Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning September , 2008, and ending August 31 , 20 09 . ▶ See separate instructions.

OMB No 1545-0687

2008

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☑ 501(c) (3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 1,573,900,083

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
American Cancer Society, Inc. (National Home Office)

Number, street, and room or suite no If a P O box, see page 9 of instructions
250 Williams Street NW, Suite 400

City or town, state, and ZIP code
Atlanta, GA 30303-1002

D Employer identification number (Employees' trust see instructions for Block D on page 9)
13 : 1788491

E Unrelated business activity codes (See instructions for Block E on page 9)
541800

F Group exemption number (See instructions for Block F on page 9.) ▶

G Check organization type ▶ ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ Journal Advertising

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶ ☐ Yes ☑ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Catherine E. Mickle,CFO Telephone number ▶ (404) 329-7934

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	0		0
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	34,024	0	34,024
12	Other income (See page 11 of the instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	34,024	0	34,024

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitations)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	0
28	Other deductions (attach schedule)	28	
29	**Total deductions.** Add lines 14 through 28	29	0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	34,024
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	34,024
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions.)	33	1,000
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	33,024

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Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation on page 15 Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and.			
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order) (1) $ (2) $ (3) $			
b	Enter organization's share of **(1)** Additional 5% tax (not more than $11,750) $			
	(2) Additional 3% tax (not more than $100,000) $			
c	Income tax on the amount on line 34 ▶		35c	4,954
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16 Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶		36	
37	**Proxy tax.** See page 16 of the instructions ▶		37	
38	Alternative minimum tax		38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies		39	4,954

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a			
b	Other credits (see page 17 of the instructions)	40b			
c	General business credit Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	0
41	Subtract line 40e from line 39			41	4,954
42	Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	4,954
44a	Payments A 2007 overpayment credited to 2008	44a	0		
b	2008 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e	642		
f	Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44f			
45	**Total payments.** Add lines 44a through 44f			45	642
46	Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	4,312
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	
49	Enter the amount of line 48 you want **Credited to 2009 estimated tax** ▶		**Refunded** ▶	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

		Yes	No
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶		✓
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file		✓
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No ✓
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

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

▶ Signature of officer 7-14-10 Date ▶ Chief Financial Officer Title

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

Paid Preparer's Use Only

Preparer's signature ▶	Date 7/12/10	Check if self-employed ☐	Preparer's SSN or PTIN P00292940
Firm's name (or yours if self-employed), address, and ZIP code ▶ Ernst & Young US LLP 55 Ivan Allen Jr. Blvd., Ste 1000 Atlanta, GA 30308		EIN 34	6565596
		Phone no	(404) 874-8300

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E—Unrelated Debt-Financed Income (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals ▶				
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8 column (B)
Totals ▶				

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Estate of Robert A. Samman PO Box 4452 Corpus Christi, TX 78469	$ 569.27	2009	
	2a Taxable amount $ 569.27	Form 1099-R	
	2b Taxable amount not determined ☐	Total distribution ☒	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
PAYER'S federal identification number 74-6497559	RECIPIENT'S identification number 13-1788491	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 113.85
RECIPIENT'S name American Cancer Society, Inc.		5 Employee contributions /Designated Roth contributions or insurance premiums $ 0.00	6 Net unrealized appreciation in employer's securities $
Street address (including apt. no.) PO Box 720366		7 Distribution code(s) 4	IRA/ SEP/ SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Oklahoma City, OK 73162		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form 1099-R — Department of the Treasury - Internal Revenue Service

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34•27 +
493•8 +
113•85 +
003••••••••••••
641•92 *

XTO ENERGY INC (866) 886-2613
810 HOUSTON ST
FORT WORTH TX 76102

SUBSTITUTE 1099-MISC FORM 2009

PAYER'S FEDERAL IDENTIFICATION #
75-2347769

RECIPIENT'S IDENTIFICATION #
00-0000000

132882 0118 0 000267 000001 01/01 - REV
AMERICAN CANCER ASSOC INC
2433 RIDGEPOINTE DR
AUSTIN TX 78754-0000

OWNER# 188239

GROSS VALUE	*STATUTORY INTEREST	SEV/PROD TAX	OTHER DED	WITH-HOLDING	NET
122.33	.00	7.71-	7.97-	34.27-	72.38

FEDERAL REPORTABLE INCOME, GROSS: 122.33

BOX#2	122.33	ROYALTIES
BOX#3	00	OTHER INCOME
BOX#4	34.27	BACKUP WITHHOLDING
BOX#7	.00	NONEMPLOYEE COMPENSATION

SUMMARIZED INCOME:

TX Texas	122.33

WITHHOLDING AMOUNTS:

TX Texas	.00
Federal Back-up	34.27

*Form 1099-INT for this interest amount will be reported and mailed separately.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

RETAIN THIS STATEMENT FOR TAX PURPOSES: DUPLICATES CANNOT BE FURNISHED.
SUBSTITUTE 1099-MISC FORM SUBMITTED IN PLACE OF IRS "1099-MISC FORM"

7

PAYER'S name, street address, city, state, and ZIP code

COUNTRY INVEST. LIFE ASSURANCE
P. O. BOX 2000
BLOOMINGTON, IL 61702-2000

PAYER'S Federal identification number: 37-1106268

RECIPIENT'S identification number: 13-1788491

RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code

AMERICAN CANCER SOCIETY
AS BENEFICIARY
8400 SILVER CROSSING, PO BOX 7203
OKLAHOMA CITY OK 73162

1st year of desig. Roth contrib

Account number (see instructions): 0632 MI0053016 REPORTBL DST

Form **1099-R**

FOR QUESTIONS (888)972-9351

☐ CORRECTED

1 Gross distribution: $ 14938.02

2a Taxable amount: $ 4938.02

2b Taxable amount not determined ☐ Total distribution ☒

3 Capital gain (included in Box 2a): $

4 Federal income tax withheld: $ 493.80

5 Employee contributions/ Designated Roth contributions or insurance premiums: $ 10000.00

6 Net unrealized appreciation in employer's securities: $

7 Distribution code(s): 4 IRA/SEP/SIMPLE ☐

8 Other: $ %

9a Your percentage of total distribution: %

9b Total employee contributions: $

10 State tax withheld: $

11 State/Payer's state number: OK

12 State distribution: $

13 Local tax withheld: $

14 Name of locality

15 Local distribution: $

OMB No 1545-0119

2009

Form 1099R

Distribution From Pensions Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc

Copy B

Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code

COUNTRY INVEST. LIFE ASSURANCE
P. O. BOX 2000
BLOOMINGTON, IL 61702-2000

PAYER'S Federal identification number: 37-1106268

RECIPIENT'S identification number: 13-1788491

RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code

AMERICAN CANCER SOCIETY
AS BENEFICIARY
8400 SILVER CROSSING, PO BOX 7203
OKLAHOMA CITY OK 73162

1st year of desig. Roth contrib

Account number (see instructions): 0632 MI0053016 REPORTBL DST

Form **1099-R**

FOR QUESTIONS (888)972-9351

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4 Federal income tax withheld: $ 493.80

5 Employee contributions/ Designated Roth contributions or insurance premiums: $ 10000.00

6 Net unrealized appreciation in employer's securities: $

7 Distribution code(s): 4 IRA/SEP/SIMPLE ☐

8 Other: $ %

9a Your percentage of total distribution: %

9b Total employee contributions: $

10 State tax withheld: $

11 State/Payer's state number: OK

12 State distribution: $

13 Local tax withheld: $

14 Name of locality

15 Local distribution: $

OMB No 1545-0119

2009

Form 1099R

Distribution From Pensions Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc

Copy C

For Recipient's Records

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code

COUNTRY INVEST. LIFE ASSURANCE
P. O. BOX 2000
BLOOMINGTON, IL 61702-2000

PAYER'S Federal identification number: 37-1106268

RECIPIENT'S identification number: 13-1788491

RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code

AMERICAN CANCER SOCIETY
AS BENEFICIARY
8400 SILVER CROSSING, PO BOX 7203
OKLAHOMA CITY OK 73162

1st year of desig. Roth contrib

Account number (see instructions): 0632 MI0053016 REPORTBL DST

Form **1099-R**

FOR QUESTIONS (888)972-9351

☐ CORRECTED

1 Gross distribution: $ 14938.02

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5 Employee contributions/ Designated Roth contributions or insurance premiums: $ 10000.00

6 Net unrealized appreciation in employer's securities: $

7 Distribution code(s): 4 IRA/SEP/SIMPLE ☐

8 Other: $ %

9a Your percentage of total distribution: %

9b Total employee contributions: $

10 State tax withheld: $

11 State/Payer's state number: OK

12 State distribution: $

13 Local tax withheld: $

14 Name of locality

15 Local distribution: $

OMB No 1545-0119

2009

Form 1099R

Distribution From Pensions Annuities. Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc

Copy 2

File this copy with your state, city, or local income tax return, when required.

Department of the Treasury - Internal Revenue Service

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(over)

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J—Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Cancer &						
(2) Cancer Cytopathology	25,995	0	25,995	0	0	0
(3) CA: A Cancer Journal						
(4) for Clinicians	8,029	0	8,029	0	0	0
(5) Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A) 34,024	Enter here and on page 1, Part I, line 11, col (B) 0				Enter here and on page 1, Part II, line 27 0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			