

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE Doing Business As			D Employer identification number 13-1788491
	Number and street (or P.O. box if mail is not delivered to street address) 250 WILLIAMS STREET NW		Room/suite 400	E Telephone number (800) 227-2345
	City or town, state or country, and ZIP + 4 ATLANTA, GA 30303			G Gross receipts \$ 1,709,013,019.
	F Name and address of principal officer: DR. JOHN SEFFRIN 250 WILLIAMS STREET NW ATLANTA, GA 30303			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CANCER.ORG		H(c) Group exemption number ▶ 0580
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1922	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER, SAVING LIVES, AND DIMINISHING SUFFERING FROM THE DISEASE, THROUGH RESEARCH, EDUCATION, ADVOCACY, AND SERVICE.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	43.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43.		
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,522.		
	6 Total number of volunteers (estimate if necessary)	6	3,000,000.		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	51,145.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	45,030.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	352,035,141.	Current Year	350,778,337.
	9 Program service revenue (Part VIII, line 2g)		1,849,560.		2,894,410.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,323,172.		10,458,719.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,811,619.		12,154,989.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		374,019,492.		376,286,455.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		113,106,262.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			92,142,421.		102,093,063.
16a Professional fundraising fees (Part IX, column (A), line 11e)			7,961,670.		2,325,789.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 47,394,776.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			160,252,520.		189,873,037.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		373,462,873.		408,896,810.	
19 Revenue less expenses. Subtract line 18 from line 12		556,619.		-32,610,355.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	1,521,867,801.	End of Year	1,749,234,420.
	21 Total liabilities (Part X, line 26)		996,767,119.		1,249,696,433.
	22 Net assets or fund balances. Subtract line 21 from line 20.		525,100,682.		499,537,987.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Kathy Pitts	Preparer's signature <i>Kathy Pitts</i>	Date 05/03/2013	Check if self-employed <input type="checkbox"/>	PTIN P00292940
	Firm's name ▶ ERNST & YOUNG U.S. LLP	EIN ▶ 34-6565596		Phone no. ▶ 205-251-2000	
	Firm's address ▶ 1901 6TH AVENUE NORTH, STE 1200 BIRMINGHAM, AL 35203				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 159,493,830. including grants of \$ 111,184,463.) (Revenue \$ 8,964,854.)

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

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

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

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

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

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

4e Total program service expenses 332,343,747.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (43), 1b (43), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE ATTACHMENT
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CATHERINE E. MICKLE, CFO 250 WILLIAMS STREET, NW ATLANTA, GA 30303 404-329-7934

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA M. LEBLANC, EDD CHAIR OF THE BOARD	5.00	X	X					0	0	0
(2) W. PHIL EVANS, MD, FACR PRESIDENT	5.00	X	X					0	0	0
(3) GARY M. REEDY CHAIR ELECT	5.00	X	X					0	0	0
(4) VINCENT T. DEVITA, JR., MD PRESIDENT ELECT	5.00	X	X					0	0	0
(5) PAMELA K. MEYERHOFFER, FAHP VICE CHAIR	5.00	X	X					0	0	0
(6) TIM E. BYERS, MD, MPH FIRST VICE PRESIDENT	5.00	X	X					0	0	0
(7) DOUGLAS K. KELSEY, MD, PHD, FAAP SECOND VICE PRESIDENT	5.00	X	X					0	0	0
(8) DANIEL P. HEIST, CPA TREASURER	5.00	X	X					0	0	0
(9) ROBERT R. KUGLER, ESQ. SECRETARY	5.00	X	X					0	0	0
(10) STEPHEN L. SWANSON IMMEDIATE PAST CHAIR	5.00	X	X					0	0	0
(11) EDWARD E. PARTRIDGE, MD IMMEDIATE PAST PRESIDENT	5.00	X	X					0	0	0
(12) JOHN ALFONSO, CPA DIRECTOR LAY	3.00	X						0	0	0
(13) BRIGGS W. ANDREWS, ESQ. DIRECTOR LAY	3.00	X						0	0	0
(14) VINCENT F. BARBETTA, CLU, CHFC DIRECTOR LAY	3.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) DEBRA J. COHEN DIRECTOR LAY	3.00	X						0	0	0
16) BRYAN K. EARNEST DIRECTOR LAY	3.00	X						0	0	0
17) ALLEN H. HENDERSON DIRECTOR LAY	3.00	X						0	0	0
18) SUSAN D. HENRY DIRECTOR LAY	3.00	X						0	0	0
19) JEFFREY L. KEAN DIRECTOR LAY	3.00	X						0	0	0
20) JOSEPH R. MAHONEY, CPA DIRECTOR LAY	3.00	X						0	0	0
21) LINDA Z. MOWAD, RN DIRECTOR LAY	3.00	X						0	0	0
22) SCARLOTT K. MUELLER, RN, MPH DIRECTOR LAY	3.00	X						0	0	0
23) ROBERT E. YOULE DIRECTOR LAY	3.00	X						0	0	0
24) PATRICIA K. BRADLEY, PHD, RN, FAAN DIRECTOR LAY	3.00	X						0	0	0
25) ROBERT K. BROOKLAND, MD DIRECTOR LAY	3.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								4,771,990.	126,975.	831,601.
d Total (add lines 1b and 1c)								4,771,990.	126,975.	831,601.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 **74**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) JUDITH E. CALHOUN, PHD, ARNP DIRECTOR LAY	3.00	X						0	0	0
27) CARMEL J. COHEN, MD DIRECTOR LAY	3.00	X						0	0	0
28) DIANA S. DIAZ, RN, MS DIRECTOR LAY	3.00	X						0	0	0
29) WILLIE H. GOFFNEY, MD, FACS DIRECTOR LAY	3.00	X						0	0	0
30) JOHN W. HAMILTON, DDS DIRECTOR LAY	3.00	X						0	0	0
31) ENRIQUE HERNANDEZ, MD DIRECTOR LAY	3.00	X						0	0	0
32) MICHAEL E. KASPER, MD, FACRO DIRECTOR LAY	3.00	X						0	0	0
33) CLEMENT S. ROSE, MD DIRECTOR LAY	3.00	X						0	0	0
34) DONALD K. WARNE, MD, MPH DIRECTOR LAY	3.00	X						0	0	0
35) MARIA J. WORSHAM, PHD, FACMG DIRECTOR LAY	3.00	X						0	0	0
36) SHEILA P. BURKE DIRECTOR LAY	3.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 **▶**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) MARJORIE KAGAWA SINGER, PHD, MA, MN DIRECTOR LAY	3.00	X					0	0	0	
38) SANDRA MILLON UNDERWOOD, RN, PHD, DIRECTOR LAY	3.00	X					0	0	0	
39) HASKELL SEARS WARD DIRECTOR LAY	3.00	X					0	0	0	
40) MICHELE CARBONE, MD, PHD DIRECTOR MEDICAL	3.00	X					0	0	0	
41) GRAHAM A. COLDITZ, MD, DRPH DIRECTOR MEDICAL	3.00	X					0	0	0	
42) KEVIN J. CULLEN, MD DIRECTOR MEDICAL	3.00	X					0	0	0	
43) MARYJEAN SCHENK, MD, MPH, MS DIRECTOR MEDICAL	3.00	X					0	0	0	
44) JOHN R. SEFFRIN CHIEF EXECUTIVE OFFICER	55.00			X			722,716.	65,700.	43,939.	
45) CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	55.00			X			317,166.	34,600.	33,634.	
46) OTIS BRAWLEY CHIEF MEDICAL OFFICER	55.00				X		408,469.	0	34,779.	
47) GREG BONTRAGER CHIEF OPERATING OFFICER	55.00				X		627,684.	0	130,846.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) TERRY MUSIC OUTGOING CHIEF MISSION OFCR	55.00				X			536,620.	0	125,656.
(49) JOE CAHOON EXECUTIVE VP FIELD OPERATIONS	55.00				X			497,326.	0	77,072.
(50) FRANK S. HALE OUTGOING CHIEF COUNSEL	55.00				X			244,522.	26,675.	50,137.
(51) GERARD J FISCHER OUTGOING CHIEF DVLPMNT OFCR	55.00					X		296,952.	0	66,252.
(52) REUEL JOHNSON NATIONAL VP, RELAY FOR LIFE	55.00					X		279,018.	0	123,227.
(53) LAURA GRIFFITH CHIEF TALENT OFFICER	55.00					X		272,476.	0	32,665.
(54) VICTOR AYERS OUTGOING CHIEF INFRMTN OFCR	55.00					X		309,434.	0	48,522.
(55) GREG DONALDSON NATIONAL VP CORPORATE COMMUNIC	55.00					X		259,607.	0	64,872.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 **▶**

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

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

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	80,306,361.	2	42,999,434.
	3 Pledges and grants receivable, net	7,617,664.	3	3,233,716.
	4 Accounts receivable, net	1,261,177.	4	1,368,021.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,215,944.	8	1,258,493.
	9 Prepaid expenses and deferred charges	13,334,490.	9	7,114,328.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 126,689,035.		
	b Less: accumulated depreciation	10b 95,938,381.	32,993,420.	10c 30,750,654.
	11 Investments - publicly traded securities	826,501,579.	11	1,150,258,272.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	558,637,166.	15	512,251,502.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,521,867,801.	16	1,749,234,420.	
Liabilities	17 Accounts payable and accrued expenses	43,796,528.	17	47,991,515.
	18 Grants payable	215,555,784.	18	207,550,873.
	19 Deferred revenue	2,802,738.	19	2,244,704.
	20 Tax-exempt bond liabilities	7,570,000.	20	7,070,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	727,042,069.	25	984,839,341.
	26 Total liabilities. Add lines 17 through 25	996,767,119.	26	1,249,696,433.
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	402,573,428.	27	382,395,261.
	28 Temporarily restricted net assets	76,596,580.	28	70,939,419.
	29 Permanently restricted net assets	45,930,674.	29	46,203,307.
	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	525,100,682.	33	499,537,987.	
34 Total liabilities and net assets/fund balances	1,521,867,801.	34	1,749,234,420.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	399,213,891.	344,864,386.	368,976,523.	352,035,141.	350,778,337.	1,815,868,278.
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.	399,213,891.	344,864,386.	368,976,523.	352,035,141.	350,778,337.	1,815,868,278.
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.						1,815,868,278.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	399,213,891.	344,864,386.	368,976,523.	352,035,141.	350,778,337.	1,815,868,278.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,137,275.	11,448,115.	7,312,367.	7,225,284.	8,467,852.	52,590,893.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	34,026.	34,024.	73,527.	28,259.	51,145.	220,981.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						1,868,680,152.
12 Gross receipts from related activities, etc. (see instructions)					12	28,034,307.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	97.17%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	96.75%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

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

Schedule of Contributors

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

2011

Name of the organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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Organization type (check one):

Filers of:

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 37,348,409.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 28,101,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 31,152,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 31,318,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 25,253,881.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 22,206,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,187,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 20,385,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 18,470,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 30,448,826.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 15,709,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 13,467,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 14,769,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	COSMETIC KITS _____ _____ _____	\$ 14,769,000.	09/01/2011
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

2011

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Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

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)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

GENERAL LOBBYING NARRATIVE

SCHEDULE C, PART IV

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Employer identification number
13-1788491

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

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

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

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

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

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	241,589,664.
(2) COMBINED PLANNED GIVING POOL H	252,327,652.
(3) BENEFICIAL INTERESTS IN TRUSTS	14,472,497.
(4) COLLATERAL RECD UNDER SEC LDNG	1,398,675.
(5) OTHER RECEIVABLES	2,463,014.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	512,251,502.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INVESTMENTS HELD FOR AFFILIATES	942,519,730.
(3) PAYABLE UNDER SECURITIES LENDING PR	1,398,675.
(4) GIFT ANNUITY OBLIGATION	27,772,849.
(5) DEFERRED RENT PAYABLE	13,148,087.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	984,839,341.

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

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

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

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

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

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

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 5

THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY.

DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE

MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S ENDOWMENT SPENDING

POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S

MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.

RECONCILIATION OF CHANGE IN NET ASSETS FROM 990 TO FS

SCHEDULE D, PART XI, LINE 8

NET CHANGE IN RETIREMENT PLAN LIABILITY (\$330,681);

NET REVENUE OF AFFILIATES \$2,388,174;

NET CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (\$336,383)

RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN

SCHEDULE D, PART XII, LINE 2D

REVENUE OF AFFILIATES \$8,235,247;

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (\$336,383)

RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN

SCHEDULE D, PART XII, LINE 4B

GRANTS REFUNDS/RESIGNATIONS \$7,617,206;

EXCHANGE REVENUE/(EXPENSE) RECLASSIFIED TO EXPENSE - UBI FEES \$1,053

Part XIV Supplemental Information (continued)

RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN

SCHEDULE D, PART XIII, LINE 2D

EXPENSES OF AFFILIATES \$5,847,070

RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN

SCHEDULE D, PART XIII, LINE 4B

GRANT REFUNDS/RESIGNATION \$7,617,206;

EXCHANGE REVENUE/(EXPENSE)RECLASSIFIED TO EXPENSE - UBI TAX \$1,053

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
13-1788491

Part I **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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CAPACITY BUILDING	24,602.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	4,503.
(3) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PALLIATIVE CARE SVCS	1,263.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PATIENT SUPPORT	1,883.
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH FELLOWSHIP	1,983.
(6) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TOBACCO CONTROL	132,628.
(7) EUROPE			PROGRAM SERVICES	BREAST/PROSTATE CANCER	3,546.
(8) EUROPE			PROGRAM SERVICES	CANCER PREVENTION	4,262.
(9) EUROPE			PROGRAM SERVICES	CAPACITY BUILDING	46,059.
(10) EUROPE			PROGRAM SERVICES	COLORECTAL CANCER SCRIN	2,697.
(11) EUROPE			PROGRAM SERVICES	DISEASE ALLIANE MTG	1,260.
(12) EUROPE			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	42,201.
(13) EUROPE			PROGRAM SERVICES	GRANT AGREEMENT PROG	424.
(14) EUROPE			PROGRAM SERVICES	HEALTH CONFERENCE	6,102.
(15) EUROPE			PROGRAM SERVICES	ONCOGENIC VIRUSES	1,816.
(16) EUROPE			PROGRAM SERVICES	PAIN RELIEF PROJECT	1,826.
(17) EUROPE			PROGRAM SERVICES	PALLIATIVE CARE SVCS	16,737.
3a Sub-total					293,792.
b Total from continuation sheets to Part I					1,090,114.
c Totals (add lines 3a and 3b)					1,383,906.

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

Schedule F (Form 990) 2011

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
13-1788491

Part I **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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			PROGRAM SERVICES	RESEARCH FELLOWSHIP	319.
(2) EUROPE			PROGRAM SERVICES	TOBACCO CONTROL	36,032.
(3) EUROPE			PROGRAM SERVICES	MAMMOGRAPHY PROJECT	1,658.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	413.
(5) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GLOBAL CANCER AWARE	4,839.
(6) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	4,310.
(7) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	1,618.
(8) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	2,394.
(9) NORTH AMERICA			PROGRAM SERVICES	BREAST CANCER AWARE	4,063.
(10) NORTH AMERICA			PROGRAM SERVICES	CANCER PREVENTION	681.
(11) NORTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	49,077.
(12) NORTH AMERICA			PROGRAM SERVICES	CERVICAL CANCER MTG	2,037.
(13) NORTH AMERICA			PROGRAM SERVICES	COLORECTAL CANCER SCRIN	440.
(14) NORTH AMERICA			PROGRAM SERVICES	CYTOPATHOLOGY PROJECT	845.
(15) NORTH AMERICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	176,528.
(16) NORTH AMERICA			PROGRAM SERVICES	PAIN RELIEF PROJECT	1,954.
(17) NORTH AMERICA			PROGRAM SERVICES	PALLIATIVE CARE SVCS	15,837.
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2011

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
13-1788491

Part I **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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			PROGRAM SERVICES	POLICY GOVERNANCE MTG	1,596.
(2) NORTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	19,961.
(3) NORTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	3,622.
(4) SOUTH AMERICA			PROGRAM SERVICES	BREAST CANCER AWARE	63,814.
(5) SOUTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	60,577.
(6) SOUTH AMERICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	284,778.
(7) SOUTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	4,453.
(8) SOUTH ASIA			PROGRAM SERVICES	CANCER PREVENTION	4,806.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	BREAST CANCER AWARE	2,210.
(10) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	54,115.
(11) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CERVICAL CANCER MTG	7,878.
(12) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	13,356.
(13) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PAIN RELIEF PROJECT	8,731.
(14) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PALLIATIVE CARE SVCS	1,253.
(15) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	255,919.
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	14,968.	WIRE			
(2)			SOUTH AMERICA	GLOBAL CANCR ADVOCACY	33,397.	WIRE			
(3)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	30,000.	WIRE			
(4)			EAST ASIA/PACIFIC	CAPACITY BUILDING	15,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	GLOBAL CANCR ADVOCACY	20,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	17,282.	WIRE			
(7)			SUB-SAHARAN AFRICA	GLOBAL CANCR ADVOCACY	60,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	RESEARCH	25,000.	WIRE			
(9)			NORTH AMERICA	GLOBAL CANCR ADVOCACY	37,500.	WIRE			
(10)			SOUTH AMERICA	GLOBAL CANCR ADVOCACY	25,779.	WIRE			
(11)			SOUTH AMERICA	TOBACCO CONTROL	20,000.	WIRE			
(12)			SOUTH AMERICA	GLOBAL CANCR ADVOCACY	15,000.	WIRE			
(13)			SOUTH AMERICA	GLOBAL CANCR ADVOCACY	15,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	TOBACCO CONTROL	10,000.	WIRE			
(15)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	77,340.	WIRE			
(16)			SOUTH ASIA	GLOBAL CANCR ADVOCACY	20,000.	WIRE			

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

3 Enter total number of other organizations or entities

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GLOBAL CANCR ADVOCACY	32,873.	WIRE			
(2)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	15,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	14,978.	WIRE			
(4)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	40,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	45,000.	WIRE			
(6)			SOUTH AMERICA	GLOBAL CANCR ADVOCACY	10,000.	WIRE			
(7)			SOUTH AMERICA	CAPACITY BUILDING	90,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	192,854.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	BREAST CANCR RESEARCH	89,400.	WIRE			
(10)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	165,682.	WIRE			
(11)			SOUTH AMERICA	GLOBAL CANCR ADVOCACY	57,050.	WIRE			
(12)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	5,010.	WIRE			
(13)			NORTH AMERICA	GLOBAL CANCR ADVOCACY	20,000.	WIRE			
(14)			SOUTH ASIA	GLOBAL CANCR ADVOCACY	20,000.	WIRE			
(15)			SOUTH ASIA	GLOBAL CANCR ADVOCACY	20,000.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	GLOBAL CANCR ADVOCACY	20,000.	WIRE			

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

3 Enter total number of other organizations or entities

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	CAPACITY BUILDING	12,500.	WIRE			
(2)			SOUTH AMERICA	GLOBAL CANCR ADVOCACY	51,700.	WIRE			
(3)			SOUTH AMERICA	CAPACITY BUILDING	49,202.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	50,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	TOBACCO CONTROL	20,000.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	GLOBAL CANCR ADVOCACY	28,500.	WIRE			
(7)			SUB-SAHARAN AFRICA	GLOBAL CANCR ADVOCACY	20,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	GLOBAL CANCR ADVOCACY	20,000.	WIRE			
(9)			SOUTH AMERICA	GLOBAL CANCR ADVOCACY	45,000.	WIRE			
(10)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	34,063.	WIRE			
(11)			SUB-SAHARAN AFRICA	CAPACITY BUILDING	65,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	CANCER SCREENING	20,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	CAPACITY BUILDING	27,000.	WIRE			
(14)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	27,000.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	GLOBAL CANCR ADVOCACY	174,330.	WIRE			
(16)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	9,965.	WIRE			

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

3 Enter total number of other organizations or entities

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	RESEARCH	171,798.	WIRE			
(2)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	105,000.	WIRE			
(3)			NORTH AMERICA	RESEARCH	26,360.	WIRE			
(4)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	49,054.	WIRE			
(5)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	39,064.	WIRE			
(6)			SOUTH AMERICA	TOBACCO CONTROL	20,000.	WIRE			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 54.

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

SCHEDULE F, PART V

ACS DOES MONITOR AND CONDUCT AN EVALUATION OF OPERATIONS UNDER EACH GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF ACS TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO DISCUSS THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY ACS RECEIVING BENCH MARKING GRANT REPORTS. ACS ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES.

NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES MUST BE FURNISHED BY ALL GRANTEES TO ACS AS FOLLOWS: (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT THE MIDPOINT OF THE GRANT; AND (2) FINAL NARRATIVE AND FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT. THE SECOND GRANT INSTALLMENT MAY NOT BE PAID UNTIL SATISFACTORY PROGRESS INTERMIN REPORTS HAVE BEEN RECEIVED. ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

Employer identification number
13-1788491

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and email 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CHARITY DYNAMICS, INC.	FUNDRAISING COUNSEL		X		662,415.	
2 FISHBAIT MARKETING, LLC	FUNDRAISING COUNSEL		X	798,616.	157,866.	640,750.
3 MERKLE GROUP, INC.	FUNDRAISING COUNSEL		X	4,552,392.	1,431,294.	3,121,088.
4 PARADYSZ MATERA	FUNDRAISING COUNSEL		X	8,080,050.	74,214.	8,005,836.
5						
6						
7						
8						
9						
10						
Total				▶ 13,431,058.	2,325,789.	11,767,674.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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 line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Employer identification number
13-1788491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD #6210, HANOVER, NH 03755	02-0222111	501(C)(3)	1,592,000.				RESEARCH SCHOLAR GRANT
(2)	NORTHEASTERN UNIVERSITY 960 RENAISSANCE PLACE BOSTON, MA 02115	04-1679980	501(C)(3)	660,000.				RESEARCH SCHOLAR GRANT
(3)	BOSTON COLLEGE 36 COLLEGE RD RM 201, CHESTNUT HILL, MA	04-2103545	501(C)(3)	760,000.				RESEARCH SCHOLAR GRANT
(4)	TRUSTEES OF BOSTON UNIV 25 BUICK STREET BOSTON, MA 02215	04-2103547	501(C)(3)	360,000.				INSTITUTIONAL RESEARCH GRANT
(5)	PRESIDENT AND FELLOWS OF HARVARD PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	1,170,000.				POSTDOCTORAL FELLOWSHIP
(6)	MASS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	570,656.				POSTDOCTORAL FELLOWSHIP
(7)	TRUSTEES OF TUFTS UNIVERSITY 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	160,000.				POSTDOCTORAL FELLOWSHIP
(8)	BETH ISRAEL DEACONESS MED CTR 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	972,000.				POSTDOCTORAL FELLOWSHIP
(9)	DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501(C)(3)	2,215,000.				POSTDOCTORAL FELLOWSHIP
(10)	BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	155,000.				POSTDOCTORAL FELLOWSHIP
(11)	MASSACHUSETTS GENERAL HOSPITAL BOX 414876 BOSTON, MA 02241	04-2697983	501(C)(3)	2,205,000.				POSTDOCTORAL FELLOWSHIP
(12)	CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	450,000.				POSTDOCTORAL FELLOWSHIP

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

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Inspection**

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

Employer identification number
13-1788491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	04-3400617	501(C)(3)	400,000.				RESEARCH PROFESSOR AWARD
(2)	UNIV OF MA MEDICAL SCHOOL S-1 802 LAKE AVE N WORCESTER, MA 01655	04-6014838	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(3)	YALE UNIVERSITY 9 CAMBRIDGE CTR CAMBRIDGE, MA 02142	06-0646973	501(C)(3)	1,210,000.				POSTDOCTORAL FELLOWSHIP
(4)	WHITEHEAD INSTITUTE 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	1,270,000.				RESEARCH SCHOLAR GRANT
(5)	NATIONAL ASSOCIATION OF BASKETBALL COACHES 1111 MAIN ST STE 1000 KANSAS CITY, MO 64105	06-1560942	501(C)(3)	124,459.				SPONSORSHIP
(6)	COLD SPRING HARBOR LABORATORY ONE BUNGTOWN RD COLD SPRING HARBOR NY 11724	11-2013303	501(C)(3)	10,000.				PROFESSOR RESEARCH DEVELOPMENT GRANT
(7)	ALBERT EINSTEIN COLLEGE OF MED 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)(3)	890,000.				RESEARCH SCHOLAR GRANT
(8)	FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10458	13-1740451	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(9)	CANCERCARE INC 275 SEVENTH AVE NEW YORK, NY 10001	13-1825919	501(C)(3)	48,000.				MASTER'S TRAINING GRANT
(10)	SLOAN KETTERING INST FOR CANCER RESEARCH PO BOX 026338 NEW YORK, NY 10087	131924236	501(C)(3)	2,614,000.				POSTDOCTORAL FELLOWSHIP
(11)	NATIONAL COUNCIL ON AGING 1901 L ST NW 4TH FL WASHINGTON, DC 20036	13-1932384	501(C)(3)	20,522.				CAREER DEVELOPMENT AWARD
(12)	ACTION ON SMOKING & HEALTH 701 4TH ST NW WASHINGTON, DC 20001	13-2603590	501(C)(3)	127,500.				FRAMEWORK CONVENTION ALLIANCE

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

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

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Employer identification number
13-1788491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NEW YORK UNIVERSITY 726 BROADWAY 9TH FL NEW YORK, NY 10003	13-5562308	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(2)	NEW YORK UNIV SCHOOL OF MEDICINE 665 BROADWAY NEW YORK, NY 10016	13-5562309	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(3)	THE TRUSTEES OF COLUMBIA UNIV PO BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	2,543,000.				RESEARCH SCHOLAR GRANT
(4)	AMERICAN HEART ASSOCIATION 208 S LASALLE ST CHICAGO, IL 60604	13-5613797	501(C)(3)	265,968.				PREVENTIVE HEALTH PARTNERSHIP
(5)	MOUNT SINAI SCHOOL OF MEDICINE BOX 3500 NEW YORK, NY 10029	13-6171197	501(C)(3)	1,106,500.				POSTDOCTORAL FELLOWSHIP
(6)	RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(7)	STATE UNIVERSITY OF NY ALBANY PO BOX 9 ALBANY, NY 12201	14-1599643	501(C)(3)	16,216.				RESEARCH SCHOLAR GRANT
(8)	STATE UNIVERSITY OF NY STONYBR DEPT OF PREV MED STONY BROOK, NY 11794	14-6013200	501(C)(3)	300,000.				PHYSICIAN TRAINING AWARD
(9)	CORNELL UNIV ITHACA PO BOX 22 ITHACA, NY 14851	15-0532082	501(C)(3)	300,000.				POSTDOCTORAL FELLOWSHIP
(10)	ROSWELL PARK CANCER INSTITUTE PO BOX 2966 BUFFALO, NY 14263	16-1552370	115	900,000.				RESEARCH SCHOLAR GRANT
(11)	C-CHANGE 1776 EYE ST NW 9TH FL WASHINGTON, DC 20006	16-1641769	501(C)(3)	500,000.				CANCER CONTROL INITIATIVES
(12)	TRUSTEES OF PRINCETON UNIV 701 CARNEGIE CTR STE 436 PRINCETON NJ 08544	21-0634501	501(C)(3)	52,000.				POSTDOCTORAL FELLOWSHIP

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

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

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Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
13-1788491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIV OF MEDICINE DENTISTRY OF NEW JERSEY PO BOX 2685 NEW BRUNSWICK, NJ 08903	22-1775306	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(2)	WAKE FOREST UNIV HEALTH SCI PIEDMONT PLAZA ONE MED CTR WINSTON SALEM NC	22-3849199	501(C)(3)	1,440,000.				RESEARCH SCHOLAR GRANT
(3)	RUTGERS STATE UNIVERSITY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(4)	THE CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	729,000.				RESEARCH SCHOLAR GRANT
(5)	THOMAS JEFFERSON UNIVERSITY 1013 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	300,000.				CAREER DEVELOPMENT AWARD
(6)	TRUSTEES OF THE UNIV OF PA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	1,348,000.				RESEARCH SCHOLAR GRANT
(7)	AMERICAN ASSOC FOR CANCER RESEARCH 615 CHESTNUT ST 17TH FL, PHILA, PA 19106	23-3100004	501(C)(3)	12,000.				SPONSORSHIP
(8)	THE RESEARCH INSTITUTE OF FOX CHASE CANCER 604 COTTMAN AVE CHELTENHAM, PA 19012	23-6296135	501(C)(3)	270,000.				INSTITUTIONAL RESEARCH GRANT
(9)	THE WISTAR INSTITUTE 3601 SPRUCE ST PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	120,000.				INSTITUTIONAL RESEARCH GRANT
(10)	UNIV OF UTAH 201 PRESIDENT'S CIR SALT LAKE CITY UT 84112	23-7112869	501(C)(3)	24,000.				MASTER'S TRAINING GRANT
(11)	FRED HUTCHINSON CANCER RSH CTR 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(C)(3)	889,000.				POSTDOCTORAL FELLOWSHIP
(12)	UNIV OF CONNECTICUT HEALTH CTR 263 FARMINGTON AVE FARMINGTON, CT 06030	23-7187838	501(C)(3)	216,000.				RESEARCH SCHOLAR GRANT

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

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIV OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	142,500.				POSTDOCTORAL FELLOWSHIP
(2)	ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR PITTSBURGH, PA 15275	25-1410081	501(C)(3)	10,000.				ONS CONNECTIONS
(3)	MAGEE WOMENS RESEARCH INSTITUTE&FOUNDATION 3339 WARD ST PITTSBURGH, PA 15213	25-1462312	501(C)(3)	730,000.				RESEARCH SCHOLAR GRANT
(4)	AMERICAN INDIAN CANCER FOUNDATION 80 S EIGHTH ST MINNEAPOLIS, MN 55402	27-0300026	501(C)(3)	100,000.				PILOT AND EXPLORATIVE PROJECT
(5)	CHILDRENS HEALTH CARE 2525 CHICAGO AVE S MINNEAPOLIS, MN 55404	31-0833936	501(C)(3)	610,000.				RESEARCH SCHOLAR GRANT
(6)	CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000.				ASCO ANNUAL MEETING
(7)	UNIV OF MARYLAND BALTIMORE 220 ARCH ST RM 02 128 BALTIMORE, MD 21201	31-1678679	501(C)(3)	1,160,000.				RESEARCH SCHOLAR GRANT
(8)	UNIV OF ILLINOIS PO BOX 4610 SPRINGFIELD, IL 62708	31-6000511	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(9)	UNIVERSITY OF CINCINNATI PO BOX 691031 CINCINNATI, OH 45269	31-6000989	501(C)(3)	600,000.				RESEARCH SCHOLAR GRANT
(10)	OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY RD COLUMBUS, OH 43210	31-6401599	501(C)(3)	225,000.				RESEARC SCHOLAR GRANT
(11)	SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	252,000.				POSTDOCTORAL FELLOWSHIP
(12)	CASE WESTERN RESERVE UNIV 10900 EUCLID AVE CLEVELAND, OH 44106	31-1018992	501(C)(3)	4,220,000.				RESEARCH SCHOLAR GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

Employer identification number
13-1788491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	TRUSTEES OF INDIANA UNIVERSITY 980 INDIANA AVE INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	745,000.				RESEARCH SCHOLAR GRANT
(2)	PURDUE UNIVERSITY 23510 NETWORK PL CHICAGO, IL 60673	35-6002041	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(3)	LOYOLA UNIVERSITY CHICAGO 1032 W SHERIDAN RD CHICAGO, IL 60660	36-1408475	501(C)(3)	190,000.				GRADUATE SCHOLARSHIP
(4)	NORTHWESTERN UNIVERSITY 633 CLARK RM G547 EVANSTON, IL 60208	36-2167817	501(C)(3)	4,571,000.				RESEARCH SCHOLAR GRANT
(5)	THE UNIVERSITY OF CHICAGO 1427 E 60TH ST CHICAGO, IL 60637	36-2177139	501(C)(3)	562,000.				POSTDOCTORAL FELLOWSHIP
(6)	ROSALIND FRANKLIN UNIV OF MEDICINE&SCIENCE 3333 GREEN BAY RD NORTH CHICAGO, IL 60064	36-2181973	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(7)	AMERICAN COLLEGE OF SURGEIONS 5019 147TH ST LEAWOOD, KS 66224	36-2192800	501(C)(3)	748,526.				CANCER LIAISON PROGRAM
(8)	ADVOCATE CHARITABLE FOUNDATION 205 W TOUHY AVE STE 225 PARK RIDGE IL 60068	36-3297360	501(C)(3)	24,000.				MASTER'S TRAINING GRANT
(9)	UNIVERSITY OF ILLINOIS, CHICAGO 835 WOLCOTT AVE CHICAGO, IL 60612	37-6000511	501(C)(3)	2,878,000.				RESEARCH SCHOLAR GRANT
(10)	MICHIGAN STATE UNIV 426 AUDITORIUM RD EAST LANSING, MI 48824	38-6005984	501(C)(3)	800,000.				RESEARCH SCHOLAR GRANT
(11)	REGENTS OF UNIV OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	2,675,748.				RESEARCH SCHOLAR GRANT
(12)	WAYNE STATE UNIVERSITY 5057 WOODWARD AVE DETROIT, MI 48202	38-6028429	501(C)(3)	2,089,000.				RESEARCH SCHOLAR GRANT

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(1)	MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	920,000.				RESEARCH SCHOLAR GRANT
(2)	BOARD OF REGENTS OF THE UW SYS 21 N PARK ST STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	952,000.				RESEARCH SCHOLAR GRANT
(3)	MAYO CLINIC PO BOX 4008 ROCHESTER, MN 55905	41-1937751	501(C)(3)	744,000.				RESEARCH SCHOLAR GRANT
(4)	NEW AMERICANS COMMUNITY SVCS 161 SAINT ANTHONY AVE ST PAUL, MN 55103	41-1970848	501(C)(3)	100,000.				PILOT AND EXPLORATIVE PROJECT
(5)	REGENTS OF THE UNIV OF MN PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	GOVT	1,486,000.				RESEARCH SCHOLAR GRANT
(6)	IOWA STATE UNIVERSITY 3609 ASB AMES, IA 50011	42-6004224	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(7)	THE COMMUNITY FDN OF GREATER DES MOINES 1915 GRAND AVE DES MOINES, IA 50309	42-6139033	501(C)(3)	50,000.				SPONSORSHIP
(8)	ST. LOUIS UNIVERSITY 3700 W PINE MALL ST LOUIS, MO 63108	43-0654872	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(9)	STOWERS INSTITUTE FOR MED RSCH PO BOX 412411 KANSAS CITY, MO 64141	43-1684454	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(10)	HUDSON ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY HUNTSVILLE, AL 35808	43-2059317	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(11)	WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-6401888	501(C)(3)	550,000.				POSTDOCTORAL FELLOWSHIP
(12)	KUMC RESEARCH INSTITUTE 3901 RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830	501(C)(3)	150,000.				RESEARCH SCHOLAR GRANT

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Schedule I (Form 990) (2011)

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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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2011

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(1)	MERCY MEDICAL CENTER INC 227 ST PAUL PLACE BALTIMORE, MD 21202	52-0591658	501(C)(3)	24,000.				MASTER'S TRAINING GRANT
(2)	JOHNS HOPKINS UNIVERSITY 855 N WOLFE ST CHICAGO, IL 60693	52-0595110	501(C)(3)	2,840,000.				RESEARCH SCHOLAR GRANT
(3)	NATIONAL CANCER INSTITUTE 6130 EXECUTIVE BLVD ROCKVILLE, MD 20852	52-0858115	GOVT	300,000.				MEDICAL EXPENDITURE PANEL SURVEY
(4)	MERCY MEDICAL AIRLIFT 4620 HAYGOOD RD STE 1 VIRGINIA BEACH VA	52-1374161	501(C)(3)	12,500.				
(5)	RESEARCH!AMERICA 1101 KING ST STE 250 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	7,500.				SPONSORSHIP
(6)	ASPEN CANCER CONF INC START CENTER FOR CANC 4383 MEDICAL DR SAN ANTONIO, TX 78229	52-1746776	501(C)(3)	16,000.				SPONSORSHIP
(7)	SOCIETY FOR RESEARCH ON NICOTINE AND TOBACC 2424 AMERICAN LANE MADISON, WI 53704	52-1906424	501(C)(3)	10,000.				SMOKING PREVENTION AND CESSATION
(8)	CAMPAIGN FOR TOBACCO-FREE KIDS 1400 "I" ST NW STE 1400 WASHINGTON, DC 20005	52-1969967	501(C)(3)	330,000.				SMOKING PREVENTION AND CESSATION
(9)	TOBACCO FREE KIDS ACTION FUND 1400 EYE ST STE 1200 WASHINGTON, DC 20005	52-1974904	501(C)(4)	200,000.				SMOKING PREVENTION AND CESSATION
(10)	FRIENDS OF CANCER RESEARCH 1800 M ST NW WASHINGTON, DC 20036	52-1983273	501(C)(3)	7,500.				CANCER RESEARCH STRATEGIES
(11)	GEORGETOWN UNIVERSITY 37TH & O STREETS NW WASHINGTON, DC 20007	52-2299950	501(C)(3)	54,000.				RESEARCH SCHOLAR GRANT
(12)	CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE WASHINGTON, DC 20064	53-0196583	501(C)(3)	80,000.				DOCTORAL TRAINING GRANT

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(1)	GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL ASHBURN, VA 20147	53-0196584	501(C)(3)	244,378.				CISNET GRANT
(2)	VIRGINIA COMMONWEALTH UNIV PO BOX 843039 RICHMOND, VA 23284	54-6001758	115	30,000.				DOCTORAL DEGREE SCHOLARSHIP
(3)	THE RECTOR & VISITORS OF UNIVERSITY OF VA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	462,000.				POSTDOCTORAL FELLOWS
(4)	WEST VIRGINIA UNIV RESEARCH CORPORATION 886 CHESNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	180,000.				RESEARCH SCHOLAR GRANT
(5)	RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	347,000.				RESEARCH SCHOLAR GRANT
(6)	DUKE UNIVERSITY 2200 W MAIN ST STE 300 DURHAM, NC 27701	56-2070036	501(C)(3)	1,526,000.				RESEARCH SCHOLAR GRANT
(7)	UNIV OF NC CHAPEL HILL PO BOX 402420 ATLANTA, GA 30384-2024	56-6001393	501(C)(3)	980,000.				RESEARCH SCHOLAR GRANT
(8)	MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVENUE CHARLESTON, SC 29425	57-6000722	501(C)(3)	729,000.				RESEARCH SCHOLAR GRANT
(9)	EMORY UNIVERSITY PO BOX 935084 HAPEVILLE, GA 30354	58-0566256	501(C)(3)	30,000.				DOCTORAL DEGREE SCHOLARSHIP
(10)	GEORGIA STATE UNIVERSITY RESEARCH FDN INC 30 COURTLAND ST SE ATLANTA, GA 30303	58-1845423	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(11)	GEORGIA HEALTH SCIENCES UNIV RESEARCH INST 1120 15TH STREET ATLANTA, GA 30912	58-6002053	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(12)	UNIV OF MIAMI PO BOX 025405 MIAMI, FL 33102	59-0624458	501(C)(3)	965,000.				RESEARCH SCHOLAR GRANT

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(1)	BRRH FOUNDATION 745 MEADOWS ROAD BOCA RATON, FL 33486	59-2406425	501(C)(3)	24,000.				MASTER'S TRAINING GRANT
(2)	H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	1,901,000.				RESEARCH SCHOLAR GRANT
(3)	UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 32886	59-3102112	115	70,000.				GRADUATE SCHOLARSHIP
(4)	UNIV OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	360,000.				INSTITUTIONAL RESEARCH GRANT
(5)	HOSPARUS INC 3532 EPHRAIM MCDOWELL DR LOUISVILLE KY40205	61-0921718	501(C)(3)	24,000.				MASTER'S TRAINING GRANT
(6)	VANDERBILT UNIV MEDICAL CENTER DEPT AT 40303 NASHVILLE, TN 37235	62-0476822	501(C)(3)	1,000,000.				RESEARCH PROFESSOR AWARD
(7)	ST JUDE CHILDREN'S RESRCH HOSP PO BOX 1000 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	24,000.				MASTER'S TRAINING GRANT
(8)	UNIV OF TENNESSEE 210 STUDENT SVCS BLDG KNOXVILLE, TN 37996	62-1844686	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(9)	UNIV OF ALABAMA AT BIRMINGHAM 701 20TH ST SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	1,180,261.				POSTDOCTORAL FELLOWSHIP
(10)	LOUISIANA STATE UNIV HEALTH SCIENCES CENTER 433 BOLIVAR ST NEW ORLEANS, LA 70112	72-6087770	501(C)(3)	15,135.				RESEARCH SCHOLAR GRANT
(11)	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PL BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	768,000.				RESEARCH SCHOLAR GRANT
(12)	UNIV OF TX HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST STE 901 HOUSTON, TX 77030	74-1761309	170(C)(1)	1,446,000.				RESEARCH SCHOLAR GRANT

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(1)	UNIV OF TEXAS MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 77210	74-1769336	501(C)(3)	1,005,000.				RESEARCH SCHOLAR GRANT
(2)	TEXAS A&M UNIVERSITY RESEARCH FOUNDATION PO BOX 201918 DALLAS, TX 75320	74-2648747	GOVT	15,350.				RESEARCH SCHOLAR GRANT
(3)	UNIV OF ARIZONA FRS #426600 PO BOX 3520 TUCSON, AZ 85722	74-2652689	115	2,540,000.				RESEARCH SCHOLAR GRANT
(4)	UNIV OF TEXAS MEDICAL BRANCH AT GALVESTON PO BOX 4786-750 HOUSTON, TX 77210	74-6000949	170(C)(1)	720,000.				RESEARCH SCHOLAR GRANT
(5)	UNIV OF TEXAS MD ANDERSON PO BOX 4390 HOUSTON, TX 77210	74-6035669	501(C)(3)	625,000.				RESEARCH SCHOLAR GRANT
(6)	BAYLOR HEALTH CARE SYSTEM FOUNDATION 3600 GASTON AVE DALLAS, TX 75246	75-1606705	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(7)	INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE DALLAS, TX 75231	75-2605363	501(C)(3)	18,000.				RESEARCH SCHOLAR GRANT
(8)	UT SOUTHWESTERN MED CTR DALLAS PO BOX 841753 DALLAS, TX 75284	75-6042147	501(C)(3)	1,350,000.				RESEARCH SCHOLAR GRANT
(9)	UNIV OF NORTHERN COLORADO 501 20TH ST GREELEY, CO 80639	84-6000546	115	421,000.				RESEARCH SCHOLAR GRANT
(10)	UNIV OF COLORADO DENVER PO BOX 910238 DENVER, CO 80291	84-6000555	501(C)(3)	2,274,000.				PHYSICIAN TRAINING AWARD
(11)	UNIV OF NEW MEXICO 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	729,000.				RESEARCH SCHOLAR GRANT
(12)	SEATTLE CHILDRENS HOSPITAL FOUNDATION PO BOX 5371 MS-S200 SEATTLE, WA 98145	91-0564748	501(C)(3)	24,000.				MASTER'S TRAINING GRANT

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BENAROYA RESEARCH INSTITUTE 1201 NINTH AVE SEATTLE, WA 98101	91-0653422	501(C)(3)	98,000.				POSTDOCTORAL FELLOWSHIP
(2)	UNIV OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-1486484	GOVT	30,000.				DOCTORAL DEGREE SCHOLARSHIP
(3)	INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE NORTH SEATTLE, WA 98109	91-2003593	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(4)	PROVIDENCE PORTLAND MED CTR 4400 NE HALSEY ST PORTLAND, OR 97213	93-0386906	501(C)(3)	870,000.				RESEARCH SCHOLAR GRANT
(5)	STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	900,000.				POSTDOCTORAL FELLOWSHIP
(6)	REGENTS OF UNIV OF CALIFORNIA SANTA CRUZ 1156 HIGH ST SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(7)	REGENTS OF CALIFORNIA 1855 FOLSOM ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	3,702,000.				RESEARCH SCHOLAR GRANT
(8)	REGENTS OF UNIV OF CALIFORNIA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(9)	UNIV OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST LOS ANGELES, CA 90089	95-1642394	501(C)(3)	1,471,687.				RESEARCH SCHOLAR GRANT
(10)	CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(11)	SALK INSTITUTE FOR BIOLOGICAL 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	712,000.				POSTDOCTORAL FELLOWSHIP
(12)	REGENTS OF THE UNIV OF CALIF 1400 BIOLOGICAL SCIENCES III IRVINE CA92697	95-2226406	501(C)(3)	1,020,000.				POSTDOCTORAL FELLOWSHIP

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Employer identification number
13-1788491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	2,151,000.				RESEARCH SCHOLAR GRANT
(2)	REGENTS OF THE UNIV OF CALIF BOX 951432 LOS ANGELES, CA 90095	95-2226406	501(C)(3)	2,305,920.				RESEARCH SCHOLAR GRANT
(3)	UNIVERSITY OF CA - SAN DIEGO 9500 GILMAN DR MC 0026 LA JOLLA, CA 92093	95-6006144	501(C)(3)	15,000.				POSTDOCTORAL FELLOWSHIP
(4)	CIDRZ FOUNDATION 5335 WISCONSIN AVE NW WASHINGTON, DC 20015	98-0514692	501(C)(3)	32,873.				VACCINE DEMONSTRATION PROJ
(5)	THE ROCKEFELLER UNIVERSITY 1230 YORK AVE BOX 259 NEW YORK, NY 10065	13-1624158	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(6)	ST. JOSEPH'S CHILDRENS HOSPITAL 3001 W MLK JR BLVD TAMPA, FL 33607	59-0774199	501(C)(3)	24,000.				MASTER'S TRAINING GRANT
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

3 Enter total number of other organizations listed in the line 1 table 10

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

PROGRESS REPORTS

PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED. THE SCIENTIFIC REPORT INCLUDES THE (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS
 SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE. NON-TECHNICAL
 REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR
 VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND.

ANNUAL REPORTS ARE REVIEWED BY VOLUNTEER PEER REVIEWERS AND KEPT WITH THE
 GRANT FILE. FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER
 SOCIETY STAFF. THE NON-TECHNICAL REPORTS ARE PRINTED AND DISTRIBUTED TO
 STAFF AND THE VOLUNTEER ADVISORS.

FINANCIAL REPORTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FOLLOWING THE TERMINATION DATE OF THE GRANT, INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES. BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS. IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY. THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING:

- SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS
- INDIRECT COSTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

- SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR
- SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER

REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

Employer identification number
13-1788491

Part I Questions Regarding Compensation

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

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <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? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a	<input checked="" type="checkbox"/>	
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 JOHN R. SEFFRIN	(i)	588,043.	55,896.	78,777.	28,231.	12,047.	762,994.	0
	(ii)	53,457.	5,081.	7,162.	2,566.	1,095.	69,361.	
2 CATHERINE E. MICKLE	(i)	304,552.	0	12,614.	19,694.	10,631.	347,491.	0
	(ii)	33,224.	0	1,376.	2,149.	1,160.	37,909.	
3 OTIS BRAWLEY	(i)	407,462.	0	1,007.	33,575.	1,204.	443,248.	0
	(ii)	0	0	0				
4 GREG BONTRAGER	(i)	497,135.	56,760.	73,789.	129,538.	1,308.	758,530.	0
	(ii)	0	0	0				
5 TERRY MUSIC	(i)	363,381.	39,200.	134,039.	112,710.	12,946.	662,276.	0
	(ii)	0	0	0				
6 JOE CAHOON	(i)	389,021.	44,650.	63,655.	70,980.	6,092.	574,398.	0
	(ii)	0	0	0				
7 FRANK S. HALE	(i)	238,857.	0	5,665.	33,922.	11,283.	289,727.	0
	(ii)	26,057.	0	618.	3,701.	1,231.	31,607.	
8 GERARD J FISCHER	(i)	295,013.	0	1,939.	64,272.	1,980.	363,204.	0
	(ii)	0	0	0				
9 REUEL JOHNSON	(i)	277,183.	0	1,835.	110,872.	12,355.	402,245.	0
	(ii)	0	0	0				
10 LAURA GRIFFITH	(i)	272,228.	0	248.	16,448.	16,217.	305,141.	0
	(ii)	0	0	0				
11 VICTOR AYERS	(i)	300,424.	0	9,010.	34,281.	14,241.	357,956.	0
	(ii)	0	0	0				
12 GREG DONALDSON	(i)	258,999.	0	608.	46,487.	18,385.	324,479.	0
	(ii)	0	0	0				
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LIMITED AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART VI, LINE 15.

INCLUDED IN COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR CHANGE IN ACTUARIAL VALUE OF BENEFITS. NO AMOUNTS WERE ACTUALLY PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR.

THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RETIREMENT PLAN. THE AMOUNT OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

(SERP) BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL:

JOHN SEFFRIN: \$79,364

CATHERINE MICKLE: \$13,635

GREG BONTRAGER: \$72,553

JOE CAHOON: \$62,703

TERRY MUSIC: \$132,396

FRANK S HALE: \$5,661

GERARD J FISCHER: \$1,249

SCHEDULE J, PART I, LINE 5A

CERTAIN OFFICERS AND KEY EMPLOYEES AT THE AMERICAN CANCER SOCIETY ARE

ELIGIBLE TO RECEIVE INCENTIVE PAYMENTS AS PART OF TOTAL COMPENSATION.

INCENTIVE PAYMENTS ARE BASED ON THE ACHIEVEMENT OF STRETCH GOALS IN

VARIOUS CATEGORIES INCLUDING MISSION OUTCOMES, STRATEGIC ALIGNMENT, AND

REVENUE. INCENTIVE COMPENSATION IS BASED ON PERFORMANCE MEASURES

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DEVELOPED, REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE
AMERICAN CANCER SOCIETY BOARD OF DIRECTORS IN CONSULTATION WITH THE
SOCIETY'S INDEPENDENT COMPENSATION CONSULTANTS AND REPRESENTS THE
ACHIEVEMENT OF STATED GOALS FOR FISCAL YEAR 2010.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
13-1788491

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons.

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

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JACE OUTLAW	SON-IN-LAW OF TERRY MUSIC	88,262.	COMPENSATION		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2011

Open To Public Inspection

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

Employer identification number
13-1788491

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COSMETIC KITS</u>)	X		14,769,000.	COST/SELLING PRICE
26 Other ▶ (<u>WIGS</u>)	X		2,993,819.	COST/SELLING PRICE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC. NATIONAL HOME

Employer identification number

OFFICE

13-1788491

DESCRIPTION OF OTHER PROGRAM SERVICES

PART III, LINE 4D

DETECTION AND TREATMENT PROGRAMS SEEK TO FIND CANCER BEFORE IT IS
CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT OPTIONS
FOR TREATMENT, A CURE, RECURRENCE, SYMPTOM MANAGEMENT, AND PAIN CONTROL.

GRANTS TO AFFILIATES \$4,734,189

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 25,360 HOURS VALUED AT \$1,991,218.

4B: DONATED ADVERTISING PRODUCTION, MAGAZINE SPACE, PUBLIC SERVICE
ANNOUNCEMENTS AND IN-STORE ADVERTISING MATERIALS FROM VARIOUS RETAIL AND
PROFESSIONAL ORGANIZATIONS IN SUPPORT OF CANCER PATIENTS. ALSO INCLUDED
ARE DONATED AIRLINE TRAVEL MILES FOR SUPPORT OF PEDIATRIC CANCER
PATIENTS. TOTAL VALUE OF SERVICES FOR PATIENT SUPPORT IS \$546,192.

4C: DONATED ADVERTISING PRODUCTION, MAGAZINE SPACE, PUBLIC SERVICE
ANNOUNCEMENTS AND IN-STORE ADVERTISING MATERIALS FROM VARIOUS RETAIL AND
PROFESSIONAL ORGANIZATIONS VALUED AT \$219,869 IN SUPPORT OF PREVENTING

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME	Employer identification number 13-1788491
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CANCER OCCURRENCE AND RISK OF DEVELOPING THE DISEASE.

4D: DONATED ADVERTISING PRODUCTION, MAGAZINE SPACE, PUBLIC SERVICE ANNOUNCEMENTS AND IN-STORE ADVERTISING MATERIALS FROM VARIOUS RETAIL AND PROFESSIONAL ORGANIZATIONS VALUED AT \$191,561 IN SUPPORT OF DETECTION AND TREATMENT PROGRAMS.

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.

PROCESS USED TO REVIEW 990 BY MANAGEMENT &/OR GOVERNING BODY

PART VI, LINE 11B

MANAGEMENT PREPARES AND REVIEWS THE FORM 990. THEN, PRIOR TO FILING WITH THE IRS, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS' FINANCE COMMITTEE; AND THE CFO CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH THE COMMITTEE MEMBERS. AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME	Employer identification number 13-1788491
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PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

PART VI, LINE 12C

THE AMERICAN CANCER SOCIETY MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED. THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS 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.

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

PART VI, LINES 15A & 15B

THE AMERICAN CANCER SOCIETY USES AN INDEPENDENT COMPENSATION COMMITTEE ("THE COMMITTEE") TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ("CEO") AND APPROVES COMPENSATION RANGES FOR ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES.

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

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

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME Employer identification number 13-1788491
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PART VI, LINE 19

THE AMERICAN CANCER SOCIETY TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND OTHERWISE PROTECTED. THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES.

THE FILING ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND COMBINED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG.

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

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME	Employer identification number 13-1788491
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REQUIRED TO BE REPORTED ON THE FORM 990'S FOR EACH RELATED ORGANIZATION.
THE FOLLOWING INDIVIDUALS' AVERAGE HOURS PER WEEK WORKING FOR RELATED
ORGANIZATIONS ARE AS FOLLOWS:

AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.:

JOHN R. SEFFRIN - 5 HOUR/WEEK

CATHERINE E. MICKLE - 5 HOUR/WEEK

FRANK S. HALE - 5 HOUR/WEEK

ACS PRODUCTS, INC.

CATHERINE E. MICKLE - 1 HOUR/WEEK

FRANK S. HALE - 1 HOUR/WEEK

SUPPLEMENTAL INFORMATION REGARDING GRANTS TO AFFILIATES

FORM 990, 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: \$3,293,032

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME	Employer identification number 13-1788491
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ORGANIZATION: AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.

EIN: 52-2340031

IRC SECTION: 501(C)(4)

AMOUNT OF GRANT: \$23,057,604

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY EAST CENTRAL DIVISION, INC.

EIN: 25-1798733

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$4,696,819

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY EASTERN DIVISION, INC.

EIN: 16-0743902

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$2,984,700

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY FLORIDA DIVISION, INC.

EIN: 59-0657320

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$1,473,616

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY GREAT LAKES DIVISION, INC.

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME	Employer identification number 13-1788491
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EIN: 38-1387120

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$1,469,860

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY GREAT WEST DIVISION, INC.

EIN: 84-1316555

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$3,415,426

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY HAWAII PACIFIC, INC.

EIN: 99-0073489

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$77,033

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY HIGH PLAINS DIVISION, INC.

EIN: 74-1185665

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$3,594,944

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY ILLINOIS DIVISION, INC.

EIN: 36-2167721

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME	Employer identification number 13-1788491
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IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$1,592,743

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY MIDSOUTH DIVISION, INC.

EIN: 64-0329009

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$2,888,507

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY MIDWEST DIVISION, INC.

EIN: 41-0724036

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$1,804,572

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY NEW ENGLAND DIVISION, INC.

EIN: 05-0271570

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$1,778,867

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY OF PUERTO RICO, INC.

EIN: 66-0321594

IRC SECTION: 501(C)(3)

Name of the organization AMERICAN CANCER SOCIETY, INC. NATIONAL HOME OFFICE	Employer identification number 13-1788491
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AMOUNT OF GRANT: \$121,855

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY SOUTH ATLANTIC DIVISION, INC.

EIN: 58-0659875

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$3,776,711

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

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.

SUPPLEMENTAL INFORMATION

PART X, LINE 15

THE NATIONAL HOME OFFICE MAINTAINS A PLANNED GIVING BUSINESS UNIT (PGBU) UNDER A JOINT OPERATING AGREEMENT WITH PARTICIPATING DIVISIONS. THE PGBU IS A COOPERATIVE EFFORT THROUGH WHICH PARTICIPATING DIVISIONS USE A CENTRALLY MANAGED STAFF TO COORDINATE A SHARED PLANNED GIVING PROGRAM.

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

AUDITED FINANCIAL STATEMENTS

PART XII, LINE 2B

THE AMERICAN CANCER SOCIETY IS REQUIRED BY THE IRS TO SUBMIT FORM 990S FOR EACH OF ITS LEGAL ORGANIZATIONS. WHILE EACH FORM 990 DOES REPRESENT THE OPERATIONS OF EACH AMERICAN CANCER SOCIETY DIVISION, IT DOES NOT INDIVIDUALLY PRESENT A COMPREHENSIVE OR MEANINGFUL PICTURE OF THE AMERICAN CANCER SOCIETY'S FINANCIAL TRANSACTIONS AS A WHOLE.

ADDITIONALLY, FORM 990 IS PRESENTED IN ACCORDANCE WITH IRS REGULATIONS WHICH IN SOME CASES ARE AT VARIANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THEREFORE, THE SOCIETY PROVIDES THE CONSOLIDATED FINANCIAL STATEMENTS ON ITS WEB SITE, WWW.CANCER.ORG. THE CONSOLIDATED FINANCIAL STATEMENTS PROVIDE THE ONLY MEANINGFUL FINANCIAL INFORMATION FOR THE ENTIRE AMERICAN CANCER SOCIETY ORGANIZATION SINCE THEY ARE PRESENTED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND CONSOLIDATE ALL PARTS OF THE ORGANIZATION IN ONE SET OF FINANCIAL STATEMENTS. WHILE THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE NOT SEPARATELY AUDITED BY AN INDEPENDENT ACCOUNTANT, THE FILING ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHICH WERE AUDITED BY AN INDEPENDENT ACCOUNTANT. ALSO INCLUDED ON THE SOCIETY'S WEB SITE IS A COPY OF THE SOCIETY'S MOST RECENT STEWARDSHIP REPORT, WHICH DISCUSSES THE ENTIRE SOCIETY'S MISSION AND ACCOMPLISHMENTS.

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME	Employer identification number 13-1788491
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THE FILING ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE ABOVE REFERENCED CONSOLIDATED FINANCIAL STATEMENTS, WHICH ARE AUDITED ANNUALLY BY AN INDEPENDENT ACCOUNTANT.

SUPPLEMENTAL INFORMATION

PART X, LINE 11

THE NATIONAL HOME OFFICE MAINTAINS A COMBINED INVESTMENT POOL ("THE POOL") FOR THE ENTERPRISE WHICH INCLUDES INVESTMENTS OF IT'S CHARTERED DIVISIONS. DURING THE YEAR, THE DIVISIONS TRANSFERRED THEIR EXISTING INVESTMENTS, PRIMARILY PUBLICALLY TRADED SECURITIES, INTO THE POOL.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

NET UNREALIZED GAIN ON INVESTMENTS	\$7,714,612
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	(\$336,383)
NET CHANGE IN RETIREMENT PLAN LIABILITY	(\$330,681)
MISCELLANEOUS	\$112

TOTAL OTHER CHANGES IN NET ASSETS	\$7,047,660
	=====

Name of the organization OFFICE	AMERICAN CANCER SOCIETY, INC. NATIONAL HOME	Employer identification number 13-1788491
		<u>ATTACHMENT 1</u>

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE MARTIN AGENCY ONE SHOCKOE PLAZA RICHMOND, VA 23219	CONSULTING	5,507,399.
CONVIO, INC. 11921 N. MOPAC EXPRESSWAY, SUITE 200 AUSTIN, TX 78759	CONSULTING	4,361,468.
MCKINSEY AND COMPANY 133 PEACHTREE STREET, SUITE 4400 ATLANTA, GA 30303	CONSULTING	4,220,000.
MERKLE, INC. PO BOX 64894 BALTIMORE, MD 21264	CONSULTING	3,056,191.
INFOCISION MANAGEMENT 325 SPRINGDALE DRIVE AKRON, OH 44333	TELEMARKETING/FDRS	2,089,812.
TOTAL COMPENSATION		<u>19,234,870.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS PRODUCTS, INC. 02-0651055 250 WILLIAMS STREET, NW ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	11A	ACS, INC.	X	
(2) ACS CANCER ACTION NETWORK 52-2340031 555 11TH STREET, NW WASHINGTON, DC 20004	ELIM. CANCER	GA	501(C)(4)	N/A	ACS, INC.	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses	X	
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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