776 EYE ST NW 9TH FL WASHINGTON, DC 20006	16- 1641769	501(C)(3)	500,000				CANCER CONTROL INITIATIVES
TRUSTEES OF PRINCETON UNIV 701 CARNEGIE CTR STE 436 PRINCETON, NY 08544	21- 0634501	501(C)(3)	52,000				POSTDOCTORAL FELLOWSHIP



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF MEDICINE DENTISTRY OF NEW JERSEYPO BOX 2685 NEW BRUNSWICK, NJ 08903	22-1775306	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT
WAKE FOREST UNIV HEALTH SCI PIEDMONT PLAZA ONE MED CTR WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	1,440,000				RESEARCH SCHOLAR GRANT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RUTGERS STATE UNIVERSITY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT
THE CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	729,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY 1013 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	300,000				CAREER DEVELOPMENT AWARD
TRUSTEES OF THE UNIV OF PAPO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	1,348,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ASSOC FOR CANCER RESEARCH 615 CHESTNUT ST 17TH FL PHILA, PA 19106	23-3100004	501(C)(3)	12,000				SPONSORSHIP
THE RESEARCH INSTITUTE OF FOX CHASE CANCER CENTER 604 COTTMAN AVE CHELTENHAM, PA 19012	23-6296135	501(C)(3)	270,000				INSTITUTIONAL RESEARCH GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE WISTAR INSTITUTE 3601 SPRUCE ST PHILADELPHIA, PA 19104	23- 6434390	501(C)(3)	120,000				INSTITUTIONAL RESEARCH GRANT
UNIV OF UTAH 201 PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	23- 7112869	501(C)(3)	24,000				MASTER'S TRAINING GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRED HUTCHINSON CANCER RSH CTR 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23- 7156071	501(C)(3)	889,000				POSTDOCTORAL FELLOWSHIP
UNIV OF CONNECTICUT HEALTH CTR263 FARMINGTON AVE FARMINGTON, CT 06030	23- 7187838	501(C)(3)	216,000				RESEARCH SCHOLAR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	142,500				POSTDOCTORAL FELLOWSHIP
ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR PITTSBURGH, PA 15275	25-1410081	501(C)(3)	10,000				ONS CONNECTIONS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAGEE WOMENS RESEARCH INSTITUTE&FOUNDATION 3339 WARD ST PITTSBURGH, PA 15213	25-1462312	501(C)(3)	730,000				RESEARCH SCHOLAR GRANT
AMERICAN INDIAN CANCER FOUNDATION 80 S EIGHTH ST MINNEAPOLIS, MN 55402	27-0300026	501(C)(3)	100,000				PILOT AND EXPLORATIVE PROJECT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDRENS HEALTH CARE 2525 CHICAGO AVE S MINNEAPOLIS, MN 55404	31-0833936	501(C)(3)	610,000				RESEARCH SCHOLAR GRANT
CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000				ASCO ANNUAL MEETING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF MARYLAND BALTIMORE220 ARCH ST BALTIMORE, MD 21201	31- 1678679	501(C)(3)	1,160,000				RESEARCH SCHOLAR GRANT
UNIV OF ILLINOIS PO BOX 4610 SPRINGFIELD, IL 62708	31- 6000511	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CINCINNATI BOX 691031 CINCINNATI, OH 45269	31-6000989	501(C)(3)	600,000				RESEARCH SCHOLAR GRANT
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY RD COLUMBUS, OH 43210	31-6401599	501(C)(3)	225,000				RESEARC SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE 10550 N TORREY INES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	252,000				POSTDOCTORAL FELLOWSHIP
CASE WESTERN RESERVE UNIV 10900 EUCLID AVE CLEVELAND, OH 44106	31-1018992	501(C)(3)	4,220,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF INDIANA UNIVERSITY980 INDIANA AVE INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	745,000				RESEARCH SCHOLAR GRANT
PURDUE UNIVERSITY23510 NETWORK PL CHICAGO, IL 60673	35-6002041	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOYOLA UNIVERSITY CHICAGO 1032 W SHERIDAN RD CHICAGO, IL 60660	36- 1408475	501(C)(3)	190,000				GRADUATE SCHOLARSHIP
NORTHWESTERN UNIVERSITY 633 CLARK RM G547 EVANSTON, IL 60208	36- 2167817	501(C)(3)	4,571,000				RESEARCH SCHOLAR GRANT

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THE UNIVERSITY OF CHICAGO 1427 E 60TH ST CHICAGO, IL 60637	36-2177139	501(C)(3)	562,000				POSTDOCTORAL FELLOWSHIP
ROSALIND FRANKLIN UNIV OF MEDICINE & SCIENCE 3333 GREEN BAY RD NORTH CHICAGO, IL 60064	36-2181973	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

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AMERICAN COLLEGE OF SURGEIONS5019 147TH ST LEAWOOD, KS 66224	36-2192800	501(C)(3)	748,526				CANCER LIAISON PROGRAM
ADVOCATE CHARITABLE FOUNDATION205 W TOUHY AVE STE 225 PARK RIDGE, IL 60068	36-3297360	501(C)(3)	24,000				MASTER'S TRAINING GRANT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ILLINOIS CHICAGO 835 WOLCOTT AVE CHICAGO, IL 60612	37-6000511	501(C)(3)	2,878,000				RESEARCH SCHOLAR GRANT
MICHIGAN STATE UNIV 426 AUDITORIUM RD EAST LANSING, MI 48824	38-6005984	501(C)(3)	800,000				RESEARCH SCHOLAR GRANT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF UNIV OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109	38- 6006309	501(C)(3)	2,675,748				RESEARCH SCHOLAR GRANT
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE DETROIT, MI 48202	38- 6028429	501(C)(3)	2,089,000				RESEARCH SCHOLAR GRANT

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MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	920,000				RESEARCH SCHOLAR GRANT
BOARD OF REGENTS OF THE UW SYS21 N PARK ST STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	952,000				RESEARCH SCHOLAR GRANT

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MAYO CLINICPO BOX 4008 ROCHESTER, MN 55905	41- 1937751	501(C)(3)	744,000				RESEARCH SCHOLAR GRANT
NEW AMERICANS COMMUNITY SVCS 161 SAINT ANTHONY AVE ST PAUL, MN 55103	41- 1970848	501(C)(3)	100,000				PILOT AND EXPLORATIVE PROJECT

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REGENTS OF THE UNIV OF MN PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	GOVT	1,486,000				RESEARCH SCHOLAR GRANT
IOWA STATE UNIVERSITY 3609 ASB AMES, IA 50011	42-6004224	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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THE COMMUNITY FDN OF GREATER DES MOINES1915 GRAND AVE DES MOINES, IA 50309	42-6139033	501(C)(3)	50,000				SPONSORSHIP
ST LOUIS UNIVERSITY3700 WPINE MALL ST LOUIS, MO 63108	43-0654872	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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STOWERS INSTITUTE FOR MED RSCHPO BOX 412411 KANSAS CITY, MO 64141	43- 1684454	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP
HUDSON ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY HUNTSVILLE, AL 35808	43- 2059317	501(C)(3)	102,000				POSTDOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS, MO 63112	43-6401888	501(C)(3)	550,000				POSTDOCTORAL FELLOWSHIP
KUMC RESEARCH INSTITUTE 3901 RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830	501(C)(3)	150,000				RESEARCH SCHOLAR GRANT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MERCY MEDICAL CENTER INC 227 ST PAUL PLACE BALTIMORE, MD 21202	52-0591658	501(C)(3)	24,000				MASTER'S TRAINING GRANT
JOHNS HOPKINS UNIVERSITY 855 N WOLFE ST CHICAGO, IL 60693	52-0595110	501(C)(3)	2,840,000				RESEARCH SCHOLAR GRANT

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

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NATIONAL CANCER INSTITUTE6130 EXECUTIVE BLVD ROCKVILLE, MD 20852	52- 0858115	GOVT	300,000				MEDICAL EXPENDITURE PANEL SURVEY
MERCY MEDICAL AIRLIFT4620 HAYGOOD RD VIRGINIA BEACH, VA 23455	52- 1374161	501(C)(3)	12,500				

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

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RESEARCHAMERICA 1101 KING ST STE 250 ALEXANDRIA, VA 22314	52- 1609875	501(C)(3)	7,500				SPONSORSHIP
ASPEN CANCER CONF INC START CENTER FOR CANCER CARE 4383 MEDICAL DR SAN ANTONIO, TX 78229	52- 1746776	501(C)(3)	16,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOCIETY FOR RESEARCH ON NICOTINE AND TOBACCO 2424 AMERICAN LANE MADISON, WI 53704	52-1906424	501(C)(3)	10,000				SMOKING PREVENTION AND CESSATION
CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I ST NW STE 1400 WASHINGTON, DC 20005	52-1969967	501(C)(3)	330,000				SMOKING PREVENTION AND CESSATION

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

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TOBACCO FREE KIDS ACTION FUND 1400 EYE ST STE 1200 WASHINGTON, DC 20005	52-1974904	501(C)(4)	200,000				SMOKING PREVENTION AND CESSATION
FRIENDS OF CANCER RESEARCH 1800 M ST NW WASHINGTON, DC 20036	52-1983273	501(C)(3)	7,500				CANCER RESEARCH STRATEGIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GEORGETOWN UNIVERSITY 37TH O STREETS NW WASHINGTON, DC 20007	52-2299950	501(C)(3)	54,000				RESEARCH SCHOLAR GRANT
CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE WASHINGTON, DC 20064	53-0196583	501(C)(3)	80,000				DOCTORAL TRAINING GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL ASHBURN, VA 20147	53-0196584	501(C)(3)	244,378				CISNET GRANT
VIRGINIA COMMONWEALTH UNIV PO BOX 843039 RICHMOND, VA 23284	54-6001758	115	30,000				DOCTORAL DEGREE SCHOLARSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE RECTOR & VISITORS OF UNIVERSITY OF VAPO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	462,000				POSTDOCTORAL FELLOWSHIP
WEST VIRGINIA UNIV RESEARCH CORPORATION886 CHESNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	180,000				RESEARCH SCHOLAR GRANT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	347,000				RESEARCH SCHOLAR GRANT
DUKE UNIVERSITY 2200 W MAIN ST STE 300 DURHAM, NC 27701	56-2070036	501(C)(3)	1,526,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF NC CHAPEL HILLPO BOX 402420 ATLANTA, GA 303842024	56- 6001393	501(C)(3)	980,000				RESEARCH SCHOLAR GRANT
MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVENUE CHARLESTON, SC 29425	57- 6000722	501(C)(3)	729,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMORY UNIVERSITY PO BOX 935084 HAPEVILLE, GA 30354	58-0566256	501(C)(3)	30,000				DOCTORAL DEGREE SCHOLARSHIP
GEORGIA STATE UNIVERSITY RESEARCH FDN INC 30 COURTLAND ST SE ATLANTA, GA 30303	58-1845423	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GEORGIA HEALTH SCIENCES UNIV RESEARCH INST 1120 15TH STREET ATLANTA, GA 30912	58- 6002053	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT
UNIV OF MIAMI PO BOX 025405 MIAMI, FL 33102	59- 0624458	501(C)(3)	965,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRRH FOUNDATION 745 MEADOWS ROAD BOCA RATON, FL 33486	59-2406425	501(C)(3)	24,000				MASTER'S TRAINING GRANT
H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	1,901,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 32886	59-3102112	115	70,000				GRADUATE SCHOLARSHIP
UNIV OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	360,000				INSTITUTIONAL RESEARCH GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOSPARUS INC 3532 EPHRAIM MCDOWELL DR LOUISVILLE, KY 40205	61- 0921718	501(C)(3)	24,000				MASTER'S TRAINING GRANT
VANDERBILT UNIV MEDICAL CENTER DEPT AT 40303 NASHVILLE, TN 37235	62- 0476822	501(C)(3)	1,000,000				RESEARCH PROFESSOR AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE CHILDREN'S RESRCH HOSPPPO BOX 1000 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	24,000				MASTER'S TRAINING GRANT
UNIV OF TENNESSEE210 STUDENT SVCS BLDG KNOXVILLE, TN 37996	62-1844686	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF ALABAMA AT BIRMINGHAM 701 20TH ST SOUTH BIRMINGHAM, AL 35294	63- 6005396	501(C)(3)	1,180,261				POSTDOCTORAL FELLOWSHIP
LOUISIANA STATE UNIV HEALTH SCIENCES CENTER 433 BOLIVAR ST NEW ORLEANS, LA 70112	72- 6087770	501(C)(3)	15,135				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PL BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	768,000				RESEARCH SCHOLAR GRANT
UNIV OF TX HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST STE 901 HOUSTON, TX 77030	74-1761309	170(C)(1)	1,446,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF TEXAS MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 77210	74-1769336	501(C)(3)	1,005,000				RESEARCH SCHOALR GRANT
TEXAS A&M UNIVERSITY RESEARCH FOUNDATION PO BOX 201918 DALLAS, TX 75320	74-2648747	GOVT	15,350				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF ARIZONA FRS #426600PO BOX 3520 TUCSON, AZ 85722	74- 2652689	115	2,540,000				RESEARCH SCHOLAR GRANT
UNIV OF TEXAS MEDICAL BRANCH AT GALVESTONPO BOX 4786-750 HOUSTON, TX 77210	74- 6000949	170(C)(1)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF TEXAS MD ANDERSON PO BOX 4390 HOUSTON, TX 77210	74-6035669	501(C)(3)	625,000				RESEARCH SCHOLAR GRANT
BAYLOR HEALTH CARE SYSTEM FOUNDATION 3600 GASTON AVE DALLAS, TX 75246	75-1606705	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE DALLAS, TX 75231	75-2605363	501(C)(3)	18,000				RESEARCH SCHOLAR GRANT
UT SOUTHWESTERN MED CTR DALLASPO BOX 841753 DALLAS, TX 75284	75-6042147	501(C)(3)	1,350,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF NORTHERN COLORADO 501 20TH ST GREELEY, CO 80639	84-6000546	115	421,000				RESEARCH SCHOLAR GRANT
UNIV OF COLORADO DENVER PO BOX 910238 DENVER, CO 80291	84-6000555	501(C)(3)	2,274,000				PHYSICIAN TRAINING AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF NEW MEXICO 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	729,000				RESEARCH SCHOLAR GRANT
SEATTLE CHILDRENS HOSPITAL FOUNDATION PO BOX 5371 MS-S200 SEATTLE, WA 98145	91-0564748	501(C)(3)	24,000				MASTER'S TRAINING GRANT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BENAROYA RESEARCH INSTITUTE 1201 NINTH AVE SEATTLE, WA 98101	91-0653422	501(C)(3)	98,000				POSTDOCTORAL FELLOWSHIP
UNIV OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-1486484	GOVT	30,000				DOCTORAL DEGREE SCHOLARSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE NORTH SEATTLE, WA 98109	91-2003593	501(C)(3)	102,000				POSTDOCTORAL FELLOWSHIP
PROVIDENCE PORTLAND MED CTR 4400 NE HALSEY ST PORTLAND, OR 97213	93-0386906	501(C)(3)	870,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	900,000				POSTDOCTORAL FELLOWSHIP
REGENTS OF UNIV OF CALIFORNIA SANTA CRUZ 1156 HIGH ST SANTA CRUZ, CA 95064	94-1539563	501(c)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF CALIFORNIA 1855 FOLSOM ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	3,702,000				RESEARCH SCHOLAR GRANT
REGENTS OF UNIV OF CALIFORNIA DAVISPO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST LOS ANGELES, CA 90089	95-1642394	501(C)(3)	1,471,687				RESEARCH SCHOLAR GRANT
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	720,000				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALK INSTITUTE FOR BIOLOGICAL 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	712,000				POSTDOCTORAL FELLOWSHIP
REGENTS OF THE UNIV OF CALIF 1400 BIOLOGICAL SCIENCES III IRVINE, CA 92697	95-2226406	501(C)(3)	1,020,000				POSTDOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	2,151,000				RESEARCH SCHOLAR GRANT
REGENTS OF THE UNIV OF CALIF BOX 951432 LOS ANGELES, CA 90095	95-2226406	501(C)(3)	2,305,920				RESEARCH SCHOLAR GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CA - SAN DIEGO 9500 GILMAN DR MC 0026 LA JOLLA, CA 92093	95- 6006144	501(C)(3)	15,000				POSTDOCTORAL FELLOWSHIP
CIDRZ FOUNDATION 5335 WISCONSIN AVE NW WASHINGTON, DC 20015	98- 0514692	501(C)(3)	32,873				VACCINE DEMONSTRATION PROJECT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ROCKEFELLER UNIVERSITY 1230 YORK AVE BOX 259 NEW YORK, NY 10065	13-1624158	501(C)(3)	150,000				POSTDOCTORAL FELLOWSHIP
ST JOSEPH'S CHILDRENS HOSPITAL 3001 W MLK JR BLVD TAMPA, FL 33607	59-0774199	501(C)(3)	24,000				MASTER'S TRAINING GRANT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE

**Employer identification number**

13-1788491

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	588,043	55,896	78,777	28,231	12,047	762,994	0
	(ii)	53,457	5,081	7,162	2,566	1,095	69,361	
(2) CATHERINE E MICKLE	(i)	304,552	0	12,614	19,694	10,631	347,491	0
	(ii)	33,224	0	1,376	2,149	1,160	37,909	
(3) OTIS BRAWLEY	(i)	407,462	0	1,007	33,575	1,204	443,248	0
	(ii)							
(4) GREG BONTRAGER	(i)	497,135	56,760	73,789	129,538	1,308	758,530	0
	(ii)							
(5) TERRY MUSIC	(i)	363,381	39,200	134,039	112,710	12,946	662,276	0
	(ii)							
(6) JOE CAHOON	(i)	389,021	44,650	63,655	70,980	6,092	574,398	0
	(ii)							
(7) FRANK S HALE	(i)	238,857	0	5,665	33,922	11,283	289,727	0
	(ii)	26,057		618	3,701	1,231	31,607	
(8) GERARD J FISCHER	(i)	295,013	0	1,939	64,272	1,980	363,204	0
	(ii)							
(9) REUEL JOHNSON	(i)	277,183	0	1,835	110,872	12,355	402,245	0
	(ii)							
(10) LAURA GRIFFITH	(i)	272,228	0	248	16,448	16,217	305,141	0
	(ii)							
(11) VICTOR AYERS	(i)	300,424	0	9,010	34,281	14,241	357,956	0
	(ii)							
(12) GREG DONALDSON	(i)	258,999	0	608	46,487	18,385	324,479	0
	(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.

Identifier	Return Reference	Explanation
Supplemental Compensation Information		<p>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 LIMITED AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART VI, LINE 15. INCLUDED IN COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR CHANGE IN ACTUARIAL VALUE OF BENEFITS. NO AMOUNTS WERE ACTUALLY PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR. THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE AMOUNT OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL: JOHN SEFFRIN \$79,364; CATHERINE MICKLE \$13,635; GREG BONTRAGER \$72,553; JOE CAHOON \$62,703; TERRY MUSIC \$132,396; FRANK S HALE \$5,661; GERARD J FISCHER \$1,249.</p> <p>SCHEDULE J, PART I, LINE 5A CERTAIN OFFICERS AND KEY EMPLOYEES AT THE AMERICAN CANCER SOCIETY ARE ELIGIBLE TO RECEIVE INCENTIVE PAYMENTS AS PART OF TOTAL COMPENSATION. INCENTIVE PAYMENTS ARE BASED ON THE ACHIEVEMENT OF STRETCH GOALS IN VARIOUS CATEGORIES INCLUDING MISSION OUTCOMES, STRATEGIC ALIGNMENT, AND REVENUE. INCENTIVE COMPENSATION IS BASED ON PERFORMANCE MEASURES DEVELOPED, REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE AMERICAN CANCER SOCIETY BOARD OF DIRECTORS IN CONSULTATION WITH THE SOCIETY'S INDEPENDENT COMPENSATION CONSULTANTS AND REPRESENTS THE ACHIEVEMENT OF STATED GOALS FOR FISCAL YEAR 2010.</p>

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JACE OUTLAW	SON-IN-LAW OF TERRY MUSIC	88,262	COMPENSATION		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE

Employer identification number 13-1788491

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Table with 3 columns: Question, Yes, No. Row 30a: No

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?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

Table with 3 columns: Question, Yes, No. Row 31: Yes. Row 32a: No.

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part 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.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
AMERICAN CANCER SOCIETY INC NATIONAL HOME  
OFFICE

**Employer identification number**

13-1788491

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	PART III, LINE 4D	DETECTION AND TREATMENT PROGRAMS SEEK TO FIND CANCER BEFORE IT IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT OPTIONS FOR TREATMENT, A CURE, RECURRENCE, SYMPTOM MANAGEMENT, AND PAIN CONTROL GRANTS TO AFFILIATES \$4,734,189

Identifier	Return Reference	Explanation
DONATED SERVICES	PART III, LINES 4A-4D	<p>4A DONATED SERVICES PROVIDED BY SCIENTIFIC PEER REVIEWERS CONSISTING OF MEDICAL DOCTORS, PH D'S, PROFESSORS, BIOMEDICAL AND PSYCHOSOCIAL PROFESSIONALS, SOCIAL WELFARE SERVICE PROVIDERS, AND OTHER SERVICE PROVIDERS TOTAL 25,360 HOURS VALUED AT \$1,991,218 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 \$546,192 4C DONATED ADVERTISING PRODUCTION, MAGAZINE SPACE, PUBLIC SERVICE ANNOUNCEMENTS AND IN-STORE ADVERTISING MATERIALS FROM VARIOUS RETAIL AND PROFESSIONAL ORGANIZATIONS VALUED AT \$219,869 IN SUPPORT OF PREVENTING CANCER OCCURRENCE AND RISK OF DEVELOPING THE DISEASE 4D DONATED ADVERTISING PRODUCTION, MAGAZINE SPACE, PUBLIC SERVICE ANNOUNCEMENTS AND IN-STORE ADVERTISING MATERIALS FROM VARIOUS RETAIL AND PROFESSIONAL ORGANIZATIONS VALUED AT \$191,561 IN SUPPORT OF DETECTION AND TREATMENT PROGRAMS</p>

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

Identifier	Return Reference	Explanation
PROCESS USED TO REVIEW 990 BY MANAGEMENT &/OR GOVERNING BODY	PART VI, LINE 11b	MANAGEMENT PREPARES AND REVIEWS THE FORM 990 THEN, PRIOR TO FILING WITH THE IRS, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS' FINANCE COMMITTEE, AND THE CFO CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH THE COMMITTEE MEMBERS. AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.

Identifier	Return Reference	Explanation
PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	PART VI, LINE 12C	THE AMERICAN CANCER SOCIETY MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED. THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.

Identifier	Return Reference	Explanation
OFFICE & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	PART VI, LINES 15A & 15B	<p>THE AMERICAN CANCER SOCIETY USES AN INDEPENDENT COMPENSATION COMMITTEE ("THE COMMITTEE") TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ("CEO") AND APPROVES COMPENSATION RANGES FOR ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE "BOARD") IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ("DISQUALIFIED PERSONS"). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL (A) CONDUCT AN ANNUAL REVIEW OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS, (B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA, (C) REVISE IF NECESSARY THE CEO'S PERFORMANCE GOALS, (D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT, (E) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD, (F) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE, (G) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON, (H) CONSIDER ALL BENEFITS PROVIDED BY THE AMERICAN CANCER SOCIETY TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS, (I) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE BOARD, (J) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.</p>

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC	PART VI, LINE 19	THE AMERICAN CANCER SOCIETY TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND OTHERWISE PROTECTED THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES THE FILING ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND COMBINED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG

Identifier	Return Reference	Explanation
HOURS FROM RELATED ORGANIZATION	PART VII, SECTION A, COLUMN B	<p>THE INDIVIDUALS LISTED ON SCHEDULE J-2 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-2, FROM THE FILING ORGANIZATION AND ALL RELATED ORGANIZATIONS IS REQUIRED TO BE DISCLOSED ON SCHEDULE J-2 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</p>



Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING GRANTS TO AFFILIATES	FORM 990, PART IX, LINE 24	<p>GRANTS TO AFFILIATES ARE NOT ENTIRELY ALLOCABLE TO PROGRAM SERVICES LISTED BELOW ARE RECIPIENTS OF GRANTS TO AFFILIATES THAT RECEIVED \$5,000 OR MORE ORGANIZATION AMERICAN CANCER SOCIETY CALIFORNIA DIVISION, INC EIN 94-1170350 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$3,293,032 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 \$23,057,604 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 \$4,696,819 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 \$2,984,700 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 \$1,473,616 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 \$1,469,860 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 \$3,415,426 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 \$77,033 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY HIGH PLAINS DIVISION, INC EIN 74-1185665 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$3,594,944 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 \$1,592,743 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 \$2,888,507 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 \$1,804,572 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY NEW ENGLAND DIVISION, INC EIN 05-0271570 IRC SECTION 501(C)(3) AMOUNT OF GRANT \$1,778,867 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 \$121,855 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 \$3,776,711 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY</p>

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

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

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	PART XII, LINE 2B	<p>THE AMERICAN CANCER SOCIETY IS REQUIRED BY THE IRS TO SUBMIT FORM 990S FOR EACH OF ITS LEGAL ORGANIZATIONS. WHILE EACH FORM 990 DOES REPRESENT THE OPERATIONS OF EACH AMERICAN CANCER SOCIETY DIVISION, IT DOES NOT INDIVIDUALLY PRESENT A COMPREHENSIVE OR MEANINGFUL PICTURE OF THE AMERICAN CANCER SOCIETY'S FINANCIAL TRANSACTIONS AS A WHOLE. ADDITIONALLY, FORM 990 IS PRESENTED IN ACCORDANCE WITH IRS REGULATIONS WHICH IN SOME CASES ARE AT VARIANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THEREFORE, THE SOCIETY PROVIDES THE CONSOLIDATED 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. WHILE THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE NOT SEPARATELY AUDITED BY AN INDEPENDENT ACCOUNTANT, THE FILING ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHICH WERE AUDITED BY AN INDEPENDENT ACCOUNTANT. ALSO INCLUDED ON THE SOCIETY'S WEB SITE IS A COPY OF THE SOCIETY'S MOST RECENT STEWARDSHIP 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.</p>

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART X, LINE 11	THE NATIONAL HOME OFFICE MAINTAINS A COMBINED INVESTMENT POOL ("THE POOL") FOR THE ENTERPRISE WHICH INCLUDES INVESTMENTS OF IT'S CHARTERED DIVISIONS. DURING THE YEAR, THE DIVISIONS TRANSFERRED THEIR EXISTING INVESTMENTS, PRIMARILY PUBLICALLY TRADED SECURITIES, INTO THE POOL.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI, LINE 5	NET UNREALIZED GAIN ON INVESTMENTS \$7,714,612 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (\$336,383) NET CHANGE IN RETIREMENT PLAN LIABILITY (\$330,681) MISCELLANEOUS \$112 ----- TOTAL OTHER CHANGES IN NET ASSETS \$7,047,660 =====

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE

**Employer identification number**  
13-1788491

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

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

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

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

**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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> ACS CANCER ACTION NETWORK INC	B	23,057,604	FMV
<b>(2)</b> ACS CANCER ACTION NETWORK INC	K	80,561	FMV
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation	
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Schedule R (Form 990) 2011