

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

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

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: American Cancer Society Inc, National Home Office, Doing Business As, Number and street (or P O box if mail is not delivered to street address), Room/suite, City or town, state or country, and ZIP + 4

D Employer identification number: 13-1788491, E Telephone number: (800) 227-2345, G Gross receipts \$ 785,989,516

F Name and address of principal officer: Dr John Seffrin, 250 Williams Street NW, Atlanta, GA 30303

H(a) Is this a group return for affiliates? Yes No, H(b) Are all affiliates included? Yes No, H(c) Group exemption number 0580

I Tax-exempt status: 501(c) (3) (insert no), 4947(a)(1) or 527

J Website: www.cancer.org

K Form of organization: Corporation, Trust, Association, Other, L Year of formation 1922, M State of legal domicile NY

Part I Summary

Table with 4 main sections: 1. Activities & Governance (mission statement, 2-7a), 2. Revenue (8-12), 3. Expenses (13-19), 4. Net Assets or Fund Balances (20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here

Signature of officer: Catherine E Mickle, Chief Financial Officer, Date: 2011-06-30

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 152,958,522 including grants of \$ 111,844,410) (Revenue \$ 9,813,363)
 RESEARCH PROGRAMS PROVIDE FINANCIAL SUPPORT TO ACADEMIC INSTITUTIONS AND SCIENTISTS TO SEEK NEW KNOWLEDGE ABOUT THE CAUSES, PREVENTION, AND CURE OF CANCER AND TO CONDUCT EPIDEMIOLOGIC AND BEHAVIORAL STUDIES GRANTS TO AFFILIATES \$4,736,087 DONATED SERVICES - SEE SCHEDULE O

4b (Code) (Expenses \$ 71,136,188 including grants of \$ 995,132) (Revenue \$ 525,227)
 PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE GRANTS TO AFFILIATES \$25,683,833 DONATED SERVICES - SEE SCHEDULE O

4c (Code) (Expenses \$ 47,224,874 including grants of \$ 2,167,468) (Revenue \$ 2,315,386)
 PREVENTION PROGRAMS, DERIVED IN PART ON OUR CANCER RESEARCH, PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE AND TO REDUCE THE RISK OF DEVELOPING CANCER GRANTS TO AFFILIATES \$ 6,578,453 DONATED SERVICES - SEE SCHEDULE O

4d Other program services (Describe in Schedule O)
 (Expenses \$ 32,155,880 including grants of \$ 1,136,749) (Revenue \$ 215,391)

4e Total program service expenses \$ 303,475,464

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 1,362		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 1,848		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
4a			
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Catherine E Mickle CFO 250 Williams Street NW Atlanta, GA 30303 (404) 329-7934

1b Total	5,991,387	242,785	1,294,722
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **183**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT 325 Springside Dr AKRON, OH 44333	Telemrkng/Fundraise	5,448,969
THE MARTIN AGENCY INC PO Box 7247-7224 PHILADELPHIA, PA 19170	Consulting	3,105,033
CONVIO INC PO Box 671445 DALLAS, TX 752671445	Consulting	2,965,304
IRONWORKS CONSULTING 4501 Highwoods Parkway Suite 260 GLEN ALLEN, VA 23060	Info Techonology	1,834,676
SYNQ SOLUTIONS INC PO Box 1847 GREENVILLE, SC 29602	Fulfillment-Literatu	1,255,036

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **62**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	5,346,921				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	363,629,602				
	g	Noncash contributions included in lines 1a-1f \$ 16,736,516					
	h	Total. Add lines 1a-1f ▶	368,976,523				
Program Service Revenue	2a	PROGRAM SERVICE FEES	900,099	2,020,891	2,020,891		
	b	QUITLINE COUNSELING/INTAKE	900,099	566,094	566,094		
	c	EDUCATION MAGAZINES - ADVERTISING	541,800	33,730	33,730		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	2,620,715				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	3,919,297			3,919,297	
	4	Income from investment of tax-exempt bond proceeds . . . ▶	0				
	5	Royalties ▶	2,712,366		39,797	2,672,569	
	6a	Gross Rents	(i) Real	720,501			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	720,501			
	d	Net rental income or (loss) ▶	720,501			720,501	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	396,610,219		0	
			(ii) Other			259,438	
			b Less cost or other basis and sales expenses	394,024,517			
			c Gain or (loss)	2,585,702		-259,438	
d	Net gain or (loss) ▶	2,326,264			2,326,264		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events . . . ▶	0					
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . . ▶	0					
10a	Gross sales of inventory, less returns and allowances . . . a		181,243				
		b Less cost of goods sold . . . b	97,668				
		c Net income or (loss) from sales of inventory . . . ▶	83,575			83,575	
	Miscellaneous Revenue	Business Code					
11a	Grants Refunds/Resignations	900,099	8,818,894	8,818,894			
b	Other Gains (Losses)	900,099	1,429,758	1,429,758			
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶	10,248,652					
12	Total revenue. See Instructions ▶	391,607,893	12,835,637	73,527	9,722,206		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	114,911,594	114,911,594		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,232,165	1,232,165		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,023,634	1,898,330	1,725,764	399,540
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	778,038	333,771	206,814	237,453
7	Other salaries and wages	70,705,626	48,002,258	11,501,188	11,202,180
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,185,253	7,720,855	1,668,637	1,795,761
9	Other employee benefits	5,760,137	3,912,709	931,891	915,537
10	Payroll taxes	5,801,025	3,881,957	1,006,086	912,982
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	777,537	256,308	469,060	52,169
c	Accounting	1,468,786		1,468,786	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	7,975,631			7,975,631
f	Investment management fees	899,808		899,808	
g	Other	35,349,446	27,515,041	3,667,602	4,166,803
12	Advertising and promotion	12,783,628	12,417,268	21,479	344,881
13	Office expenses	18,542,994	11,793,664	2,717,972	4,031,358
14	Information technology	3,198,628	2,385,051	276,167	537,410
15	Royalties	0			
16	Occupancy	7,482,805	5,463,871	487,108	1,531,826
17	Travel	4,710,375	3,467,492	566,994	675,889
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,153,879	3,670,090	853,424	630,365
20	Interest	100,704		100,704	
21	Payments to affiliates	1,599,305	1,599,305		
22	Depreciation, depletion, and amortization	10,324,810	7,331,705	937,622	2,055,483
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	GRANTS TO AFFILIATES	46,999,796	41,468,756	2,828,476	2,702,564
b	PRINTING - EDUCATIONAL & FUNDR	6,397,233	3,646,679	641,767	2,108,787
c	MEMBERSHIP DUES	672,413	483,387	143,634	45,392
d	UBI TAX	4,312	4,312		
e	MISCELLANEOUS	546,550	78,896	298,172	169,482
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	379,386,112	303,475,464	33,419,155	42,491,493
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	19,034,084	7,117,776	2,329,224	9,587,084

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	43,760,443	2	45,812,476
	3 Pledges and grants receivable, net	14,982,171	3	9,689,377
	4 Accounts receivable, net	1,106,922	4	1,286,087
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	897,374	8	972,482
	9 Prepaid expenses and deferred charges	20,979,776	9	15,879,953
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	118,527,582		
	b Less accumulated depreciation	77,833,421	10c	40,694,161
	11 Investments—publicly traded securities	770,096,055	11	782,149,750
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	671,320,783	15	638,424,427
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,573,900,083	16	1,534,908,713	
Liabilities	17 Accounts payable and accrued expenses	63,270,733	17	45,671,030
	18 Grants payable	215,441,364	18	210,801,184
	19 Deferred revenue	563,826	19	205,773
	20 Tax-exempt bond liabilities	8,495,000	20	8,045,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	778,119,913	25	749,007,907
	26 Total liabilities. Add lines 17 through 25	1,065,890,836	26	1,013,730,894
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	398,296,002	27	387,276,684
	28 Temporarily restricted net assets	82,238,465	28	91,401,159
	29 Permanently restricted net assets	27,474,780	29	42,499,976
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	508,009,247	33	521,177,819	
34 Total liabilities and net assets/fund balances	1,573,900,083	34	1,534,908,713	

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

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
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	370,874,768	406,972,320	399,213,891	344,864,386	368,976,523	1,890,901,888
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	370,874,768	406,972,320	399,213,891	344,864,386	368,976,523	1,890,901,888
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1,890,901,888

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	370,874,768	18,650,247	399,213,891	344,864,386	368,976,523	1,890,901,888
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,661,878	18,650,247	18,137,275	11,448,115	7,312,367	68,209,882
9 Net income from unrelated business activities, whether or not the business is regularly carried on	39,886	27,122	34,026	34,024	73,527	208,585
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						1,959,320,355
12 Gross receipts from related activities, etc. (See instructions.)					12	43,774,146

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	96.508%
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	96.430%

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. 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—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert T Brodell MD Director Medical	3 0	X						0	0	0
Judith E Calhoun PhD ARNP Director Medical	3 0	X						0	0	0
Carmel J Cohen MD Director Medical	3 0	X						0	0	0
Diana S Diaz RN MS Director Medical	3 0	X						0	0	0
Willie Goffney MD FACS Director Medical	3 0	X						0	0	0
Enrique Hernandez MD Director Medical	3 0	X						0	0	0
Douglas K Kelsey MD PhD Director Medical	3 0	X						0	0	0
Mario A Mendez MD Director Medical	3 0	X						0	0	0
Christy A Russell MD Director Medical	3 0	X						0	0	0
Maria J Worsham PhD FACMG Director Medical	3 0	X						0	0	0
Gary M Reedy Director at Large	3 0	X						0	0	0
Marjorie K Singer RN MN PhD Director at Large	3 0	X						0	0	0
William J Todd Director at Large	3 0	X						0	0	0
Sandra M Underwood RN PhD FAAN Director at Large	3 0	X						0	0	0
TIM E BYERS MD PHD Director at Large	3 0	X						0	0	0
Kevin J Cullen MD Director at Large	3 0	X						0	0	0
Adnan Hammad PhD Director at Large	3 0	X						0	0	0
Maryjean Schenk MD MPH MS Director at Large	3 0	X						0	0	0
John R Seffrin Chief Executive Officer	55 0			X				2,081,246	189,204	130,662
Catherine E Mickle Chief Financial Officer	55 0			X				272,455	29,722	52,405
Greg Bontrager Chief Operating Officer	55 0				X			515,107	0	167,292
Joe Cahoon Executive VP Field Operations	55 0				X			413,766	0	262,985
Terry Music Chief Mission Officer	55 0				X			441,990	0	253,087
Frank S Hale Chief Counsel	55 0				X			218,715	23,859	71,077
Otis Brawley Chief Medical Officer	55 0				X			392,036	0	31,866

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Mitchell President Foundation (former)	55 0					X		382,468	0	106,652
Victor Vogel National VP Research	55 0					X		346,411	0	16,183
Michael Stefanek VP Behavioral Research	55 0					X		322,104	0	10,215
Gerard J Fischer Chief Development Officer	55 0					X		320,651	0	168,094
Elane Stock National VP Strategy	55 0					X		284,438	0	24,204

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GRANTS TO AFFILIATES	46,999,796	41,468,756	2,828,476	2,702,564
PRINTING - EDUCATIONAL & FUNDR	6,397,233	3,646,679	641,767	2,108,787
MEMBERSHIP DUES	672,413	483,387	143,634	45,392
UBI TAX	4,312	4,312		
MISCELLANEOUS	546,550	78,896	298,172	169,482

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing Organization's Totals	(b) Affiliated Group Totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?	Yes		403
f Grants to other organizations for lobbying purposes?	Yes		10,225,543
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,460
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			10,228,406
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

2009

Open to Public Inspection

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

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: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	31,193,130	20,047,847			
b Contributions	903,908	14,050,122			
c Investment earnings or losses	821,379	-1,367,807			
d Grants or scholarships		1,006,855			
e Other expenditures for facilities and programs	685,518	530,177			
f Administrative expenses					
g End of year balance	32,232,899	31,193,130			

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

- a** Board designated or quasi-endowment ▶ **6.000 %**
- b** Permanent endowment ▶ **94.000 %**
- 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
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		543,158		543,158
b Buildings		5,431,577	1,726,146	3,705,431
c Leasehold improvements		21,422,017	6,227,037	15,194,980
d Equipment		81,945,435	65,148,529	16,796,906
e Other		9,185,395	4,731,709	4,453,686
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				40,694,161

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	391,607,893
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	379,386,112
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,221,781
4	Net unrealized gains (losses) on investments	4	940,931
5	Donated services and use of facilities	5	655,000
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,012,589
9	Total adjustments (net) Add lines 4 - 8	9	2,608,520
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,830,301

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

1	Total revenue, gains, and other support per audited financial statements	1	396,118,800
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	940,931
b	Donated services and use of facilities	2b	4,591,726
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	8,701,265
e	Add lines 2a through 2d	2e	14,233,922
3	Subtract line 2e from line 1	3	381,884,878
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	899,808
b	Other (Describe in Part XIV)	4b	8,823,207
c	Add lines 4a and 4b	4c	9,723,015
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	391,607,893

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

1	Total expenses and losses per audited financial statements	1	380,599,089
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,936,726
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	3,936,726
3	Subtract line 2e from line 1	3	376,662,363
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	899,808
b	Other (Describe in Part XIV)	4b	1,823,941
c	Add lines 4a and 4b	4c	2,723,749
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	379,386,112

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 FORM 990 TO FS	SCHEDULE D, PART XI, LINE 8	NET CHANGE IN RETIREMENT PLAN LIABILITY <\$689,411> NET REVENUE OF AFFILIATES \$1,662,428 NET CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$39,572
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	SCHEDULE D, PART XII, LINE 2D	REVENUE OF AFFILIATES \$8,661,693, CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$39,572
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	SCHEDULE D, PART XII, LINE 4B	GRANTS REFUNDS/RESIGNATIONS \$8,818,895, EXCHANGE REVENUE/(EXPENSE) RECLASSIFIED TO EXPENSE - UBI FEES \$4,312
RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN	SCHEDULE D, PART XIII, LINE 4B	EXPENSES OF AFFILIATES \$6,999,265, EXCHANGE REVENUE/(EXPENSE) RECLASSIFIED TO EXPENSE - UBI TAX (\$4,312), GRANT REFUNDS/RESIGNATION (\$8,818,894)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) 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, (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. Includes a Totals row at the bottom right with value 1,564,274.

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmaking		83,840
Central America and the Caribbean			Program Services	Capacity Building	3,451
East Asia and the Pacific			Program Services	Capacity Building	85,928
East Asia and the Pacific			Program Services	Tobacco Control	16,240
Europe (Including Iceland and Greenland)			Grantmaking		232,550
Europe (Including Iceland and Greenland)			Program Services	Capacity Building	8,011
Middle East and North Africa			Grantmaking		8,000
Middle East and North Africa			Program Services	Capacity Building	14,172
Middle East and North Africa			Program Services	Tobacco Control	692
North America			Program Services	Capacity Building	41,388
North America			Program Services	Tobacco Control	519
South America			Grantmaking		327,455
South America			Program Services	Capacity Building	90,767
South Asia			Grantmaking		101,341
South Asia			Program Services	Capacity Building	53,967
Sub-Saharan Africa			Grantmaking		346,647
Sub-Saharan Africa			Program Services	Capacity Building	18,062
Sub-Saharan Africa			Program Services	Tobacco Control	73,744
North America			Grantmaking		57,500

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	TOBACCO CONTROL	7,500	CHECK			
		Cent America/Caribbean	TOBACCO CONTROL	7,500	CHECK			
		Cent America/Caribbean	CAPACITY BUILDING	10,000	EL FND/WR TR			
		Cent America/Caribbean	CAPACITY BUILDING	7,500	CHECK			
		Cent America/Caribbean	CAPACITY BUILDING	7,500	CHECK			
		Cent America/Caribbean	CAPACITY BUILDING	30,790	EL FND/WR TR			
		North America	CAPACITY BUILDING	12,500	CHECK			
		North America	CAPACITY BUILDING	8,000	CHECK			
		North America	CAPACITY BUILDING	9,500	CHECK			
		North America	CAPACITY BUILDING	25,000	EL FND/WR TR			
		South America	CAPACITY BUILDING	92,842	EL FND/WR TR			
		South America	CAPACITY BUILDING	7,500	CHECK			
		South America	CAPACITY BUILDING	7,500	CHECK			
		South America	CAPACITY BUILDING	30,000	EL FND/WR TR			
		South America	CAPACITY BUILDING	19,500	CHECK			
		South America	CAPACITY BUILDING	5,600	CHECK			
		South America	CAPACITY BUILDING	17,000	CHECK			
		South America	CAPACITY BUILDING	20,000	CHECK			
		South America	CAPACITY BUILDING	21,530	CHECK			
		South America	CAPACITY BUILDING	7,100	CHECK			
		South America	CAPACITY BUILDING	20,000	CHECK			
		South America	CAPACITY BUILDING	21,883	EL FND/WR TR			
		South America	CAPACITY BUILDING	20,000	EL FND/WR TR			
		South America	CAPACITY BUILDING	30,000	EL FND/WR TR			
		South Asia	CPCTY BLDG/TECH AST	8,500	EL FND/WR TR			
		South Asia	CPCTY BLDG/TECH AST	26,415	EL FND/WR TR			
		South Asia	CPCTY BLDG/TECH AST	20,000	EL FND/WR TR			
		South Asia	CPCTY BLDG/TECH AST	21,400	EL FND/WR TR			
		South Asia	CPCTY BLDG/TECH AST	10,146	EL FND/WR TR			
		South Asia	CPCTY BLDG/TECH AST	7,176	EL FND/WR TR			

(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	CPCTY BLDG/TECH AST	8,110	EL FND/WR TR			
		South Asia	CPCTY BLDG/TECH AST	13,100	EL FND/WR TR			
		South Asia	CPCTY BLDG/TECH AST	11,000	EL FND/WR TR			
		South Asia	BREAST CANCER PROGRAMS	10,000	EL FND/WR TR			
		Sub-Saharan Africa	CAPACITY BUILDING	16,089	EL FND/WR TR			
		Sub-Saharan Africa	CAPACITY BUILDING	28,982	EL FND/WR TR			
		Sub-Saharan Africa	CAPACITY BUILDING	10,000	EL FND/WR TR			
		Sub-Saharan Africa	CAPACITY BUILDING	10,000	EL FND/WR TR			
		Sub-Saharan Africa	TECHNICAL ASSISTANCE	19,500	EL FND/WR TR			
		Sub-Saharan Africa	TECHNICAL ASSISTANCE	10,000	EL FND/WR TR			
		Sub-Saharan Africa	TOBACCO CONTROL	20,000	EL FND/WR TR			
		Sub-Saharan Africa	TOBACCO CONTROL	200,771	EL FND/WR TR			
		Europe/Iceland/Greenland	SCIENTIFIC WORKSHOP	14,530	EL FND/WR TR			
		Europe/Iceland/Greenland	PAIN RELIEF	53,000	EL FND/WR TR			
		Europe/Iceland/Greenland	CANCER SCREENING	55,020	EL FND/WR TR			
		Europe/Iceland/Greenland	EDUCATIONAL SPONSORSHIP	110,000	EL FND/WR TR			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

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

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

- a 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... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name 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.

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

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

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

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

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

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

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

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2009

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: See Additional Data Table.

2 Enter total number of section 501(c)(3) and government organizations 231
3 Enter total number of other organizations 4

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKMAN RESEARCH INSTITUTE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501C3	1,991,000				RESEARCH SCHOLAR GRANT
BETH ISRAEL DEACONESS MED CTR 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501C3	300,000				POSTDOCTORAL FELLOWSHIP
BIDMC RESEARCH FINANCE OFFICE 330 BROOKLINE AVE N/A BOSTON, MA 02215	04-2103881	501C3	960,000				RESEARCH SCHOLAR GRANT
BD OF REG OF THE UNIV OF WISCONSIN RESRCH SPONSORED PROGRAMS N/A MILWAUKEE, WI 53278	39-1805963	501C3	150,000				POSTDOCTORAL FELLOWSHIP
BOARD OF TRUSTEES UNIV OF ILLINOIS AT CHGO GRANTS AND CONTRACTS P O BOX 20787 SPRINGFIELD, IL 62708	37-6000511	501C3	1,604,000				RESEARCH SCHOLAR GRANT
BOISE STATE UNIVERSITY 1910 UNIVERSITY DR N/A BOISE, ID 83725	82-0290701	section 115	720,000				RESEARCH SCHOLAR GRANT
BOSTON MEDICAL CENTER 660 HARRISON AVE GAMBRO 2 BOSTON, MA 02118	04-3314093	501C3	300,000				CAREER DEVELOPMENT AWARD
BRENTWOOD BIOMEDICAL RESEARCH 11301 WILSHIRE BLVD N/A LOS ANGELES, CA 90073	95-4183712	501C3	610,000				RESEARCH SCHOLAR GRANT
BRIGHAM AND WOMENS HOSPITAL ATTN RESEARCH MANAGEMENT PO BOX 3149 BOSTON, MA 02241	04-2312909	501C3	52,000				POSTDOCTORAL FELLOWSHIP
BRIGHAM AND WOMENS HOSPITAL ATTN RESEARCH MANAGEMENT PO BOX 3149 BOSTON, MA 02241	04-2312909	501C3	10,000				PROFESSOR RESEARCH DEVELOPMENT

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
BROWN UNIVERSITY 164 ANGELL ST N/A PROVIDENCE, RI 02912	05-0258809	501C3	720,000				RESEARCH SCHOLAR GRANT
CA INSTITUTE OF TECHNOLOGY 217 FINANCIAL SERVICES BLDG 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501C3	300,000				POSTDOCTORAL FELLOWSHIP
CALIFORNIA DEPT OF PUBLIC HEALTH 1501 CAPITOL AVE STE 71 2048 PO BOX 997376 MS 1601 SACRAMENTO, CA 95899	99-9999999	GOVT	300,000				PHYSICIAN TRAINING AWARD
CANCERCARE DIRECTOR OF DEVELOPMENT 275 SEVENTH AVE NEW YORK, NY 10001	13-1825919	501C3	12,000				MASTERS SOCIAL WORK
CASE WESTERN RESERVE UNIV 10900 EUCLID AVE N/A CLEVELAND, OH 44106	34-1018992	501C3	20,000				CANCER NURSING SCHOLARSHIPS
CASE WESTERN RESERVE UNIV BIOENTERPRISE BLDG 3RD FLOOR 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501C3	778,000				RESEARCH SCHOLAR GRANT
CATHOLIC UNIVERSITY OF AMERICA OFFICE OF GRANTS AND CONTRACTS 620 MICHIGAN AVENUE NE WASHINGTON, DC 20064	53-0196583	501C3	80,000				DOCTORAL SOCIAL WORK
CEDARS SINAI MEDICAL CENTERS SPONSORED RESEARCH AND FUNDS ADMIN 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501C3	720,000				RESEARCH SCHOLAR GRANT
CHILDRENS HOSP MED CTR 3333 BURNET AVE ML 4900 N/A CINCINNATI, OH 45229	31-0833936	501C3	720,000				RESEARCH SCHOLAR GRANT
CHILDRENS RESEARCH INSTITUTE 111 MICHIGAN AVE NW N/A WASHINGTON, DC 20010	52-1654453	501C3	143,000				PALLIATIVE CARE PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS RESEARCH INSTITUTE 111 MICHIGAN AVE NW N/A WASHINGTON, DC 20010	52-1654453	501C3	12,000				MASTERS SOCIAL WORK
CITY UNIV OF NEW YORK 365 FIFTH AVE N/A NEW YORK, NY 10016	13-1988190	501C3	20,000				DOCTORAL SOCIAL WORK
COLD SPRING HARBOR LABORATORY PO BOX 100 N/A COLD SPRING HARBOR, NY 11724	11-2013303	501C3	10,000				PROFESSOR RESEARCH DEVELOPMENT
COLUMBIA UNIVERSITY 722 W 168TH ST 4TH FLOOR N/A NEW YORK, NY 10032	13-3948652	501C3	729,000				TARGETED RESEARCH SCHOLAR
COLUMBIA UNIV SCHL OF NURSING 617 W 168TH ST FIRST FLOOR N/A NEW YORK, NY 10032	13-3948652	501C3	10,000				CANCER NURSING SCHOLARSHIPS
CORNELL UNIVERSITY OFFICE OF SPONSORED PROGRAMS 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501C3	150,000				POSTDOCTORAL FELLOWSHIP
CURATORS OF UNIV OF MISSOURI OFFICE OF SPONSORED PROGRAMS 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	501C3	709,000				RESEARCH SCHOLAR GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY ST BP 431C BOSTON, MA 02115	04-2263040	501C3	400,000				RESEARCH PROFESSORSHIP
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BP431C BOSTON, MA 02115	04-2263040	501C3	1,157,000				RESEARCH SCHOLAR GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BP431C BOSTON, MA 02115	04-2263040	501C3	252,000				POSTDOCTORAL FELLOWSHIP

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

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DUKE UNIVERSITY 2200 W MAIN ST STE 300 N/A DURHAM, NC 27705	56-2070036	501C3	10,000				CANCER NURSING SCHOLARSHIPS
DUKE UNIVERSITY 2200 W MAIN ST STE 300 N/A DURHAM, NC 27705	56-2070036	501C3	102,000				POSTDOCTORAL FELLOWSHIP
DUKE UNIVERSITY 2200 W MAIN ST STE 300 N/A DURHAM, NC 27701	56-2070036	501C3	2,889,000				RESEARCH SCHOLAR GRANT
EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FLOOR N/A ATLANTA, GA 30322	58-2087692	501c3	30,000				CANCER NURSING SCHOLARSHIPS
EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FLOOR N/A ATLANTA, GA 30322	58-2087692	501c3	720,000				RESEARCH SCHOLAR GRANT
FLORIDA A AND M UNIVERSITY OFFICE OF THE CONTROLLER 201 FOOTE HILYER ADMIN BLDG TALLAHASSEE, FL 32307	59-0977035	govt	600,000				RESEARCH SCHOLAR GRANT
FLORIDA ATLANTIC UNIVERSITY RESEARCH ACCOUNTING PO BOX 198660 ATLANTA, GA 30384	65-0385507	SECTION 115	150,000				POSTDOCTORAL FELLOWSHIP
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY PO BOX 3064166 TALLAHASSEE, FL 32306	59-3211153	501C3	20,000				DOCTORAL SOCIAL WORK
FOX CHASE CANCER CENTER 604 COTTMAN AVE N/A CHELTENHAM, PA 19012	23-2003072	501C3	978,000				RESEARCH SCHOLAR GRANT
FRED HUTCHINSON CANCER 1100 FAIRVIEW AVE N N/A SEATTLE, WA 98109	23-7156071	501C3	490,000				POSTDOCTORAL FELLOWSHIP

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

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FRED HUTCHINSON CANCER RES CTR1100 FAIRVIEW AVE N N/A SEATTLE, WA 98109	23-7156071	501C3	10,000				PROFESSOR RESEARCH DEVELOPMENT
GEORGETOWN UNIVERSITY2121 WISCONSIN AVE NW SUITE 400 WASHINGTON, DC 20007	52-2299950	501C3	2,175,000				RESEARCH SCHOLAR GRANT
GRIFFIN HOSPITAL CONTROLLER 130 DIVISION STREET DERBY, CT 06418	06-0647014	501C3	300,000				PHYSICIAN TRAINING AWARD
HARVARD PILGRIM HEALTH CAREPO BOX 3672 N/A BOSTON, MA 02241	04-2452600	501C3	1,296,000				RESEARCH SCHOLAR GRANT
HEALTH RESEARCH INCPO 2966 N/A BUFFALO, NY 14240	14-1402155	501C3	900,000				RESEARCH SCHOLAR GRANT
HEALTH RESEARCH INCPO 2966 N/A BUFFALO, NY 14240	14-1402155	501C3	12,000				MASTERS SOCIAL WORK
HEALTH RESEARCH INCPO 2966 N/A BUFFALO, NY 14263	14-1402155	501C3	300,000				PHYSICIAN TRAINING AWARD
HOSPICE OF THE BLUEGRASS2312 ALEXANDRIA DRIVE N/A LEXINGTON, KY 40504	61-1317442	501C3	12,000				MASTERS SOCIAL WORK
HUNTSMAN CANCER INSTITUTE201 S PRESIDENTS CIRCLE GRANTS AND CONTRACTS ACCOUNTING SALT LAKE CITY, UT 84112	87-0541293	501C3	12,000				MASTERS SOCIAL WORK
INDIANA UNIVOFFICE OF RESEARCH ADMIN PO BOX 66057 INDIANAPOLIS, IN 46266	35-1990726	501C3	733,200				RESEARCH SCHOLAR GRANT

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INDIANA UNIVERSITY ATTN FINANACIAL MNGMT SERVICES PO BOX 66057 INDIANAPOLIS, IN 46266	35-1990726	501C3	300,000				CANCER CONTROL CAREER DEVELOPMENT
JACKSON LABORATORY OFFICE OF SPONSORED PROGRAMS 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501C3	720,000				RESEARCH SCHOLAR GRANT
LSU HEALTH SCIENCES CENTER 433 BOLIVAR ST 6TH FLOOR OFFICE OF SPONSORED PROJECTS NEW ORLEANS, LA 70112	72-1304948	501C3	720,000				RESEARCH SCHOLAR GRANT
MAYO CLINIC ARIZONA RESEARCH SERVICES ACCOUNTING 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501C3	150,000				POSTDOCTORAL FELLOWSHIP
MAYO CLINIC ROCHESTER RESEARCH ACCOUNTING PO BOX 4006 ROCHESTER, MN 55905	41-1937751	501C3	180,000				RESEARCH SCHOLAR GRANT
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD ATTN OFFICE OF SPONSORED PROG MILWAUKEE, WI 53226	39-0806261	501C3	1,189,000				RESEARCH SCHOLAR GRANT
MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVENUE N/A CHARLESTON, SC 29425	57-6000722	501C3	10,000				CANCER NURSING SCHOLARSHIPS
MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVENUE N/A CHARLESTON, SC 29425	57-6000722	501C3	450,000				RESEARCH SCHOLAR GRANT
MEMORIAL HEALTH UNIV MED CTR 4700 WATERS AVE N/A SAVANNAH, GA 31404	31-1126469	501C3	12,000				MASTERS SOCIAL WORK
MERCY MEDICAL CENTER INC 227 ST PAUL PLACE 6TH FLOOR BALTIMORE, MD 21202	52-0591658	501C3	12,000				MASTERS SOCIAL WORK

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

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MICHIGAN STATE UNIV CONTRACT AND GRANT 301 ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501c3	40,000				DOCTORAL SOCIAL WORK
MICHIGAN STATE UNIV CONTRACT AND GRANT 301 ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501c3	720,000				RESEARCH SCHOLAR GRANT
MOREHOUSE SCHOOL OF MEDICINE720 WESTVIEW DR SW N/A ATLANTA, GA 30310	58-1438873	501C3	300,000				PHYSICIAN TRAINING AWARD
MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE BOX 3500 NEW YORK, NY 10029	13-6171197	501C3	300,000				CANCER CONTROL CAREER DEVELOPMENT
MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE BOX 3500 NEW YORK, NY 10029	13-6171197	501C3	1,449,000				RESEARCH SCHOLAR GRANT
NEW YORK UNIV SCHL OF MEDICINE550 FIRST AVENUE N/A NEW YORK, NY 10016	13-5562309	501C3	720,000				RESEARCH SCHOLAR GRANT
NEW YORK UNIV SCHOOL OF MED665 BROADWAY N/A NEW YORK, NY 10016	13-5562309	501C3	198,000				POSTDOCTORAL FELLOWSHIP
NORTH CAROLINA STATE UNIVADMINISTRATIVE SRCVS BLDG III 2701 SULLIVAN DR STE 240 RALEIGH, NC 27695	56-6000756	section 115	707,000				RESEARCH SCHOLAR GRANT
NORTHWESTERN UNIVERSITY750 N LAKE SHORE DR 7TH FLOOR OFFICE OF SPONSORED RESEARCH CHICAGO, IL 60610	36-2167817	501C3	142,000				PALLIATIVE CARE PROJECT
NORTHWESTERN UNIVERSITY750 N LAKE SHORE DR 7TH FLOOR OFFICE OF SPONSORED RESEARCH CHICAGO, IL 60610	36-2167817	501C3	252,000				POSTDOCTORAL FELLOWSHIP

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

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NYC DEPT OF HEALTH AND MENTAL 42 BROADWAY STE 1611 BOX 48 OFFICE OF FINANCE NEW YORK, NY 10004	13-6400434	govt	300,000				PHYSICIAN TRAINING AWARD
OREGON HEALTH AND SCIENCE UNIV 2525 SW FIRST AVE SUITE 220 PORTLAND, OR 97201	93-1176109	501C3	144,000				PALLIATIVE CARE PROJECT
PONCE SCHOOL OF MEDICINE PO BOX 7004 N/A PONCE, PR 00732	66-0379122	501C3	497,000				RESEARCH SCHOLAR GRANT
PRESIDENT AND FELLOWS OF HARVARD PO BOX 415649 N/A BOSTON, MA 02241	04-2103580	501C3	600,000				POSTDOCTORAL FELLOWSHIP
REGENTS OF THE UNIV OF CALIF UCSF CONTROLLERS OFFICE 1855 FOLSOM ST SAN FRANCISCO, CA 94143	94-6036493	501C3	1,200,000				RESEARCH PROFESSORSHIP
REGENTS OF CALIFORNIA UCSF CONTROLLERS OFFICE 1855 FOLSOM ST SAN FRANCISCO, CA 94143	94-6036493	501C3	1,449,000				RESEARCH SCHOLAR GRANT
REGENTS OF CALIFORNIA UCSF CONTROLLERS OFFICE 1855 FOLSOM ST SAN FRANCISCO, CA 94143	94-6036493	501C3	600,000				POSTDOCTORAL FELLOWSHIP
REGENTS OF THE UNIV OF CALIF UCSF CONTROLLERS OFFICE 1855 FOLSOM ST SAN FRANCISCO, CA 94103	94-6036493	501C3	10,000				PROFESSOR RESEARCH DEVELOPMENT
REGENTS OF THE UNIV OF CAMANAGER EXTRAMURAL FUNDS ACCT 2195 HEARST AVE 130 BERKELEY, CA 94720	94-6002123	501C3	154,500				POSTDOCTORAL FELLOWSHIP
REGENTS OF THE UNIV OF CA 9500 GILMAN DR MAIL CODE 0009 LA JOLLA, CA 92093	95-6006143	501C3	1,440,000				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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REGENTS OF THE UNIV OF CALIF1125 MURPHY HALL BOX 951432 LOS ANGELES,CA 90095	95-6006143	501C3	30,000				CANCER NURSING SCHOLARSHIPS
UNIV OF CALIFORNIA IRVINEBIOSCI III SUITE 1400 N/A IRVINE,CA 92697	95-2226406	501C3	720,000				RESEARCH SCHOLAR GRANT
REGENTS OF THE UNIV OF MICH3003 S STATE ST RM 1054 DIV RESEARCH DEVLPMNT AND ADMIN ANN ARBOR,MI 48109	38-6006309	501C3	2,694,000				RESEARCH SCHOLAR GRANT
REGENTS OF THE UNIV OF MICHIGA3003 S STATE STREET ROOM 1054 DIVISION OF RESEARCH DEVELOPME ANN ARBOR,MI 48109	38-6006309	501C3	48,000				POSTDOCTORAL FELLOWSHIP
REGENTS OF THE UNIV OF MINNNW 5957 PO BOX 1450 N/A MINNEAPOLIS,MN 55485	41-6007513	govt	1,078,000				RESEARCH SCHOLAR GRANT
REGENTS OF THE UNIV OF MNPO BOX 1450 NW 5957 MINNEAPOLIS,MN 55485	41-6007513	govt	40,000				DOCTORAL SOCIAL WORK
REGENTS OF THE UNIVERSITY OF CA SD BUSINESS AND FINANCIAL SERVICES 9500 GILMAN DR DEPT 0954 LA JOLLA,CA 92093	95-6006144	501C3	150,000				POSTDOCTORAL FELLOWSHIP
REGENTS OF UNIV OF CALIFORNIA DAVIS CASHIERS OFFICE PO BOX 989062 WEST SACRAMENTO,CA 95798	94-6036494	501C3	10,000				PALLIATIVE CARE PROJECT
REGENTS OF UNIV OF CALIFORNIA EXTRAMURAL FUNDS ACCTG 2195 HEARST AVE 130F BERKELEY,CA 94720	94-6002123	501C3	150,000				POSTDOCTORAL FELLOWSHIP
REGENTS OF UNIV OF CALIFORNIA SF CONTROLLERS OFFICE EXTRAM FNDS 1855 FOLSOM ST SUITE 425 SAN FRANCISCO,CA 94143	94-6036493	501C3	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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REGENTS OF UNIV OF CALIFORNIA DAVIS CASHIERS OFFICE PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501C3	890,000				RESEARCH SCHOLAR GRANT
REGENTS OF UNIV OF MINNESOTAMCNAMARA ALUMNI CTR ROOM 450 FINANCIAL REPORTING MINNEAPOLIS, MN 55455	41-6007513	govt	20,000				CANCER NURSING SCHOLARSHIPS
RENSSELAER RESEARCH ADMINISTRAPO BOX 33375 ATTN FINANCE HARTFORD, CT 06150	14-1340095	501c3	720,000				RESEARCH SCHOLAR GRANT
RESEARCH FOUNDATION OF SUNYP O BOX 9 N/A ALBANY, NY 12201	14-1368361	501C3	300,000				PHYSICIAN TRAINING AWARD
RGNT OF THE UNIV OF MICHIGAN3003 SOUTH STATE STREET ROOM 1054 ANN ARBOR, MI 48109	38-6006309	501C3	720,000				RESEARCH SCHOLAR GRANT
ROBERT MORRIS UNIVERSITYFINANCIAL AID OFFICE 6001 UNIVERSITY BLVD MOON TOWNSHIP, PA 15108	25-1120678	501C3	10,000				CANCER NURSING SCHOLARSHIPS
SALK INST FOR BIOLOG STUDIESACCT DEPT PO BOX 85800 SAN DIEGO, CA 92186	95-2160097	501C3	10,000				PROFESSOR RESEARCH DEVELOPMENT
SALK INSTITUTE FOR BIOLOGICAL10010 NORTH TORREY PINES RD ATTN ACCOUNTING LA JOLLA, CA 92037	95-2160097	501C3	154,500				POSTDOCTORAL FELLOWSHIP
SCRIPPS RESEARCH INSTITUTE10550 N TORREY PINES RD TPC 7 N/A LA JOLLA, CA 92037	33-0435954	501C3	150,000				POSTDOCTORAL FELLOWSHIP
SEATTLE CHILDRENS HOSPITALPO BOX 5371 MS S200 N/A SEATTLE, WA 98145	91-1156519	501C3	12,000				MASTERS SOCIAL WORK

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

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SLOAN KETTERING INSTITUTE MSKCC FINANCE 1275 YORK AVE NEW YORK, NY 10087	13-1924236	501C3	400,000				RESEARCH PROFESSORSHIP
SLOAN KETTERING INSTITUTE CANCER RESEARCH 1275 YORK AVE NEW YORK, NY 10065	13-1924236	501C3	150,000				POSTDOCTORAL FELLOWSHIP
SOUTH CAROLINA RESEARCH FDN 901 SUMTER ST BYRNES BLDG ROOM 511A COLUMBIA, SC 29208	57-0967350	501C3	1,440,000				RESEARCH SCHOLAR GRANT
ST JOSEPHS CHILDRENS HOSPITAL 3001 W DR MARTIN LUTHER KING DIRECTOR PT SERVICES TAMPA, FL 33607	59-1100828	501C3	12,000				MASTERS SOCIAL WORK
ST JUDE CHILDREN'S RESRCH HOSP PPO BOX 1000 DEPT 949 GRANTS ACCTG MEMPHIS, TN 38148	62-0646012	501C3	12,000				MASTERS SOCIAL WORK
ST JUDE CHILDRENS RESRCH HOSP PPO BOX 1000 DEPT 949 GRANTS ACCTG MEMPHIS, TN 38148	62-0646012	501C3	720,000				RESEARCH SCHOLAR GRANT
ST LOUIS UNIVERSITY 3700 W PINE MALL STE 262 FUSZ MEMORIAL HALL ST LOUIS, MO 63108	43-0654872	501C3	20,000				CANCER NURSING SCHOLARSHIPS
ST LOUIS UNIVERSITY 3700 W PINE MALL STE 262 FUSZ MEMORIAL HALL ST LOUIS, MO 63108	43-0654872	501C3	720,000				RESEARCH SCHOLAR GRANT
STANFORD UNIV PPO BOX 44253 3440 WALNUT AVE BLDG A 2ND FL SAN FRANCISCO, CA 94144	94-1156365	501C3	500,000				POSTDOCTORAL FELLOWSHIP
STANFORD UNIVERSITY PO BOX 44253 3440 WALNUT AVE BLDG A 2ND FL SAN FRANCISCO, CA 94144	94-1156365	501C3	10,000				PROFESSOR RESEARCH DEVELOPMENT

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
STANFORD UNIVERSITY PO BOX 44253 3440 WALNUT AVE BLDG A 2ND FL SAN FRANCISCO, CA 94144	94-1156365	501C3	1,440,000				RESEARCH SCHOLAR GRANT
STOWERS INSTITUTE FOR MED RSCHP O BOX 412411 GRANTS ACCOUNTING KANSAS CITY, MO 64141	43-1684454	501C3	400,000				RESEARCH PROFESSORSHIP
TEXAS A AND M UNIVERSITY RESEARCH FOUNDATION PO BOX 201918 DALLAS, TX 75320	74-2648747	GOVT	644,000				RESEARCH SCHOLAR GRANT
THE BOARD OF REG OF UNIV WISCONSIN 21 N PARK ST STE 6401 RESEARCH AND SPONSORED PROGRAMS MADISON, WI 53715	39-6006492	501C3	1,811,270				RESEARCH SCHOLAR GRANT
THE CLEVELAND CLINIC FOUNDATION PO BOX 931531 N/A CLEVELAND, OH 44193	91-2153073	501C3	52,000				POSTDOCTORAL FELLOWSHIP
THE OHIO STATE UNIVERSITY 1960 KENNY RD OFFICE OF SPONSORED PROGRAMS COLUMBUS, OH 43210	31-6401599	501C3	1,014,000				RESEARCH SCHOLAR GRANT
THE PENNSYLVANIA STATE UNIV 44 E GRANADA AVE STE 1100 CONTROLLERS OFFICE G230 HERSHEY, PA 17033	24-6000376	501C3	694,000				RESEARCH SCHOLAR GRANT
UNIVERSITY OF VIRGINIA PO BOX 400195 OFFICE OF SPONSORED PROGRAMS CHARLOTTESVILLE, VA 22904	54-6001795	501C3	150,000				POSTDOCTORAL FELLOWSHIP
THE REGENTS OF THE UNIVERSITY CA SF1855 FOLSOM ST STE 425 N/A SAN FRANCISCO, CA 94143	94-6036493	501C3	150,000				POSTDOCTORAL FELLOWSHIP
THE ROCKEFELLER UNIVERSITY FINANCE ACCOUNTING SERVICES 1230 YORK AVE BOX 259 NEW YORK, NY 10065	13-1624158	501C3	150,000				POSTDOCTORAL FELLOWSHIP

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THE ROCKEFELLER UNIVERSITY FINANCE ACCOUNTING SERVICES 1230 YORK AVE BOX 259 NEW YORK, NY 10065	13-1624158	501C3	400,000				RESEARCH PROFESSORSHIP
THE UNIV OF NC AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CB 1350 ATLANTA, GA 30384	56-6001393	501C3	40,000				CANCER NURSING SCHOLARSHIPS
THE UNIV OF NC AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CB 1350 ATLANTA, GA 30384	56-6001393	501C3	552,000				POSTDOCTORAL FELLOWSHIP
THE UNIV OF NC AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CB 1350 ATLANTA, GA 30384	56-6001393	501C3	720,000				RESEARCH SCHOLAR GRANT
THE UNIVERSITY OF CHICAGO 1427 E 60TH ST STE 120 N/A CHICAGO, IL 60637	36-2177139	501C3	400,000				RESEARCH PROFESSORSHIP
THE UNIVERSITY OF CHICAGO 1427 E 60TH ST STE 120 N/A CHICAGO, IL 60637	36-2177139	501C3	504,000				POSTDOCTORAL FELLOWSHIP
THE UNIVERSITY OF CHICAGO 1427 E 60TH ST STE 120 N/A CHICAGO, IL 60637	36-2177139	501C3	860,000				RESEARCH SCHOLAR GRANT
THE UNIVERSITY OF IOWA GRANT ACCOUNTING B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C3	150,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF TEXAS HEALTH HOUSTON INCOME ADMIN LOCK BOX 203382 UNIV TOWER CENTER UCT 902 HOUSTON, TX 77216	74-1769336	501C3	729,000				RESEARCH SCHOLAR GRANT
THOMAS JEFFERSON UNIVERSITY 1015 WALNUT ST CURTIS BLDG RM 620 PHILADELPHIA, PA 19107	23-1352651	501C3	720,000				RESEARCH SCHOLAR GRANT

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TRUSTEES OF BOSTON COLLEGE 36 COLLEGE ROAD 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501C3	40,000				DOCTORAL SOCIAL WORK
TRUSTEES OF BOSTON COLLEGE 36 COLLEGE ROAD 140 COMMONWEALTH AVE BOSTON, MA 02118	04-2103545	501C3	150,000				POSTDOCTORAL FELLOWSHIP
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS 11 ROPE FERRY RD HANOVER, NH 03755	02-0222111	501C3	1,650,000				RESEARCH SCHOLAR GRANT
TRUSTEES OF INDIANA UNIVERSITY FINANCIAL MANAGEMENT SERVICES PO BOX 66057 INDIANAPOLIS, IN 46266	35-6001673	501C3	330,000				RESEARCH SCHOLAR GRANT
TRUSTEES OF PRINCETON UNIV SPONSORED RESEARCH ACCOUNTING 5 NEW SOUTH BUILDING PRINCETON, NJ 08544	21-0634501	501C3	300,000				POSTDOCTORAL FELLOWSHIP
TRUSTEES OF THE UNIV OF PENN 221 FRANKLIN BLDG 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501C3	30,000				CANCER NURSING SCHOLARSHIPS
TRUSTEES OF THE UNIV OF PENN 221 FRANKLIN BLDG 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501C3	1,260,000				RESEARCH SCHOLAR GRANT
TRUSTEES OF THE UNIV PENN 221 FRANKLIN BLDG 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501C3	150,000				POSTDOCTORAL FELLOWSHIP
TRUSTEES OF THE UNIV PENN 221 FRANKLIN BLDG 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501C3	400,000				RESEARCH PROFESSORSHIP
TRUSTEES OF TUFTS UNIVERSITY SPONSORED RESEARCH ACCOUNTING 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501C3	10,000				PROFESSOR RESEARCH DEVELOPMENT

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U OF TX MD ANDERSON CANCER CTR GRANTS AND CONTRACTS PO BOX 4390 HOUSTON, TX 77210	74-6001118	501C3	720,000				RESEARCH SCHOLAR GRANT
UC REGENTS WILLIAM J RUTLER CENTER CC 310 1675 OWENS ST CAMPUS BOX 0523 SAN FRANCISCO, CA 94143	94-6036493	501C3	45,000				CANCER NURSING SCHOLARSHIPS
UC REGENTS 405 HILGARD AVE BOX 951432 1125 MURPHY HALL LOS ANGELES, CA 90095	95-6006143	501C3	12,000				MASTERS SOCIAL WORK
UC REGENTS 405 HILGARD AVE BOX 951432 1125 MURPHY HALL LOS ANGELES, CA 90095	95-6006143	501C3	150,000				POSTDOCTORAL FELLOWSHIP
UC REGENTSP VERA OFC OF POST AWARD N/A LA JOLLA, CA 92093	95-6006144	501C3	300,000				PHYSICIAN TRAINING AWARD
UC REGENTS BOX 951432 1125 MURPHY HALL 405 HILGARD AVE LOS ANGELES, CA 90095	95-6006143	501C3	2,443,000				RESEARCH SCHOLAR GRANT
UMDNJ ROBERT WOOD JOHNSON 335 GEORGE STREET GRANTS AND CONTRACTS NEW BRUNSWICK, NJ 08903	23-7313160	501C3	720,000				RESEARCH SCHOLAR GRANT
UNIV OF ALABAMA AT BIRMINGHAM GRANTS AND CONTRACTS ACCT 701 20TH ST SOUTH ADM BLDG 990 BIRMINGHAM, AL 35294	63-6005396	501C3	993,000				RESEARCH SCHOLAR GRANT
UNIV OF AR FOR MEDICAL SCIENCE ATTN TREASURERS OFFICE 4301 W MARKHAM 560 LITTLE ROCK, AR 72205	71-6003252	501C3	720,000				RESEARCH SCHOLAR GRANT
UNIV OF ARIZONA FRS #426600 SPONSORED PROJECTS SERVICES PO BOX 3520 TUCSON, AZ 85722	74-2652689	section 115	30,000				CANCER NURSING SCHOLARSHIPS

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UNIV OF ARIZONA FRS# 455720SPONSORED PROJECTS SERVICES PO BOX 3520 TUCSON,AZ 85722	74-2652689	section 115	720,000				RESEARCH SCHOLAR GRANT
UNIV OF COLORADO AT BOULDERDEPARTMENT 220 ATTN SPONSORED PROJECTS ACCTG DENVER,CO 80291	84-6000555	501C3	712,000				RESEARCH SCHOLAR GRANT
UNIV OF KENTUCKY RESEARCH FDTNP O BOX 931113 N/A CLEVELAND,OH 44193	61-6033693	501C3	98,000				POSTDOCTORAL FELLOWSHIP
UNIV OF KENTUCKY RESEARCH FDTNP O BOX 931113 N/A CLEVELAND,OH 44193	61-6033693	501C3	720,000				RESEARCH SCHOLAR GRANT
UNIV OF LOUISVILLE RSRCH FNDTNUL CONTROLLERS OFFICE RESTRICTED GRANTS ACCOUNTING LOUISVILLE,KY 40292	61-1029626	501C3	40,000				DOCTORAL SOCIAL WORK
UNIV OF MARYLAND BALTIMORESARATOGA GARAGE AND OFFICES BLDG ROOM 02 128 BALTIMORE,MD 21201	31-1678679	501C3	40,000				CANCER NURSING SCHOLARSHIPS
UNIV OF MARYLAND COLLEGE PARKCONTRACT AND GRANT ACCOUNTING 4101 CHESAPEAKE BLDG COLLEGE PARK,MD 20742	52-6002033	501C3	1,624,000				RESEARCH SCHOLAR GRANT
UNIV OF MASSACHUSETTS 55 LAKE AVE NORTH N/A WORCHESTER,MA 01655	04-6014838	501C3	728,000				RESEARCH SCHOLAR GRANT
UNIV OF MIAMI SPONSORED PROGRAMS DEPT 8001 PO BOX 025405 MIAMI,FL 33102	59-0624458	501C3	270,000				RESEARCH SCHOLAR GRANT
UNIV OF NEBRASKA MEDICAL CENTER985100 NEBRASKA MEDICAL CENTER SPONSORED PROGRAMS ACCOUNTING OMAHA,NE 68198	47-4049123	501c3	20,000				CANCER NURSING SCHOLARSHIPS

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UNIV OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER SPONSORED PROGRAMS ACCOUNTING OMAHA, NE 68198	47-4049123	501c3	720,000				RESEARCH SCHOLAR GRANT
UNIV OF NORTH CAROLINA OFFICE SPONSORED RESEARCH STE 2200 CHAPEL HILL, NC 27599	56-6001393	501C3	720,000				RESEARCH SCHOLAR GRANT
UNIV OF SOUTHERN CALIFORNIA 3500 S FIGUEROA N/A LOS ANGELES, CA 90074	95-1642394	501C3	1,805,000				RESEARCH SCHOLAR GRANT
UNIV OF SOUTHERN CALIFORNIA MANAGER OF SPONSORED PROJECTS FILE N 52095 LOS ANGELES, CA 90074	95-1642394	501C3	150,000				POSTDOCTORAL FELLOWSHIP
UNIV OF TEXAS MD ANDERSON NP O BOX 4390 GRANTS CONTRACTS ACCOUNTING HOUSTON, TX 77210	74-6035669	501C3	2,023,000				RESEARCH SCHOLAR GRANT
UNIV OF TEXAS HEALTH SCIENCE PO BOX 203382 POST AWARD FINANCE HOUSTON, TX 77216	74-1769336	501C3	30,000				CANCER NURSING SCHOLARSHIPS
UNIV OF TEXAS SW DALLAS PO BOX 841753 GRANTS MANAGEMENT DALLAS, TX 75284	75-6042147	501C3	30,000				RESEARCH SCHOLAR GRANT
UNIV OF THE SCIENCES IN PA 600 S 43RD ST N/A PHILADELPHIA, PA 19104	23-1352668	501C3	718,000				RESEARCH SCHOLAR GRANT
UNIV OF TX MD ANDERSON CANCER GRANTS AND CONTRACTS 1515 HOLCOMBE BLVD HOUSTON, TX 77210	74-6035669	501C3	102,000				POSTDOCTORAL FELLOWSHIP
UNIV OF TX MD ANDERSON CANCER GRANTS AND CONTRACTS 1515 HOLCOMBE BLVD HOUSTON, TX 77210	74-6035669	501C3	720,000				RESEARCH SCHOLAR GRANT

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UNIV OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-1486484	govt	10,300				POSTDOCTORAL FELLOWSHIP
UNIV OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-1486484	govt	720,000				RESEARCH SCHOLAR GRANT
UNIVERSITY OF ARIZONA ATTN BURSARS OFFICE PO BOX 3520 TUCSON, AZ 85722	74-2652689	501c3	720,000				RESEARCH SCHOLAR GRANT
UNIV OF ARKANSAS FOR MED SCIENCES4301 WEST MARKHAM N/A LITTLE ROCK, AR 72205	71-6003252	501C3	12,000				MASTERS SOCIAL WORK
UNIVERSITY OF CINCINNATICASHIERS OFFICE DEPT A PO BOX 210061 CINCINNATI, OH 45221	31-6000989	section 115	720,000				RESEARCH SCHOLAR GRANT
UNIVERSITY OF COLORADOGRANTS AND CONTRACTS PO BOX 238 DENVER, CO 80291	84-6000555	501C3	150,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION 475 N LUMPKIN ST ATHENS, GA 30602	58-1353149	501C3	720,000				RESEARCH SCHOLAR GRANT
UNIVERSITY OF HOUSTON ATTN TREASURER PO BOX 988 HOUSTON, TX 77001	74-1769336	501C3	729,000				RESEARCH SCHOLAR GRANT
UNIVERSITY OF ILLINOIS 1901 S FIRST ST STE A RESEARCH PARK MC 685 CHAMPAIGN, IL 61820	37-6000511	501C3	150,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF LOUISVILLERESEARCH FOUNDATION INC SERVICE COMPLEX 2ND FLOOR LOUISVILLE, KY 40292	61-1029626	501C3	720,000				RESEARCH SCHOLAR GRANT

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UNIVERSITY OF MARYLAND BALTIMORE BOX 41428 ATTN MANAGER RESTRICTED FUNDS BALTIMORE, MD 21203	31-1678679	501C3	423,000				RESEARCH SCHOLAR GRANT
UNIVERSITY OF NEW MEXICO FINANCIAL SERVICES DIVISION 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501C3	754,731				RESEARCH SCHOLAR GRANT
UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL OF LEARNING PO BOX 371220 PITTSBURGH, PA 15213	25-0965591	501C3	2,169,000				RESEARCH SCHOLAR GRANT
UNIVERSITY OF ROCHESTER 910 GENESSEE ST STE 200 BROOKS LANDING BUSINESS CENTER ROCHESTER, NY 14611	16-0743209	501C3	150,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF SOUTH FLORIDA RESEARCH PROJECTS RECEIVABLES PO BOX 864568 ORLANDO, FL 32886	59-0879015	501C3	60,000				CANCER NURSING SCHOLARSHIPS
UNIVERSITY OF TEXAS HEALTH PO BOX 20036 N/A HOUSTON, TX 77225	74-2586219	501C3	1,500,000				RESEARCH SCHOLAR GRANT
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE ROOM 406 SALT LAKE CITY, UT 84112	23-7112869	501C3	150,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DR CHICAGO, IL 60693	91-1486484	govt	752,800				RESEARCH SCHOLAR GRANT
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DR CHICAGO, IL 60693	91-1486484	govt	390,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF WASHINGTON ROOM 150 3917 UNIVERSITY WAY SEATTLE, WA 98195	91-1486484	govt	400,000				RESEARCH PROFESSORSHIP

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UT SOUTHWESTERN MED CTR DALLASPO BOX 841753 N/A DALLAS, TX 75284	75-6042147	govt	720,000				RESEARCH SCHOLAR GRANT
UTMD ANDERSON CANCER CENTERPO BOX 4390 GRANTS AND CONTRACTS HOUSTON, TX 77210	74-6035669	501C3	721,000				RESEARCH SCHOLAR GRANT
UTMD ANDERSON CANCER CENTERPO BOX 4390 GRANTS AND CONTRACTS HOUSTON, TX 77210	74-6035669	501C3	150,000				POSTDOCTORAL FELLOWSHIP
VANDERBILT UNIV MEDICAL CTR2301 VANDERBILT PLACE N/A ATLANTA, GA 31192	62-0476822	501C3	702,000				POSTDOCTORAL FELLOWSHIP
VANDERBILT UNIVERSITY MED CTR2301 VANDERBILT PLACE N/A ATLANTA, GA 31192	62-0476822	501C3	2,162,000				RESEARCH SCHOLAR GRANT
VIRGINIA COMMONWEALTH UNIVPO BOX 843039 GRANTS AND CONTRACTS RICHMOND, VA 23284	54-6001758	section 115	71,000				PALLIATIVE CARE PROJECT
WASHINGTON STATE UNIVERSITYPO BOX 641039 FRENCH ADMINISTRATION 342 PULLMAN, WA 99164	91-6001108	501C3	270,000				RESEARCH SCHOLAR GRANT
WASHINGTON UNIVERSITY CAMPUS BOX 1034 700 ROSEDALE AVE ST LOUIS, MO 63112	43-6401888	501C3	720,000				RESEARCH SCHOLAR GRANT
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS, MO 63112	43-6401888	501C3	40,000				DOCTORAL SOCIAL WORK
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS, MO 63112	43-6401888	501C3	12,000				MASTERS SOCIAL WORK

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WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS, MO 63112	43-6401888	501C3	450,000				POSTDOCTORAL FELLOWSHIP
WAYNE STATE UNIV SPONSORED PROGRAM ADMIN 5057 WOODWARD 13TH FLOOR DETROIT, MI 48202	38-6028429	501C3	15,000				CANCER NURSING SCHOLARSHIPS
WEILL MED COLLEGE OF CORNELL URESEARCH ACCOUNTING 575 LEXINGTON AVE 9TH FLOOR NEW YORK, NY 10022	13-1623978	501C3	701,000				RESEARCH SCHOLAR GRANT
WHITEHEAD INSTITUTE FORBIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501C3	150,000				POSTDOCTORAL FELLOWSHIP
WISTAR INSTITUTE 3601 SPRUCE STREET SUITE 172 PHILADELPHIA, PA 19104	23-6434390	501C3	682,000				RESEARCH SCHOLAR GRANT
YALE UNIVERSITY 47 COLLEGE ST STE 216 N/A NEW HAVEN, CT 06510	06-0646973	501C3	10,000				CANCER NURSING SCHOLARSHIPS
YALE UNIVERSITY 47 COLLEGE ST STE 216 N/A NEW HAVEN, CT 06508	06-0646973	501C3	300,000				POSTDOCTORAL FELLOWSHIP
YALE UNIVERSITY 47 COLLEGE ST STE 216 N/A NEW HAVEN, CT 06508	06-0646973	501C3	2,712,823				RESEARCH SCHOLAR GRANT
TOBACCO FREE KIDS ACTION FUND 1400 EYE ST STE 1200 N/A WASHINGTON, DC 20005	52-1974904	501C4	200,000				ANTI TOBACCO CAMPAIGN
BAYLOR COLLEGE OF MEDICINE 1709 DRYDEN SUITE 1025 N/A HOUSTON, TX 77030	74-1613878	501C3	30,000				OUTREACH PROJECT

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NATIONAL MEDICAL ASSOCIATION 8403 COLESVILLE RD STE 920 N/A SILVER SPRING, MD 20910	53-6010805	501C3	10,000				BREAST CANCER EDUCATION
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD N/A HAMPTON, VA 23666	54-1806317	501C3	800,000				CASE MANAGEMENT
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I ST NW STE 1200 N/A WASHINGTON, DC 20005	52-1969967	501C3	830,000				SMOKING PREVENTION AND CESSATION
FRIENDS OF CANCER RESEARCH 2231 CRYSTAL DR STE 200 N/A ARLINGTON, VA 22202	52-1983273	501C3	7,500				CANCER RESEARCH STRATEGIES
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW N/A ATLANTA, GA 30310	58-1438873	501C3	116,480				PREVT AND EARLY DET AND TREAT OF CANCER
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PLACE BOX 1070 NEW YORK, NY 10029	13-6171197	501C3	40,000				RESEARCH SYMPOSIUM
NATIONAL CANCER INSTITUTE APPLIED RESEARCH PROGRAM 6130 EXECUTIVE BLVD EPNRM 4005 ROCKVILLE, MD 20892	52-0858115	govt	100,000				MEDICAL EXPENDITURE PANEL SURVEY
RESEARCH AMERICA 1101 KING ST STE 250 N/A ALEXANDRIA, VA 22314	52-1609875	501C3	7,500				SPONSORSHIP
NATL ASSOC OF BLACK JOURNALIST 8701A ADELPHI RD N/A ADELPHI, MD 20783	52-1266959	501c3	15,000				CANCER EDUCATION
PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVE N/A ST PAUL, MN 55105	41-1896367	501C3	10,000				TOBACCO CONTROL

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(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
PROFESSIONAL BEAUTY ASSOCIATION 15825 N 71ST ST STE 100 N/A SCOTTSDALE, AZ 85254	20-1585064	501C6	22,491				LOOK GOOD FEEL BETTER
CANCER EDUCATION CONSORTIUM 80 WEST MADISON AVENUE N/A DUMONT, NJ 07628	04-3598412	501C3	6,000				CANCER RESEARCH SYMPOSIUM
YMCA 101 N WACKER DR N/A CHICAGO, IL 60606	36-3258696	501C3	35,000				GRANT APPLICATION DEVELOPMENT
NATIONAL COSMETOLOGY ASSOC 401 N MICHIGAN AVE 1900 N/A CHICAGO, IL 60611	20-1585064	501c6	31,250				LOOK GOOD FEEL BETTER
ASCO 2318 MILL ROAD STE 800 N/A ALEXANDRIA, VA 22314	31-1667995	501C3	10,000				CANCER PREVENTION AND MGMT
SOC FOR RES ON NICOTINE AND TOBACCO 2810 CROSSROADS DR 3800 N/A MADISON, WI 53718	52-1906424	501C3	10,000				TREATMENT OF TOBACCO DEPENDENCE
INSTITUTE FOR ALTERNATIVE FUTURES 100 NORTH PITT ST STE 235 N/A ALEXANDRIA, VA 22314	52-1159807	501C3	70,000				REDUCING DISPARITIES
AMERICAN COLLEGE OF SURGEONS PO BOX 92425 N/A CHICAGO, IL 60675	36-2192800	501C3	1,314,424				NATIONAL CANCER DATABASE
NATIONAL HISPANIC MEDICAL ASSN 1411 K ST NW STE 1100 N/A WASHINGTON, DC 20005	52-1884446	501C6	10,000				ANNUAL MEETING SPONSORSHIP
UNIV OF MISSOURI KANSAS CITY 310 JESSE HALL N/A COLUMBIA, MO 65211	43-6003859	501C3	12,960				LYMPHODEMA CONFERENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY DEPT OF FAMILY AND COMM MEDICINE SCOTT BUILDING SUITE 528 PHILADELPHIA, PA 19107	23-1352651	501C3	68,126				COLORECTAL TOOLKIT MANUAL
AMER COLLEGE OF PREVENTIVE MEDICINE 1307 NEW YORK AVE NW STE 200 N/A WASHINGTON, DC 20005	23-1722119	501C3	11,491				ANNUAL MEETING SPONSORSHIP
C CHANGE 1776 EYE ST NW STE 900 N/A WASHINGTON, DC 20006	16-1641769	501C3	1,000,000				CANCER CONTROL INITIATIVES
ACTION ON SMOKING AND HEALTH 701 4TH ST NW 3RD FLOOR N/A WASHINGTON, DC 20001	13-2603590	501C3	10,000				FRAMEWORK CONVENTION ALLIANCE
UNIVERSITY OF MISSOURI 5100 ROCKHILL ROAD SCHOOL OF PHARMACY KANSAS CITY, MO 64110	43-6003859	501C3	20,000				CONFERENCE SPONSORSHIP

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

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

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John R Seffrin	(i)	587,477	0	1,493,769	108,230	11,544	2,201,020	163,937
	(ii)	53,407	0	135,797	9,839	1,049	200,092	14,903
Catherine E Mickle	(i)	263,958	0	8,497	38,679	8,571	319,705	0
	(ii)	28,795	0	927	4,220	935	34,877	0
Greg Bontrager	(i)	438,460	0	76,647	166,108	1,184	682,399	0
	(ii)	0	0	0	0	0	0	0
Joe Cahoon	(i)	371,908	0	41,858	255,518	7,467	676,751	0
	(ii)	0	0	0	0	0	0	0
Terry Music	(i)	344,795	0	97,195	238,614	14,473	695,077	0
	(ii)	0	0	0	0	0	0	0
Frank S Hale	(i)	216,686	0	2,029	53,242	10,844	282,801	0
	(ii)	23,638	0	221	5,808	1,183	30,850	0
Otis Brawley	(i)	390,664	0	1,372	29,167	2,699	423,902	0
	(ii)	0	0	0	0	0	0	0
Robert Mitchell	(i)	229,511	0	152,957	98,282	8,370	489,120	0
	(ii)	0	0	0	0	0	0	0
Victor Vogel	(i)	344,362	0	2,049	8,680	7,503	362,594	0
	(ii)	0	0	0	0	0	0	0
Michael Stefanek	(i)	249,114	0	72,990	0	10,215	332,319	0
	(ii)	0	0	0	0	0	0	0
Gerard J Fischer	(i)	281,430	0	39,221	164,794	3,300	488,745	0
	(ii)	0	0	0	0	0	0	0
Elane Stock	(i)	283,640	0	798	11,600	12,604	308,642	0
	(ii)	0	0	0	0	0	0	0

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	Schedule J, Part I, Line 4b	<p>The filing organization maintains a Supplemental Executive Retirement Plan ("SERP") as part of the total compensation arrangements for certain executives. The SERP is designed to restore certain benefits that are lost as a result of tax restrictions on benefits payable from the tax-qualified defined benefit retirement plan. As part of the Compensation Committee (the "Committee") responsibilities, the Committee considers the new and total values of all SERP benefits as part of the total compensation for each participating executive. The Committee process is fully described in Schedule O as related to Part VI, Line 15. Included in Column B(III) is an amount representing the current year change in actuarial value of benefits. With the exception of Seffrin, 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 \$115,460; Catherine Mickle \$9,123; Greg Bontrager \$75,945; Joe Cahoon \$40,906; Terry Music \$94,337; Frank S Hale \$1,887; Robert Mitchell \$17,275; Gerard Fischer \$38,043. In 2001, the volunteer members of the Compensation Committee of the American Cancer Society's National Board of Directors approved a supplemental SERP agreement for John Seffrin in order to preserve management stability, establish a foundation for succession planning, and in acknowledgement of environmental market factors identified by external independent compensation consultant. The terms of that agreement were met and the value of the agreement was paid in return. This amount is included in column B(III). Robert Mitchell received severance pay of \$135,095 in 2009. Michael Stefanek received severance pay of \$72,542 in 2009.</p>

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

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.

Table with 5 main columns: (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?

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

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, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. 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

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

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
SUPPLEMENTAL INFORMATION	Schedule M, Part I, Line 32b	Cars for a Cure is a program which encourages individuals to donate their car, truck, motorcycle, newer boat on a trailer, RV, and/or motor home to the American Cancer Society. The American Cancer Society uses a third party auction vendor to sell the donated items. The proceeds from the sale are then used for the American Cancer Society's mission. The Cars for a Cure program is managed centrally by the American Cancer Society, Inc. (National Home Office). The National Home Office uses one of its chartered divisions to perform the administrative functions of the Cars for a Cure program. As a result, forms 8282, 8283 and 1098-C, which are all required to be filed with the IRS in connection with the receipt and sale of these non-cash contributions, are filed using the chartered division's Employer Identification Number rather than the filing organization's Employer Identification Number.

Software ID:

Software Version:

EIN: 13-1788491

Name: American Cancer Society Inc
National Home Office

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2009

Department of the Treasury
Internal Revenue Service

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

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 \$4,470,383

Identifier	Return Reference	Explanation
Donated Services	Part III, Lines 4A-4D	4a Donated services provided by scientific peer reviewers consisting of medical doctors, Ph D's, professors, biomedical and psychosocial professionals, social welfare service providers, and other service providers total 23,800 hours valued at \$1,710,454 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 \$632,500 4c Donated advertising production, magazine space, public service announcements and in-store advertising materials from various retail and professional organizations valued at \$629,145 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 \$183,622 in support of detection and treatment programs

Identifier	Return Reference	Explanation
Supplemental Information	Part V, Lines 7C, 7D, and 7H & Schedule M, Line 29	The Cars for a Cure program is managed centrally by the American Cancer Society, Inc (National Home Office) The National Home Office uses one of its chartered divisions to perform the administrative functions of the Cars for a Cure program As a result, forms 8282, 8283 and 1098-C, which are all required to be filed with the IRS in connection with the receipt and sale of these non-cash contributions, are filed using the chartered division's Employer Identification Number rather than the filing organization's Employer Identification Number

Identifier	Return Reference	Explanation
Explanation of Members and Their Rights	Part VI, Lines 6, 7A & 7B	Certain business affairs of the filing organization are under the oversight of the National Assembly, which consist of delegates elected by affiliate divisions, delegates of the filing organization's governing body, past officer delegates and honorary life members The National Assembly is responsible for the election of the filing organization's governing body, volunteer officers, the nominating committee, past officer delegates, honorary life members In addition, the National Assembly is responsible for approval of changes to the filing organization's organizing documents, including its articles of incorporation and bylaws

Identifier	Return Reference	Explanation
Process Used to Review 990 by Management &/or Governing Body	Part VI, Question 11a	Management prepares and reviews the Form 990 Then, prior to filing with the IRS, the Form 990 is provided to the Board of Directors' Finance/Audit Committee, and the CFO conducts a detailed review of the Form 990 with the committee members An electronic (or hard) copy of the Form 990 is provided to each member of the Board of Directors prior to the form being filed with the IRS

Identifier	Return Reference	Explanation
Process to Monitor Transactions for Conflict of Interest	Part VI, Question 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, Questions 15A & 15B	The American Cancer Society uses an independent Compensation Committee ("the Committee") to determine compensation for the Chief Executive Officer ("CEO") and all Disqualified Persons (defined below), which includes other officers and all key employees The Committee discharges the duty of the Board of Directors (the "Board") in fulfilling the Board's oversight responsibilities for determining the adequacy and reasonableness of the compensation and benefits paid to the CEO This Committee fulfills the same responsibilities regarding other employees or individuals associated with the American Cancer Society who the Committee determines to be or to have been at any time during the preceding five years in a position to exercise substantial influence over the affairs of the American Cancer Society within the meaning of section 4958 of the Internal Revenue Code and the regulations promulgated thereunder ("Disqualified Persons") The Committee operates under a charter, which provides that in the discharge of its duties the Committee will (a) Conduct an annual review of and comment on the CEO's performance against defined goals, (b) Review annually the CEO's compensation and benefits in relation to the marketplace and relevant independent data, (c) Revise if necessary the CEO's performance goals, (d) Decide on any changes in the CEO's compensation and/or benefits (including retirement benefits or issues relating to retirement) or in his or her employment agreement, (e) Identify the filing organization's other Disqualified Persons and annually report on the identity of those persons to the Board, (f) Review, comment on, and approve or seek clarification on the recommendations of the CEO on the terms of employment and range of compensation, which includes salary range and benefits, of all Disqualified Persons (in addition to the CEO) after determining that such terms are reasonable, (g) Review, comment on, approve or seek clarification on the severance and/or retention arrangements for any Disqualified Person, (h) Consider all benefits provided by the American Cancer Society to the CEO and other Disqualified Persons when determining the reasonableness of the compensation and benefits, (i) Determine whether the American Cancer Society's compensation and benefit plans are appropriate relative to the marketplace for the skills employed, based additionally on relevant independent data, and if not, make appropriate recommendations to the Board, (j) Report its activities and decisions to the Board at least annually

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy & Fin Strmts to Gen Public	Part VI, Question 19	The American Cancer Society takes its mission to save lives seriously and therefore works to ensure that the resources entrusted to it by the public are used to fulfill our mission and otherwise protected The American Cancer Society's organizational governance structure and system deploy the proper checks and balances, incorporate the input of appropriate experts on decision making, and assert discipline of strategic oversight over both the operations and the conduct of employees The filing organization's governing documents and Conflict of Interest Policy (which can be found in the Governance Practices Section), and combined audited financial statements (which can be found in the Financial Information Section) are made available to the general public by posting to its Web site at www.cancer.org

Identifier	Return Reference	Explanation
Hours from Related Organization	Part VII, Section A, column B	The individuals listed on schedule J-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

Identifier	Return Reference	Explanation
Supplemental Information Regarding Grants to Affiliates	Part IX, Line 24	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 \$3,059,401 Purpose Support Overall Mission of the American Cancer Society Organization American Cancer Society Cancer Action Network, Inc EIN 52-2340031 IRC Section 501(c)(4) Amount of Grant \$14,354,499 Purpose Support Overall Mission of the American Cancer Society Organization American Cancer Society Eastern Division, Inc EIN 16-0743902 IRC Section 501(c)(3) Amount of Grant \$3,169,027 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 \$2,983,651 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 \$1,322,626 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 \$3,642,147 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 \$4,026,234 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 \$1,544,580 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 \$2,941,629 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 \$1,455,446 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 \$2,175,089 Purpose Support Overall Mission of the American Cancer Society Organization American Cancer Society Ohio Division, Inc EIN 34-0726080 IRC Section 501(c)(3) Amount of Grant \$1,107,793 Purpose Support Overall Mission of the American Cancer Society Organization American Cancer Society Pennsylvania Division, Inc EIN 25-1798733 IRC Section 501(c)(3) Amount of Grant \$1,608,885 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 \$194,886 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 \$3,614,918 Purpose Support Overall Mission of the American Cancer Society

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 Section 501(c)(3) 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 XI, Line 2B	The American Cancer Society is required by the IRS to submit Form 990s for each of its legal organizations While each Form 990 does represent the operations of each American Cancer Society, it does not individually present a comprehensive or meaningful picture of the American Cancer Society's financial transactions as a whole Additionally, Form 990 is presented in accordance with IRS regulations which in some cases are at variance with generally accepted accounting principles Therefore, the Society provides the Combined Financial Statements on its Web site, www.cancer.org The Combined Financial Statements provide the only meaningful financial information for the entire American Cancer Society organization since they are presented in accordance with generally accepted accounting principles and combine all parts of the organization in one set of financial statements While the filing organization's financial statements were not separately audited by an independent accountant, the filing organization's financial statements are included in the Combined Financial Statements which were audited by an independent accountant Also included on the Society's Web site is a copy of the Society's most recent annual report, which discusses the entire Society's mission and accomplishments The filing organization's financial statements are included in the above referenced Combined Financial Statements, which are audited annually by an independent accountant

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING	SCHEDULE G, PART I, LINE 2B(i)	The National Home Office manages certain direct mail programs on behalf of Divisions The receipts and costs of these programs are passed through to Divisions and are reported on the respective Divisions' Forms 990 The National Home Office maintains the contracts with the professional fundraisers for these programs and complies with all required statutory filing requirements as a result of its contracts with these vendors The amount in 2(b) column (vi) represents a timing difference for receipts and costs that are passed through to Divisions

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

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
ACS PRODUCTS INC 250 WILLIAMS STREET NW ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(C)(3)	11A	NA
AMERICAN CANCER SOCIETY CANCER ACTION NE 901 E STREET NW WASHINGTON, GA 20004 52-2340031	ELIM CANCER	GA	501(C)(4)		NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							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, or 36.)

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

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

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

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

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

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

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
(1) ACS CANCER ACTION NETWORK INC	B	14,354,499
(2) ACS CANCER ACTION NETWORK INC	k	72,103
(3)		
(4)		
(5)		
(6)		

