


**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program:** American Cancer Society/Relay for life

**Executive Summary of Request:** The American Cancer Society is requesting \$5,000 to help cover the cost of rentals of tents, stages, chairs, generators, lights, golf carts, restrooms, for the annual Relay for life. This event is being held throughout Louisville.

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
Does this application include funding for sub-grantee(s)?  Yes  No

<u>4</u>		<del>\$4232</del> <u>4230.80</u>	<u>3/30/2015</u>
District #	Primary Sponsor Signature	Amount	Date

**Primary Sponsor Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman Date

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**OFFICE OF METRO COUNCIL CLERK  
REVIEWED**

DATE 7/16/15 TIME 9:31

**Applicant/Program:** American Cancer Society/Relay for Life

### Additional Disclosure and Signatures

#### Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$192.30</u> Amount	<u>3/12/15</u> Date
<u>18</u> District #	<u>Thomas L. Quinn</u> Council Member Signature	<u>\$192.30</u> Amount	<u>3/12/2015</u> Date
<u>3</u> District #	<u>Maryc Stokides</u> Council Member Signature	<u>\$192.30</u> Amount	<u>3/12/15</u> Date
<u>5</u> District #	_____ Council Member Signature	<del>\$192.30</del> Amount	_____ Date
<u>2</u> District #	<u>Barbara Shanklin</u> Council Member Signature	<u>\$192.30</u> Amount	<u>3/12/15</u> Date
_____ District #	_____ Council Member Signature	<del>\$192.30</del> Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date



# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: **American Cancer Society**  
(as listed on: [www.irs.gov/charities](http://www.irs.gov/charities))

Main Office Street & Mailing Address: 701 W Muhammad Ali Blvd Louisville, KY 40203

Website: [www.cancer.org](http://www.cancer.org); [www.relayforlife.org/jeffersonky](http://www.relayforlife.org/jeffersonky)

Applicant Contact:	Alex Carson	Title:	Relay For Life Manager
Phone:	859-394-3360	Email:	alex.carson@cancer.org
Financial Contact:	Alex Carson	Title:	Relay For Life Manager
Phone:	859-260-8290	Email:	alex.carson@cancer.org

Organization's Representative who attended NDF Training:

### GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s):	Norton Commons	
Council District(s):	#4 District- Tandy	Zip Code(s):

## SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: Relay For Life of Jefferson County

Total Request: (\$)	5,000	Total Metro Award (this program) in previous year: (\$)	5,000 (2014)
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Purpose of Request (check all that apply):

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IRS Exempt Status Determination Letter</li> <li><input checked="" type="checkbox"/> Current Year Projected Budget</li> <li><input checked="" type="checkbox"/> List of Board of Directors (include term &amp; term limits)</li> <li><input checked="" type="checkbox"/> Current financial statement</li> <li><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H</li> <li><input checked="" type="checkbox"/> Articles of Incorporation</li> <li><input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Signed lease if rent costs are being requested</li> <li><input checked="" type="checkbox"/> IRS Form W9</li> <li><input type="checkbox"/> Evaluation forms if used in the proposed program</li> <li><input type="checkbox"/> Annual audit (if required by organization)</li> <li><input type="checkbox"/> Faith Based Organization Certification Form, if required</li> <li><input checked="" type="checkbox"/> Staff including the 3 highest paid staff</li> </ul> |
|--|---|

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	Neighborhood Development Fund	Amount: (\$)	5000
Source:		Amount: (\$)	
Source:		Amount: (\$)	

Has the applicant contacted the BBB Charity Review for participation?  Yes  No

Has the applicant met the BBB Charity Review Standards?  Yes  No

*AMC*



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 - AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 – PROGRAM/PROJECT NARRATIVE**

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

Relay For Life of Jefferson County  
5/30/15  
Noon-Midnight  
Norton Commons

Relay For Life in the 502  
4/25/15  
7pm-7am  
Louisville Collegiate School

Relay For Life of Jefferson County High Schools  
5/15/15  
Butler Traditional High School  
7pm-7am

1500+ walkers  
200+ teams  
300+ cancer survivors

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):  
Monies used to cover part of the \$30,000 in expenses: included rentals (tents, stage, tables, chairs, generators, lighting, golf carts, restrooms, portable walkie talkies)**

**2015 Relay For Life**

Sponsorship	\$20,000
Team Fundraising and Individual Donations	\$140,000
Total Revenue	\$160,000
Operating Expenses:	\$30,000
Total Donation to the American Cancer Society	\$130,000
Donations used for research, education and patient services	



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

To provide adequate facilities through rentals for event participants (tents, tables, chairs, restrooms, lighting, generators, stage etc..)

**D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:**

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:  
Not specifically for this program**

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

Baptist East Healthcare  
Norton Healthcare  
KentuckyOne Healthcare

*AMC*



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY**

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>	5,000	15,000	20,000
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	<b>5,000</b>	<b>15,000</b>	<b>20,000</b>
	25 %	75 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	\$0.00
United Way	\$0.00
Private Contributions (do not include individual donor names)	\$10,000
Fees Collected from Program Participants	\$5,000
Other (please specify)	
	15,000

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.





### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Alpha Media	Inkind	Media
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$30,000	

\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: Sept-Aug

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub-grantees will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

#### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

None

### SECTION 7 - CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	5/25/2015
Legal Signatory: (please print):	Alex Carson	Title:	Relay For Life Manager
Phone:	859-394-3360	Extension:	
Email:	alex.carson@cancer.org		

FILING RECEIPT

-----  
ENTITY NAME: AMERICAN CANCER SOCIETY, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)  
PURPOSES PROVISIONS RESTATED

COUNTY: NEWY

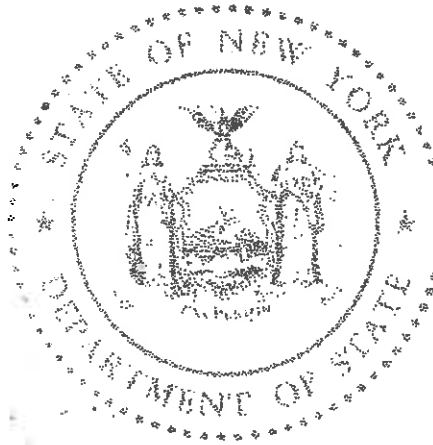
-----  
FILED: 02/04/2010 DURATION: \*\*\*\*\* CASH#: 100204000940 FILM #: 100204000862

FILER:

-----  
KELLY A. HOWLEY  
AMERICAN CANCER SOCIETY, INC.  
901 E. STREET, N.W. SUITE 500  
WASHINGTON, DC 20004

ADDRESS FOR PROCESS:

REGISTERED AGENT:



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SERVICE COMPANY: CORPORATION SERVICE COMPANY - 45

SERVICE CODE: 45

FEEs                    90.00  
-----  
FILING                 30.00  
TAX                     0.00  
CERT                    0.00  
COPIES                 10.00  
HANDLING              50.00

PAYMENTS             90.00  
-----  
CASH                    0.00  
CHECK                   0.00  
CHARGE                 0.00  
DRAWDOWN              90.00  
OPAL                    0.00  
REFUND                 0.00

**STATE OF NEW YORK**

**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 5, 2010.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State

**CSC 45  
DRAW DOWN**

**100204000**

**RESTATED CERTIFICATE OF INCORPORATION**

**OF**

**AMERICAN CANCER SOCIETY, INC.**

**Under Section 805 of the Not-for-Profit Corporation Law**

**I.**

The name of the corporation is American Cancer Society, Inc. (the "Corporation"). The name under which the Corporation was formed is The American Society for the Control of Cancer, Incorporated.

**II.**

The Corporation's Certificate of Incorporation was filed by the Department of State on May 15, 1922. The law under which the Corporation was formed was the New York Membership Corporations Law.

**III.**

The Corporation is a corporation as defined in subparagraph (a)(5) of section 102 of the New York Not-for-Profit Corporation Law and is a Type B Corporation under section 201 of the New York Not-for-Profit Corporation Law.

**IV.**

The Secretary of State of the State of New York is designated as agent of the Corporation upon whom process against the Corporation may be served. The post office address to which the Secretary of State shall mail a copy of any process accepted on behalf of the Corporation is: c/o National Registered Agents, Inc., 875 Avenue of the Americas, Suite 501, New York, New York 10001.

**V.**

The amendments to the Corporation's Certificate of Incorporation effected by this Restated Certificate are: (i) to delete Article Second in its entirety and replace it with a new Article Second, (ii) to delete Article Third in its entirety and replace it with a new Article Third, (iii) to amend Article Fourth relating to the office of the Corporation, (iv) to delete Article Fifth relating to the number of directors of the Corporation in its entirety, (v) to omit Article Sixth relating to the initial directors of the Corporation in its entirety, (vi) to delete Article Seventh relating to the Corporation's annual meeting in its entirety, (vii) to delete Article Eighth in its entirety and replace with a new Article Fifth regarding membership of the Corporation, (viii) to renumber Articles Ninth and Tenth as Articles Seventh and Eighth, respectively, and (ix) to add new Articles Ninth and Tenth.

VI.

To accomplish the foregoing amendments:

- (i) Article Second of the Corporation's Certificate of Incorporation is hereby deleted in its entirety and replaced with the following:

**"SECOND:** The Corporation is a nonprofit organization incorporated and operated exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). The purpose of the Corporation is to eliminate cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. Nothing contained herein shall authorize the Corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in Section 404(a) through (v) of the New York Not-for-Profit Corporation Law.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above. No substantial part of the activities of the Corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation in a manner or to an extent that would disqualify the Corporation for tax exemption under section 501(c)(3) of the Code. The Corporation shall not directly or indirectly participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for elective public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by any organization exempt from federal income tax under section 501(c)(3) of the Code or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Code or corresponding section of any future federal tax code."

- (ii) Article Third of the Corporation's Certificate of Incorporation is hereby deleted in its entirety and replaced with the following:

**"THIRD:** The Corporation is a corporation as defined in subparagraph (a)(5) of section 102 of the New York Not-for-Profit Corporation Law and is a Type B Corporation under section 201 of the New York Not-for-Profit Corporation Law."

- (iii) Article Fourth is hereby amended to read as follows:

**"FOURTH:** The Corporation's office in the State of New York will be located in New York County, New York."

- (iv) Article Fifth of the Corporation's Certificate of Incorporation is hereby deleted in its entirety.

- (v) Article Sixth of the Corporation's Certificate of Incorporation is hereby omitted.
- (vi) Article Seventh of the Corporation's Certificate of Incorporation is hereby deleted in its entirety.
- (vii) Article Eighth (new Article Fifth) is hereby deleted in its entirety and replaced with the following:

"FIFTH: The conditions of membership of the Corporation, if any, shall be stated in the Bylaws of the Corporation."

- (viii) Article Ninth is renumbered as Article Seventh.
- (ix) Article Tenth is renumbered as Article Eighth.
- (x) The following Article Ninth is hereby added:

"NINTH: Upon dissolution of the Corporation's affairs, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, distribute, transfer, convey, deliver and pay over any of the assets of the Corporation received and held by the Corporation subject to limitations permitting their use only for charitable, educational and similar purposes to any other organization which qualifies to preserve the Corporation's tax exempt status under Section 501(c)(3) of the Code and nonprofit status under the New York Not-for-Profit Corporation Law. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction for the county in which the principal office of the Corporation is located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated for such purposes."

- (xi) The following Article Tenth is hereby added:

"TENTH: The Corporation's directors, officers, employees and agents shall be entitled to the broadest indemnification authorized and permitted by Section 719, *et seq.*, of the New York Not-for-Profit Corporation Law, or any act amending, supplementing or substituting therefor."

## VII.

The text of the Certificate of Incorporation of the Corporation is hereby restated as amended or changed to read as follows:

**FIRST:** The name of the corporation is American Cancer Society, Inc. (the "Corporation").

**SECOND:** The Corporation is a nonprofit organization incorporated and operated exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). The purpose of the Corporation is to eliminate cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. Nothing

contained herein shall authorize the Corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in Section 404(a) through (v) of the New York Not-for-Profit Corporation Law.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above. No substantial part of the activities of the Corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation in a manner or to an extent that would disqualify the Corporation for tax exemption under section 501(c)(3) of the Code. The Corporation shall not directly or indirectly participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for elective public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by any organization exempt from federal income tax under section 501(c)(3) of the Code or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Code or corresponding section of any future federal tax code.

**THIRD:** The Corporation is a corporation as defined in subparagraph (a)(5) of section 102 of the New York Not-for-Profit Corporation Law and is a Type B Corporation under section 201 of the New York Not-for-Profit Corporation Law.

**FOURTH:** The Corporation's office in the State of New York will be located in New York County, New York.

**FIFTH:** The conditions of membership of the Corporation, if any, shall be stated in the Bylaws of the Corporation.

**SIXTH:** Omitted.

**SEVENTH:** The Secretary of State of the State of New York is designated as agent of the Corporation upon whom process against the Corporation may be served. The post office address to which the Secretary of State shall mail a copy of any process accepted on behalf of the Corporation is: c/o National Registered Agents, Inc., 875 Avenue of the Americas, Suite 501, New York, New York 10001.

**EIGHTH:** The name and street address in this state of the registered agent upon whom process against the Corporation may be served is: National Registered Agents, Inc., 875 Avenue of the Americas, Suite 501, New York, New York 10001.

**NINTH:** Upon dissolution of the Corporation's affairs, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, distribute, transfer, convey, deliver and pay over any of the assets of the Corporation received and held by the Corporation subject to limitations permitting their use only for charitable, educational and similar purposes to any other organization which qualifies to preserve the Corporation's tax



exempt status under Section 501(c)(3) of the Code and nonprofit status under the New York Not-for-Profit Corporation Law. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction for the county in which the principal office of the Corporation is located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated for such purposes.

TENTH: The Corporation's directors, officers, employees and agents shall be entitled to the broadest indemnification authorized and permitted by Section 719, *et seq.*, of the New York Not-for-Profit Corporation Law, or any act amending, supplementing or substituting therefor.

VII.

The restatement of the Corporation's Certificate of Incorporation herein certified was authorized by at least a majority of the National Assembly of the Corporation entitled to vote thereon pursuant to the provisions of Section 613(c) of the New York Not-for-Profit Corporation Law at a meeting held on November 18, 2009.

Signed on November 24, 2009.

AMERICAN CANCER SOCIETY, INC.

By: 

John R. Seffrin, PhD,  
Chief Executive Officer

**Shlomo Hagler**

I, \_\_\_\_\_, a Justice of the Supreme Court of the State of  
New York for the FIRST Judicial District do hereby approve of the foregoing  
Restated Certificate of Incorporation of American Cancer Society, Inc. and consent  
that the same be filed.

Date: JAN 27 2010

*Shlomo Hagler*  
J.S.C.  
**Shlomo Hagler**

THE ATTORNEY GENERAL HAS NO OBJECTION  
TO THE GRANTING OF JUDICIAL APPROVAL  
HEREON, ACKNOWLEDGES RECEIPT OF  
STATUTORY NOTICE AND DEMANDS SERVICE  
OF THE FILED CERTIFICATE. SAID NO OBJECTION  
IS CONDITIONED ON SUBMISSION OF THE  
MATTER TO THE COURT WITHIN 60 DAYS HEREAFTER.

*Laura Werner*  
ASSISTANT ATTORNEY GENERAL      DATE  
**LAURA WERNER**      *December 29, 2009*

STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
Albany, New York

**CONSENT TO FILING WITH THE DEPARTMENT OF STATE  
(General Use)**

Consent is hereby given to the filing of the annexed restatement of certificate of incorporation

of American Cancer Society, Inc.  
[name of entity]

pursuant to the applicable provisions of the Education Law, the Not-for-Profit Corporation Law, the Business Corporation Law, the Limited Liability Company Law or any other applicable statute.

This consent is issued solely for purposes of filing the annexed document by the Department of State and shall not be construed as approval by the Board of Regents, the Commissioner of Education or the State Education Department of the purposes or objects of such entity, nor shall it be construed as giving the officers or agents of such entity the right to use the name of the Board of Regents, the Commissioner of Education, the University of the State of New York or the State Education Department in its publications or advertising matter.



IN WITNESS WHEREOF this instrument is executed and the seal of the State Education Department is affixed.

DAVID M. STEINER  
Commissioner of Education

By:

Kathleen Marinelli  
Kathleen Marinelli

Commissioner's authorized designee

11/9/10  
Date

**THIS DOCUMENT IS NOT VALID WITHOUT THE SIGNATURE OF THE  
COMMISSIONER'S AUTHORIZED DESIGNEE AND THE OFFICIAL SEAL OF THE  
STATE EDUCATION DEPARTMENT.**

100204000

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RESTATED CERTIFICATE OF INCORPORATION  
OF

AMERICAN CANCER SOCIETY, INC.

Under Section 805 of the Not-for-Profit Corporation Law

1cc  
STATE OF NEW YORK  
DEPARTMENT OF STATE  
FILED

FEB -4 2010

Filed by: Kelly A. Howley  
American Cancer Society, Inc.  
201 E. Street, N.W., Suite 500  
Washington, DC 20004

TAX \$ \_\_\_\_\_  
BY: *[Signature]*

*Exec. Reg # 2706027 MPJ*

*Nancy*

2010 FEB -4 PM 2:33

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2015 Board of Directors

### Officers

Name Position Term End

Robert E. Youle Chair December 31, 2015

Scariott K. Mueller, RN, MPH Vice Chair December 31, 2015

Arnold M. Baskies, MD, FACS Board Scientific Officer December 31, 2015

Jeffrey L. Kean Secretary/Treasurer December 31, 2015

Pamela K. Meyerhoffer, FAHP Immediate Past Chair December 31, 2015

Directors

Name Term End

John Alfonso, CPA December 31, 2016

Patricia J. Crome, RN, MN, NE-BC, FACMPE December 31, 2016

Kevin J. Cullen, MD December 31, 2015

Lewis E. Foxhall, MD December 31, 2016

John W. Hamilton, DDS December 31, 2015

Eugene D. Heflin December 31, 2016

Daniel P. Heist, CPA December 31, 2016

Allen H. Henderson, PhD December 31, 2015

Susan D. Henry, LCSW December 31, 2015

Enrique Hernandez, MD, FACOG, FACS December 31, 2015

Carol Jackson December 31, 2015

Jorge Luis Lopez, Esq. December 31, 2016

Carolyn F. Rhee, FACHE December 31, 2016

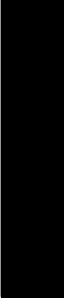
Clement S. Rose, MD December 31, 2015

Donald K. Wame, MD, MPH December 31, 2015

Gil West December 31, 2016

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**AMERICAN CANCER SOCIETY, INC.  
2015 ACS BOARD OF DIRECTORS**



First Name	Last Name	Division	Position	Company	ST
<b>2015 Officers</b>					
Robert E.	Youle	Great West	Vice Chair	Sherman & Howard, LLC	CO
Scarlott	Mueller, RN, MPH	Florida	Director	North Florida Regional Medical Center	FL
Arnold	Baskies, MD, FACS	Eastern	Director	Virtua Surgical Specialists	NJ
Jeffrey	Kean	California	Director	Bank of America	CA
Pamela K.	Meyerhoffer, FAHP	Great West	Chair of the Board	Retired	AZ
<b>2015 Directors</b>					
John	Alfonso, CPA	Eastern	Director	CohnReznick LLP	NY
Patricia J.	Crome, RN, MN, NE-BC, FACMPE	Great West	Director	Rona Consulting	WA
Kevin	Cullen, MD	South Atlantic	Director	University of Maryland	MD
Lewis E.	Foxhall, MD	High Plains	Director	MD Anderson Cancer Center	TX
John	Hamilton, DDS	Great West	Director	Office of John W. Hamilton, DDS	ND
Eugene	Heflin	East Central	Director	Stratos Wealth Partners	OH
Daniel P.	Heist, CPA	East Central	Director	Penn State University	PA
Allen	Henderson, PhD	High Plains	Director	Texas Wesleyan University	TX
Susan	Henry, LCSW	Mid-South	Director	Myeloma Institute for Research and Therapy	AR
Enrique	Hernandez, MD	East Central	Director	Temple University Hospital	PA
Carol	Jackson	California	Director	Macy's, Inc.	CA
Jorge Luis	Lopez, Esq.	Florida	Director	Jorge Luis Lopez Law Firm	FL
Carolyn F.	Rhee, FACHE	California	Director	Olive View-UCLA	CA
Clement	Rose, MD	Lakeshore	Director	Win-Care Medical Consultants, Ltd.	IL
Donald	Warne, MD, MPH	Midwest	Director	North Dakota State University	ND
Gil	West	South Atlantic	Director	Delta Air Lines, Inc.	GA

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>AMERICAN CANCER SOCIETY, INC.</b>	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>NON-PROFIT</b>	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>250 WILLIAMS STREET, NW SUITE 400</b>	Requester's name and address (optional)
City, state, and ZIP code <b>ATLANTA, GA 30303-1002</b>	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
<b>Employer identification number</b>												

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Catherine L. Huckle</i>	Date ▶
------------------	---	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 2013, and ending 20

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

**C** Name of organization: AMERICAN CANCER SOCIETY, INC.  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address): 250 WILLIAMS STREET NW  
 Room/suite: 400  
 City or town, state or province, country, and ZIP or foreign postal code: ATLANTA, GA 30303

**D** Employer identification number: [REDACTED]

**E** Telephone number: (800) 227-2345

**F** Name and address of principal officer: DR. JOHN SEFFRIN  
 250 WILLIAMS STREET NW, STE ATLANTA, GA 30303

**G** Gross receipts \$ 1,240,454,891.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: WWW.CANCER.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1922 **M** State of legal domicile: NY

**H(c)** Group exemption number: 0580

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THROUGH OUR 11 GEOGRAGRAPHC DIVISIONS & NATIONWIDE CORPORATE CENTER, WE SERVED OVER 40 MILLION PEOPLE IN 5,000+ COMMUNITIES THROUGH RESEARCH, EDUCATION, ADVOCACY & SERVICE.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	42.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	42.		
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	8,428.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3,000,000.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-37,884.		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-48,767.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	216,822,172.	Current Year	871,904,237.
	<b>9</b> Program service revenue (Part VIII, line 2g)		-106,018.		24,767.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,840,311.		43,164,625.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,165,068.		4,436,145.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		230,721,533.		919,529,774.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		62,912,967.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			174,475,938.		494,979,980.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			2,317,846.		4,556,778.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)			201,303,109.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			118,168,670.		280,497,153.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		357,875,421.		923,988,329.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-127,153,888.		-4,458,555.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	1,866,161,853.	End of Year	1,878,381,083.
	<b>21</b> Total liabilities (Part X, line 26)		767,418,074.		587,112,728.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.		1,098,743,779.		1,291,268,355.

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

**Sign Here**

Signature of officer: CATHERINE MICKLE  
 Title: CFO  
 Date: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: KATHY PITTS  
 Preparer's signature: [Signature]  
 Date: 09/24/14  
 Check  if self-employed  
 PTIN: P00292940  
 Firm's name: ERNST & YOUNG U.S. LLP  
 Firm's EIN: 34-6565596  
 Firm's address: 1901 6TH AVENUE NORTH, STE 1200 BIRMINGHAM, AL 35203  
 Phone no.: 205-251-2000

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

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AMERICAN CANCER SOCIETY, INC.



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the 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 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 \$ 180,462,695. including grants of \$ 98,641,181. ) (Revenue \$ 24,767. ) RESEARCH PROGRAMS PROVIDE FINANCIAL 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. OUR RESEARCH PROGRAM EXPENSES INCLUDED BOTH OUR EXTRAMURAL RESEARCH GRANTS AND INTRAMURAL PROGRAM, WHICH INCLUDES OUR COMPREHENSIVE CANCER PREVENTION STUDY ("CPS-3"). GRANTS TO AFFILIATES: \$4,031,231

4b (Code: ) (Expenses \$ 270,832,670. including grants of \$ 36,086,330. ) (Revenue \$ 557,941. ) PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE FOR THEM. EXPENSES INCLUDED OUR SPECIFIC ASSISTANCE TO INDIVIDUALS THROUGH THE LOOK GOOD FEEL BETTER® PROGRAM; OUR 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR NATIONAL CANCER INFORMATION CENTER; AND OUR HOPE LODGE® FACILITIES, WHICH PROVIDE FREE, HIGH QUALITY, TEMPORARY LODGING FOR PATIENTS AND THEIR CAREGIVERS CLOSE TO TREATMENT CENTERS, THEREBY EASING THE EMOTIONAL AND FINANCIAL BURDEN OF FINDING AFFORDABLE LODGING. GRANTS TO AFFILIATES: \$7,057,238

4c (Code: ) (Expenses \$ 130,275,019. including grants of \$ 4,443,975. ) (Revenue \$ 0 ) PREVENTION PROGRAMS PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE AND TO REDUCE THE RISK OF DEVELOPING CANCER. PREVENTION EXPENSES INCLUDED ACTIVITIES SUCH AS OUR ONGOING ADVOCACY EFFORTS TO INCREASE CERTAIN STATE TOBACCO TAXES IN ADDITION TO GENERAL PREVENTION WORK. GRANTS TO AFFILIATES: \$16,640,994

4d Other program services (Describe in Schedule O.) (Expenses \$ 90,851,727. including grants of \$ 4,782,932. ) (Revenue \$ 0 )

4e Total program service expenses 672,422,111.

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AMERICAN CANCER SOCIETY, INC.



Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status.

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AMERICAN CANCER SOCIETY, INC.



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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a. . . . .</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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
b	If "Yes" to line 35a, 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

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AMERICAN CANCER SOCIETY, INC.



Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and other IRS filings.

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**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 or note to any line in this Part VI  X

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 1**
- 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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 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 250 WILLIAMS STREET, 4TH FLOOR ATLANTA, GA 30303 404-329-7934**

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

Check if Schedule O contains a response or note to any line in this Part VII.

**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 (list any hours for related organizations below dotted line)	(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 IMMEDIATE PAST CHAIR	5.00 0	X		X				0	0	0
(2) W. PHIL EVANS, MD, FACR IMMEDIATE PAST PRESIDENT	5.00 0	X		X				0	0	0
(3) JOHN ALFONSO, CPA DIRECTOR, LAY	3.00 0	X						0	0	0
(4) VINCENT F. BARBETTA, CLU, CHFC DIRECTOR, LAY	3.00 0	X						0	0	0
(5) DEBRA J. COHEN DIRECTOR, LAY	3.00 0	X						0	0	0
(6) WILLIAM E. COULTER, EDD DIRECTOR, LAY	3.00 0	X						0	0	0
(7) BRYAN K. EARNEST DIRECTOR, LAY	3.00 0	X						0	0	0
(8) EUGENE D. HEFLIN DIRECTOR, LAY	3.00 0	X						0	0	0
(9) ALLEN H. HENDERSON, PHD DIRECTOR, LAY	3.00 0	X						0	0	0
(10) SUSAN D. HENRY, LCSW DIRECTOR, LAY	3.00 0	X						0	0	0
(11) JEFFREY L. KEAN DIRECTOR, LAY	3.00 0	X						0	0	0
(12) JOSEPH R. MAHONEY, CPA DIRECTOR, LAY	3.00 0	X						0	0	0
(13) LINDA Z. MOWAD, RN DIRECTOR, LAY	3.00 0	X						0	0	0
(14) SCARLOTT K. MUELLER, RN, MPH DIRECTOR, LAY	3.00 0	X						0	0	0

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AMERICAN CANCER SOCIETY, INC.

Form 990 (2013)

Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) ARNOLD M. BASKIES, MD, FACS DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 16) PATRICIA K. BRADLEY, PHD, RN DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 17) KARLYNN BRINTZENHOFESZOC, PHD DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 18) ROBERT K. BROOKLAND, MD DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 19) JUDITH E. CALHOUN, PHD, ARNP DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 20) WIL R. COUNTS, RPH, PHD DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 21) WILLIE H. GOFFNEY, MD, FACS DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 22) JOHN W. HAMILTON, DDS DIRECTOR, MEDICAL	3.00 1.00	X						0	0	0
( 23) MICHAEL E. KASPER, MD, FACRO DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 24) CLEMENT S. ROSE, MD DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 25) DONALD K. WARNE, MD, MPH DIRECTOR, MEDICAL	3.00 0	X						0	0	0
<b>1b Sub-total</b> .....								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....								8,819,364.	115,973.	2,228,352.
<b>d Total (add lines 1b and 1c)</b> .....								8,819,364.	115,973.	2,228,352.

**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 **▶ 360**

- 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* .....
- 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* .....
- 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* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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 2		

**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 **▶ 100**



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AMERICAN CANCER SOCIETY, INC.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) MARIA J. WORSHAM, PHD, FACMG DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 27) SHEILA P. BURKE, MPA, RN, FAAN DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 28) JAMES B. CONWAY, MS DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 29) CAROL JACKSON DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 30) HASKELL SEARS WARD DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 31) GRAHAM A. COLDITZ, MD, DRPH DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 32) KEVIN J. CULLEN, MD DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 33) KEVIN OEFFINGER, MD DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 34) GARY M. REEDY CHAIR OF THE BOARD	5.00 2.00	X		X				0	0	0
( 35) VINCENT T. DEVITA, JR., MD PRESIDENT	5.00 3.00	X		X				0	0	0
( 36) PAMELA K. MEYERHOFFER, FAHP CHAIR-ELECT	5.00 0	X		X				0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **360**

	Yes	No
<b>3</b> 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
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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

**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

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AMERICAN CANCER SOCIETY, INC.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) TIM E. BYERS, MD, MPH PRESIDENT-ELECT	5.00 0	X		X				0	0	0
( 38) ROBERT E. YOULE VICE CHAIR	5.00 0	X		X				0	0	0
( 39) DOUGLAS K. KELSEY, MD, PHD, FA FIRST VICE PRESIDENT	5.00 0	X		X				0	0	0
( 40) ENRIQUE HERNANDEZ, MD SECOND VICE PRESIDENT	5.00 0	X		X				0	0	0
( 41) DANIEL P. HEIST, CPA TREASURER	5.00 0	X		X				0	0	0
( 42) ROBERT R. KUGLER, ESQ. SECRETARY	5.00 3.00	X		X				0	0	0
( 43) JOHN R. SEFFRIN CHIEF EXECUTIVE OFFICER	55.00 5.00			X			845,787.	76,890.	11,624.	
( 44) CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	55.00 6.00			X			358,269.	39,083.	13,100.	
( 45) OTIS W. BRAWLEY CHIEF MEDICAL OFFICER	55.00 0				X		628,407.	0	23,829.	
( 46) GREGORY P. BONTRAGER CHIEF OPERATING OFFICER	55.00 0				X		690,473.	0	76,739.	
( 47) JOSEPH C. CAHOON, JR. SENIOR EVP, FIELD OPERATIONS	55.00 0				X		535,885.	0	5,692.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 360

- |   |            |           |
|---|------------|-----------|
| <b>3</b> 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 .....  | <b>Yes</b> | <b>No</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... | X          |           |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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

**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 **▶**

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AMERICAN CANCER SOCIETY, INC.



Form 990 (2013)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) LINDA MACMASTER CHIEF REV. & MRKTNG, OUTGOING	55.00 0			X			345,636.	0	37,520.	
( 49) DONALD GUDAITIS EVP, NEW ENGLAND, OUTGOING	55.00 0				X		1,686,164.	0	456,820.	
( 50) JARILYN JOHNSTON-ALLEN EVP, MIDWEST, OUTGOING	55.00 0				X		1,243,668.	0	603,410.	
( 51) DONALD DISTASIO EVP, EASTERN, OUTGOING	55.00 0				X		1,152,329.	0	221,993.	
( 52) FRANCIS P. MCGRADY EVP, EAST CENTRAL, OUTGOING	55.00 0				X		775,608.	0	592,550.	
( 53) REUEL E. JOHNSON VP, RELAY FOR LIFE, OUTGOING	55.00 0				X		557,138.	0	185,075.	
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 **360**

	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

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

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 10,131,204.			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 487,001,193.			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 196,222.			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 6,425,748.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 368,149,870.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	50,364,701.			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		871,904,237.		
<b>Program Service Revenue</b>	<b>2a</b> EDUCATION MAGAZINES - ADVERTISING	<b>Business Code</b> 541800	24,767.	24,767.	
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue . . . . .				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		24,767.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		22,716,135.		22,716,135.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0		
	<b>5</b> Royalties . . . . .		3,716,911.		3,716,911.
	<b>6a</b> Gross rents . . . . .	(i) Real 1,146,488.			
	<b>b</b> Less: rental expenses . . . . .	459,467.			
	<b>c</b> Rental income or (loss) . . . . .	687,021.			
	<b>d</b> Net rental income or (loss) . . . . .		687,021.	-163,554.	850,575.
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities 251,074,043.	(ii) Other 3,982,468.		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	232,022,065.	2,585,956.		
	<b>c</b> Gain or (loss) . . . . .	19,051,978.	1,396,512.		
	<b>d</b> Net gain or (loss) . . . . .		20,448,490.		20,448,490.
	<b>8a</b> Gross income from fundraising events (not including \$ 487,001,193. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 51,988,787.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> 51,988,787.			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 5,351,063.			
<b>b</b> Less: direct expenses . . . . .	<b>b</b> 211,260.				
<b>c</b> Net income or (loss) from gaming activities . . . . .		5,139,803.		5,139,803.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 22,971,548.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b> 33,657,582.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		-10,686,034.	100,903.	-10,786,937.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> GRANT REFUND/RESIGNATIONS	900099	4,624,638.		4,624,638.	
<b>b</b> OTHER GAINS (LOSSES)	900099	953,806.	557,941.	395,865.	
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		5,578,444.			
<b>12</b> <b>Total revenue.</b> See instructions . . . . .		919,529,774.	557,941.	-37,884.	47,105,480.

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**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).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . . . .	107,846,645.	107,846,645.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	33,369,059.	33,369,059.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	2,738,714.	2,738,714.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	5,076,003.	2,017,920.	2,186,421.	871,662.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	12,377,177.	6,856,980.	2,291,711.	3,228,486.
7 Other salaries and wages . . . . .	343,047,138.	224,561,356.	19,400,251.	99,085,531.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	58,372,852.	39,119,004.	2,333,859.	16,919,989.
9 Other employee benefits . . . . .	49,808,245.	33,159,972.	2,823,347.	13,824,926.
10 Payroll taxes . . . . .	26,298,565.	17,307,960.	1,447,389.	7,543,216.
11 Fees for services (non-employees):				
a Management . . . . .	384,895.	258,744.	22,534.	103,617.
b Legal . . . . .	1,679,906.	724,816.	747,173.	207,917.
c Accounting . . . . .	967,245.		967,245.	
d Lobbying . . . . .	5,000.	5,000.		
e Professional fundraising services. See Part IV, line 17.	4,556,778.			4,556,778.
f Investment management fees . . . . .	2,829,566.		2,829,566.	
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	53,163,321.	40,591,446.	2,856,370.	9,715,505.
12 Advertising and promotion . . . . .	22,397,352.	20,358,854.	265,017.	1,773,481.
13 Office expenses . . . . .	42,934,627.	26,928,672.	4,879,564.	11,126,391.
14 Information technology . . . . .	14,792,854.	10,720,299.	778,926.	3,293,629.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	39,148,161.	28,335,130.	2,277,132.	8,535,899.
17 Travel . . . . .	16,086,435.	10,288,302.	683,841.	5,114,292.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	8,457,652.	4,836,498.	947,983.	2,673,171.
20 Interest . . . . .	2,072,958.	1,949,491.	91,911.	31,556.
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	22,206,892.	14,875,638.	1,302,633.	6,028,621.
23 Insurance . . . . .	2,890,692.	2,111,142.	139,676.	639,874.
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	32,910,495.	32,665,464.	16,185.	228,846.
b PRINT- EDUCATION&FNDRSNG	13,928,562.	8,650,015.	850,038.	4,428,509.
c UBIT TAXES	1,193.		1,193.	
d MISCELLANEOUS	3,639,347.	2,144,990.	123,144.	1,371,213.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	923,988,329.	672,422,111.	50,263,109.	201,303,109.
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) . . . . .	185,639,572.	112,980,095.	7,552,378.	65,107,099.

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AMERICAN CANCER SOCIETY, INC.



Form 990 (2013)

Page 11

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	135,440,458.	2	172,343,123.
	3	Pledges and grants receivable, net	28,885,785.	3	27,129,364.
	4	Accounts receivable, net	4,507,844.	4	4,699,515.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other 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). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	3,826,470.	8	4,025,176.
	9	Prepaid expenses and deferred charges	8,300,021.	9	9,109,800.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 572,215,200.		
	10b	Less: accumulated depreciation	10b 288,054,936.		
	11	Investments - publicly traded securities	303,969,980.	10c	284,160,264.
	12	Investments - other securities. See Part IV, line 11	1,027,513,240.	11	986,977,966.
	13	Investments - program-related. See Part IV, line 11	0	12	0
	14	Intangible assets	0	13	0
	15	Other assets. See Part IV, line 11	0	14	0
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	353,718,055.	15	389,935,875.	
		1,866,161,853.	16	1,878,381,083.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	413,872,835.	17	249,784,911.
	18	Grants payable	220,340,197.	18	208,796,588.
	19	Deferred revenue	10,489,982.	19	10,594,572.
	20	Tax-exempt bond liabilities	48,883,780.	20	6,535,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other 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	1,537,761.	23	41,506,924.
	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	72,293,519.	25	69,894,733.
	26	<b>Total liabilities.</b> Add lines 17 through 25	767,418,074.	26	587,112,728.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	614,730,820.	27	756,319,942.
	28	Temporarily restricted net assets	220,068,825.	28	254,879,104.
	29	Permanently restricted net assets	263,944,134.	29	280,069,309.
	Organizations that do not follow SFAS 117 (ASC 958), 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	<b>Total net assets or fund balances</b>	1,098,743,779.	33	1,291,268,355.	
34	<b>Total liabilities and net assets/fund balances</b>	1,866,161,853.	34	1,878,381,083.	

Form 990 (2013)

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AMERICAN CANCER SOCIETY, INC.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	919,529,774.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	923,988,329.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	-4,458,555.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,098,743,779.
<b>5</b>	Net unrealized gains (losses) on investments	3,341,837.
<b>6</b>	Donated services and use of facilities	0
<b>7</b>	Investment expenses	0
<b>8</b>	Prior period adjustments	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	193,641,294.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1,291,268,355.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **AMERICAN CANCER SOCIETY, INC.** Employee identification number: [REDACTED]

**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-Non-functionally integrated
- 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? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013



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AMERICAN CANCER SOCIETY, INC.



Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	368,976,523.	352,035,141.	350,778,337.	216,822,172.	871,904,237.	2,160,516,410.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3. . . . .	368,976,523.	352,035,141.	350,778,337.	216,822,172.	871,904,237.	2,160,516,410.
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). . . . .						0
6 <b>Public support.</b> Subtract line 5 from line 4.						2,160,516,410.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	368,976,523.	352,035,141.	350,778,337.	216,822,172.	871,904,237.	2,160,516,410.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	7,312,367.	7,225,284.	8,467,852.	8,984,317.	27,579,534.	59,569,354.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	73,527.	28,259.	51,145.	134,205.	0	287,136.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) - ATCH- 1 . . . . .				557,760.	953,806.	1,511,566.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						2,221,884,466.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	111,915,469.
13 <b>First five years.</b> 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 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	97.24%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	97.36%
16a <b>33 1/3% support test - 2013.</b> 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 <b>33 1/3% support test - 2012.</b> 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 <b>10%-facts-and-circumstances test - 2013.</b> 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 <b>10%-facts-and-circumstances test - 2012.</b> 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 <b>Private foundation.</b> 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"/>	

Schedule A (Form 990 or 990-EZ) 2013

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AMERICAN CANCER SOCIETY, INC.



Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 . . . . . ▶ <input type="checkbox"/>						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	%

- 19a 33 1/3% support tests - 2013. 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 - 2012. 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 ▶

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AMERICAN CANCER SOCIETY, INC.



Schedule A (Form 990 or 990-EZ) 2013

**Part IV** **Supplemental Information.** 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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MISCELLANEOUS REVENUE				557,760.	953,806.	1,511,566.
TOTALS				<u>557,760</u>	<u>953,806</u>	<u>1,511,566</u>

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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 <b>AMERICAN CANCER SOCIETY, INC.</b>	Employer identification number [REDACTED]
--	--

**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)	-----			

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**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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AMERICAN CANCER SOCIETY, INC.



Schedule C (Form 990 or 990-EZ) 2013

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		17,028,825.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		27,655.
i Other activities?		X	
j Total. Add lines 1c through 1i			17,056,480.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

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AMERICAN CANCER SOCIETY, INC.



**Part IV Supplemental Information (continued)**

SCHEDULE C, PART IV

GENERAL LOBBYING NARRATIVE

RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN  
CANCER SOCIETY SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH  
GRANTS TO OTHER ORGANIZATIONS, INCLUDING THE AMERICAN CANCER SOCIETY  
CANCER ACTION NETWORK, INC., TO ACHIEVE EVIDENCE BASED POLICY AND  
LEGISLATIVE SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH  
PROBLEM.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 9 In Part XIII, 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.

Table with 2 columns: Amount. Rows include: 1a 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, in Part XIII, 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) 2013

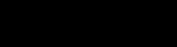
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AMERICAN CANCER SOCIETY, INC.



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 XIII.

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?

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?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

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

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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AMERICAN CANCER SOCIETY, INC.



Schedule D (Form 990) 2013

Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,538,848.
(2) PLANNED GIVING ASSETS	73,774,972.
(3) BENEFICIAL INTERESTS IN TRUSTS	304,181,990.
(4) COLLATERAL REC'D UNDER SEC LND	1,320,260.
(5) OTHER RECEIVABLES	8,119,805.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	389,935,875.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INVESTMENTS HELD FOR AFFILIATES	22,281,792.
(3) PAYABLE UNDER SECURITIES LENDING PR	1,320,260.
(4) GIFT ANNUITY OBLIGATION	26,724,747.
(5) DEFERRED RENT PAYABLE	14,582,869.
(6) CAPITAL LEASE OBLIGATIONS	2,018,758.
(7) DUE TO AFFILIATES	2,966,307.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	69,894,733.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

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AMERICAN CANCER SOCIETY, INC.



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 919,529,774.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 923,988,329.

Part XIII Supplemental Information.

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

SEE PAGE 5

Dashed lines for supplemental information input.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 5

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

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 SPENDING POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.

SCHEDULE D, PART XI, LINE 2D

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS ("AFS") TO 990

REVENUE OF AFFILIATES: \$16,133,509
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$32,094,850
RENTAL EXPENSES: \$425,413

TOTAL: \$48,653,772

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 4B

EXCHANGE REVENUE / (EXPENSE) RECLASSIFIED TO EXPENSE - UBI TAX: \$1,193
GRANT REFUNDS/RESIGNATIONS: \$4,624,638

TOTAL: \$4,625,831

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**Part XIII Supplemental information (continued)**

SCHEDULE D, PART XII, LINE 2D

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

EXPENSES OF AFFILIATES: \$13,492,490

GRANT REFUNDS/RESIGNATIONS: (\$4,624,638)

RENTAL EXPENSES: \$425,413

TOTAL: \$9,293,265

RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN

SCHEDULE D, PART XII, LINE 4B

EXCHANGE REVENUE / (EXPENSE) RECLASSIFIED TO EXPENSE - UBI TAX: \$1,193

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	CNCR PREVENTION	840.
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	CAPACITY BUILDING	8,579.
(3) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	810.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CNCR PREVENTION	1,430.
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CAPACITY BUILDING	39,131.
(6) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	60,797.
(7) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PALLIATIVE CARE SRVCE	1,759.
(8) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PATIENT SUPPORT	3,728.
(9) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TOBACCO CONTROL	5,457.
(10) EUROPE			PROGRAM SERVICES	ACCESS TO PAIN RELIEF	1,611.
(11) EUROPE			PROGRAM SERVICES	BREAST CNCR PROGRAM	4,611.
(12) EUROPE			PROGRAM SERVICES	CNCR PREVENTION	14,354.
(13) EUROPE			PROGRAM SERVICES	CAPACITY BUILDING	13,044.
(14) EUROPE			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	38,495.
(15) EUROPE			PROGRAM SERVICES	RESEARCH FELLOWSHIP	7,646.
(16) EUROPE			PROGRAM SERVICES	TOBACCO CONTROL	16,245.
(17) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	16,217.
<b>3a Sub-total</b>					234,754.
<b>b Total from continuation sheets to Part I</b>		2.			1,258,092.
<b>c Totals (add lines 3a and 3b)</b>		2.			1,492,846.

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

Schedule F (Form 990) 2013

**PUBLIC INSPECTION COPY**

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

[REDACTED]

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	2,126.
(2) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	8,956.
(3) NORTH AMERICA			PROGRAM SERVICES	BREAST CNCR PROGRAM	968.
(4) NORTH AMERICA			PROGRAM SERVICES	CNCR PREVENTION	590.
(5) NORTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	8,828.
(6) NORTH AMERICA			PROGRAM SERVICES	PATIENT SUPPORT	467.
(7) NORTH AMERICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	1,363.
(8) NORTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	582.
(9) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	PATIENT SUPPORT	3,399.
(10) SOUTH AMERICA			PROGRAM SERVICES	BREAST CNCR PROGRAM	285,889.
(11) SOUTH AMERICA			PROGRAM SERVICES	CNCR PREVENTION	5,382.
(12) SOUTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	68,786.
(13) SOUTH AMERICA			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	10,755.
(14) SOUTH AMERICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	4,847.
(15) SOUTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	23,436.
(16) SOUTH ASIA			PROGRAM SERVICES	ACCESS TO PAIN RELIEF	1,768.
(17) SOUTH ASIA			PROGRAM SERVICES	CNCR PREVENTION	4,833.
<b>3a Sub-total</b>					
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals (add lines 3a and 3b)</b>					

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

Schedule F (Form 990) 2013

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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) SOUTH ASIA			PROGRAM SERVICES	CAPACITY BUILDING	8,155.
(2) SOUTH ASIA			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	2,395.
(3) SOUTH ASIA			PROGRAM SERVICES	PATIENT SUPPORT	893.
(4) SOUTH ASIA			PROGRAM SERVICES	TOBACCO CONTROL	2,964.
(5) SUB-SAHARAN AFRICA			PROGRAM SERVICES	ACCESS TO PAIN RELIEF	10,962.
(6) SUB-SAHARAN AFRICA			PROGRAM SERVICES	BREAST CNCR PROGRAM	4,160.
(7) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CNCR PREVENTION	30,811.
(8) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	16,691.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CRVCL CNCR AWRNESS	2,095.
(10) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	86,769.
(11) SUB-SAHARAN AFRICA		2.	PROGRAM SERVICES	PAIN MANAGEMENT	193,192.
(12) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PALLIATIVE CARE SRVCE	12,528.
(13) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PATIENT SUPPORT	5,324.
(14) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	35,126.
(15) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	413,052.
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2013



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AMERICAN CANCER SOCIETY, INC.



Schedule F (Form 990) 2013

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RSRCH PROF. AWARD	161,500.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	BREAST CNCR RESEARCH	50,435.	WIRE			
(3)			NORTH AMERICA	TOBACCO CONTROL	37,750.	WIRE			
(4)			SOUTH AMERICA	BREAST CNCR PROGRAM/ADVO	557,729.	WIRE			
(5)			SOUTH AMERICA	CAPACITY BUILDING	93,510.	WIRE			
(6)			SOUTH AMERICA	PATIENT SUPPORT PROG	15,000.	WIRE			
(7)			SOUTH AMERICA	TOBACCO CONTROL	23,825.	WIRE			
(8)			SUB-SAHARAN AFRICA	ACCESS TO PAIN RELIEF	50,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	BREAST CNCR ADVOCACY	15,000.	WIRE			
(10)			SUB-SAHARAN AFRICA	CNCR PREVENTION	54,479.	WIRE			
(11)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	1,590,908.	WIRE			
(12)			SUB-SAHARAN AFRICA	PAIN MANAGEMENT	88,578.	WIRE			
(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. . . . . 38

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

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AMERICAN CANCER SOCIETY, INC.



Schedule F (Form 990) 2013

Page 3

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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)							

Schedule F (Form 990) 2013

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AMERICAN CANCER SOCIETY, INC.



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

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AMERICAN CANCER SOCIETY, INC.



**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).

SCHEDULE F, PART V

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

THE SOCIETY DOES MONITOR AND CONDUCT AN EVALUATION OF OPERATIONS UNDER EACH GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY RECEIVING BENCHMARKING GRANT REPORTS. THE SOCIETY ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES. NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES MUST BE FURNISHED BY ALL GRANTEES TO THE SOCIETY 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 INTERIM 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.

**PUBLIC INSPECTION COPY**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

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.

**2013**

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

**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.

**Part I**

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.	GEN DVLPMNT CONSULTING		X	128,860.	56,545.	72,315.
2 FISHBAIT MARKETING, LLC	FUNDRAISING CONSULTANT		X	1,069,356.	158,130.	911,226.
3 MERKLE GROUP, INC.	DIRECT MAIL STRATEGY		X	43,735,994.	2,224,075.	41,511,919.
4 PARADYSZ MATERA	DIRECT MAIL CONSULTANT		X	4,197,410.	119,063.	4,078,347.
5 CASWELL ZACHRY GRIZZARD	PLANNED GVG STRATEGY		X		1,089,051.	-1,089,051.
6 ALLAN JAMIESON	PARTICIPANT RCRTMNT		X	355,076.	15,000.	340,076.
7 TIMOTHY RUNION	STRATEGIC GUIDANCE		X		7,200.	-7,200.
8 THE RUSS REID COMPANY, INC.	EVENT STRATEGY		X	937,736.	528,011.	409,725.
9 M+R STRATEGIC SERVICES, INC.	ONLINE STRATEGY		X	3,076,341.	329,703.	2,746,638.
10 MLH STRATEGIES	EVENT STRATEGY		X		30,000.	-30,000.
<b>Total</b>				53,500,773.	4,556,778.	48,943,995.

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

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

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AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

**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	
		RELAY FOR LIFE (event type)	MAKING STRIDES (event type)	1,399 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	374,239,829.	65,192,032.	99,558,119.	538,989,980.
	2	Less: Contributions	350,640,387.	59,669,461.	76,691,345.	487,001,193.
	3	Gross income (line 1 minus line 2)	23,599,442.	5,522,571.	22,866,774.	51,988,787.
Direct Expenses	4	Cash prizes	7,283.		3,625.	10,908.
	5	Noncash prizes	2,479,451.	67,005.	281,542.	2,827,998.
	6	Rent/facility costs	4,359,250.	1,501,232.	4,717,645.	10,578,127.
	7	Food and beverages	753,325.	240,936.	5,966,650.	6,960,911.
	8	Entertainment	1,527,225.	146,141.	2,427,333.	4,100,699.
	9	Other direct expenses	14,472,908.	3,567,257.	9,469,979.	27,510,144.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			5,351,063.
Direct Expenses	2	Cash prizes		60,587.	60,587.	
	3	Noncash prizes		24,955.	24,955.	
	4	Rent/facility costs		25,232.	25,232.	
	5	Other direct expenses		100,486.	100,486.	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.0000% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					211,260.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					5,139,803.

9 Enter the state(s) in which the organization operates gaming activities: SEE SUPPLEMENTAL PAGE

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

b If "No," explain:

SOME STATES DO NOT REQUIRE LICENSES; HOWEVER, WE ARE LICENSED WHERE REQUIRED.

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

b If "Yes," explain:

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AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

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

<b>a</b>	The organization's facility	<b>13a</b>		%
<b>b</b>	An outside facility	<b>13b</b>	100.0000	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LORANCE HUI

Address ▶ 250 WILLIAMS STREET, NW, 4TH FLOOR ATLANTA, GA 30303

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ CATHERINE E. MICKLE

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ OVERSIGHT/MANAGEMENT

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 ▶ \$ 1,281,444.

**Part IV Supplemental Information.** 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 G, PART II

SUPPLEMENTAL INFORMATION REGARDING FNDRSNG EVENTS

MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS

FOR AND FIGHTS BACK AGAINST BREAST CANCER BY:

-HELPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE

PUBLIC INSPECTION COPY

AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** 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).

THEIR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH.

WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING

TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM.

-HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND

EMOTIONAL SUPPORT. WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS

ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE



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AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

- 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:
 

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV** Supplemental information. 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).

HERE FOR THEM - SO THEY CAN FOCUS ON FEELING BETTER.

-FINDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER

AND BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE.

WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER

RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE

DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR

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AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

Page 3

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** 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).

BREAST CANCER.

-FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO  
 INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT, AND BY  
 BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST  
 CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE.

PUBLIC INSPECTION COPY

AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

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

<b>13a</b>		%
<b>13b</b>		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** 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).

RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR SUPPORT TO THOSE FIGHTING CANCER. IT HONORS THOSE WHO HAVE BEEN LOST TO THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING THE DISEASE. FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE FIGHT AGAINST CANCER. THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS

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AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental information.** 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).

GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED  
 OFFICIALS ABOUT CANCER. BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING  
 STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE.

PUBLIC INSPECTION COPY

AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

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

Name

Address

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

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

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. 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).

MANDATORY DISTRIBUTION, LINE 17

SUPPLEMENTAL INFORMATION FOR FUNDRAISING EVENTS

CA - 687,089

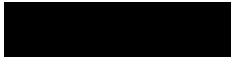
CO - 14,260

ID - 222

GA - 21,011

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AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
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Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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- 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:

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**Part IV Supplemental Information.** 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).

MD - 49,110

MI - 52,150

NJ - 40,081

NY - 167,554

VA - 207,755

WA - 42,212

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AMERICAN CANCER SOCIETY, INC.



Schedule G (Form 990 or 990-EZ) 2013

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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

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SCHEDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES

AL, AZ, CA, CO, GA, ID, IL, IA, MD, MA, MI, MN, NJ, NY, NC, OH, PA, TN, TX, VA, WA, WI,

**PUBLIC INSPECTION COPY**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN CANCER SOCIETY, INC.



**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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) FC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACCESS COMMUNITY HEALTH & RESEARCH CENTER 6450 MAPLE STREET DEARBORN, MI 48126	23-7444497	501 (C) (3)	39,500.				BREAST EDUCATION AND HEALTH
(2) ACCESS COMMUNITY HEALTH & RESEARCH CENTER 6450 MAPLE STREET DEARBORN, MI 48126	23-7444497	501 (C) (3)	5,750.				COLORECTAL EDUCATION
(3) ACTION ON SMOKING & HEALTH 701 4TH STREET NW WASHINGTON, DC 20001	13-2603590	501 (C) (3)	10,000.				CANCER CONTROL
(4) ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PIKY DOWNERS GROVE, IL 60515	36-3297360	501 (C) (3)	12,500.				PREVENTION AND DETECTION
(5) AKRON GENERAL MEDICAL CENTER 400 WABASH AVE AKRON, OH 44307	34-0714478	501 (C) (3)	25,000.				BREAST EDUCATION AND HEALTH
(6) ALBERT EINSTEIN COLLEGE OF MED. YESHIVA UNI 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501 (C) (3)	1,422,508.				RESEARCH SCHOLAR GRANT
(7) ALJ. CHILDREN'S HOSPITAL INC 880 6TH S #140 ST PETERSBURG, FL 33701	59-0683252	501 (C) (3)	19,720.				CAMP PROGRAM
(8) AMERICAN ASSOC FOR CANCER RESRC 615 CHESTNUT ST, #1700 THOROFARE, NJ 08086	23-6251648	501 (C) (3)	11,144.				CANCER CONTROL
(9) AMERICAN COLLEGE OF SURGEONS PO BOX 92425 CHICAGO, IL 60675	36-2192800	501 (C) (3)	771,018.				RESEARCH GRANT
(10) ARTHRITIS FOUNDATION 29 E MADISON ST STE 500 CHICAGO, IL 60602	36-2246715	501 (C) (3)	11,340.				PAIN MANAGEMENT
(11) ASPEN CANCER CONFERENCE INC 4383 MEDICAL DR SAN ANTONIO, TX 78229	52-1746776	501 (C) (3)	16,000.				CANCER CONTROL GRANT
(12) ASSOCIATION OF ONCOLOGY SOCIAL WORK INC PO BOX 839 GLENVIEW, IL 60025	13-3736895	501 (C) (3)	12,000.				PREVENTION AND DETECTION

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) (2013)



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**SCHEDULE I  
(Form 990)**

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

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

**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. 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) AURORA FOUNDATION 950 N 12TH ST 5TH FL MILWAUKEE, WI 53233	39-6044569	501(C)(3)	33,750.				BREAST EDUCATION AND HEALTH
(2) AURORA HEALTH CARE AURORA MED CTR OSHKOSH OSHKOSH, WI 54904	39-1442285	501(C)(3)	50,000.				BREAST EDUCATION AND HEALTH
(3) BAD RIVER HEALTH SERVICES PO BOX 39 ODANAH, WI 54861	39-1178897	OTHER	15,000.				HEALTH PROGRAMS
(4) BAPTIST HEALTH FOUNDATION 1235 SAN MARCO BLVD JACKSONVILLE, FL 32207	59-2487136	501(C)(3)	49,163.				BREAST EDUCATION AND HEALTH
(5) BAPTIST HEALTH FOUNDATION 1235 SAN MARCO BLVD JACKSONVILLE, FL 32207	59-2487136	501(C)(3)	11,663.				COLORECTAL EDUCATION
(6) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	36,250.				COLORECTAL EDUCATION
(7) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(8) BECKMAN RESEARCH INST. OF THE CITY OF HOPE 1500 EAST DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	1,500,000.				RESEARCH SCHOLAR GRANT
(9) BETH ISRAEL MEDICAL CENTER 10 NATHAN D. PERLMAN PL NEW YORK, NY 10003	13-5564934	501(C)(3)	24,000.				MASTERS TRAINING ONCOLOGY
(10) BETHEL BAPTIST CHURCH PO BOX 310665 BIRMINGHAM, AL 35231	63-0766599	501(C)3	12,000.				CANCER CONTROL
(11) BIG BEND AREA HEALTH EDUCATION CENTER INC 325 JOHN KNOX RD TALLAHASSEE, FL 32303	59-3345711	501(C)(3)	20,013.				BREAST EDUCATION AND HEALTH
(12) BIG BEND AREA HEALTH EDUCATION CENTER INC 325 JOHN KNOX RD TALLAHASSEE, FL 32303	59-3345711	501(C)(3)	22,433.				COLORECTAL EDUCATION

- 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

Schedule I (Form 990) (2013)

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

**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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**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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) RC 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) BLUE CROSS & BLUE SHIELD OF MINNESOTA FDN PO BOX 64560 ST PAUL, MN 55164	36-3525653	501(C)(3)	37,684.				HEALTH PROGRAMS
(2) BOARD OF REGENTS OF THE UW SYS 21 N PARK ST, STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	65,000.				QUALITY OF LIFE RESEARCH
(3) BOB PERKS CANCER ASSISTANCE FUND PO BOX 313 STATE COLLEGE, PA 16804	20-4220990	501(C)(3)	51,049.				CANCER CONTROL
(4) BON SECOURS BALTIMORE HEALTH SYSTEM 2000 W BALTIMORE ST BALTIMORE, MD 21223	E2-0591555	501(C)(3)	36,345.				BREAST EDUCATION AND HEALTH
(5) BON SECOURS HAMPTON ROADS 3636 HIGH ST PORTSMOUTH, VA 23707	52-1538513	501(C)(3)	30,000.				BREAST EDUCATION AND HEALTH
(6) BORINQUEN MEDICAL CENTERS 3601 FEDERAL HIGHWAY MIAMI, FL 33161	59-1417397	501(C)(3)	5,890.				BREAST EDUCATION AND HEALTH
(7) BOSTON MEDICAL CENTER 660 HARRISON AVE, GAMBRO 2 BOSTON, MA 02118	04-3314093	501(C)(3)	100,000.				PHYSICIANS TRAINING AWARD
(8) BOSTON MEDICAL CENTER 660 HARRISON AVE, GAMBRO 2 BOSTON, MA 02118	04-3314093	501(C)(3)	1,748,000.				RESEARCH SCHOLAR GRANT
(9) BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	650,000.				RESEARCH SCHOLAR GRANT
(10) BRADFORD REGIONAL MEDICAL 116 INTERSTATE PKWY BRADFORD, PA 16701	25-0965270	501(C)(3)	25,000.				BREAST HEALTH PROGRAMS
(11) BREAST HEALTH COLLABORATIVE OF TEXAS 3015 RICHMOND, #140 HOUSTON, TX 77098	45-4193838	501(C)(3)	6,000.				BREAST EDUCATION AND HEALTH
(12) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	720,000.				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) (2013)

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OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

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(1) HUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BLVD NOVATO, CA 94945	94-3030609	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(2) CAMP ALDERSGATE 2000 ALDERSGATE RD N. SCITTYTATE, RI 02857	71-0265209	OTHER	31,347.				CAMP PROGRAM
(3) CAMP HOPE, KANS FOR KIDS FIGHTING CANCER PO BOX 178 HOISINGTON, KS 67544	48-1179797	501(C)(3)	36,000.				CAMP PROGRAM
(4) CAMP MOKULIA 68-729 FARRINGTON HWY WAIALUA, HI 96791	99-0275250	501(C)(3)	175,000.				CAMP PROGRAM
(5) CAMP RAINBOW FOUNDATION 14309 MILLERIAN CR CHESTERFIELD, MO 63017	43-1563030	501(C)(3)	5,500.				CAMP PROGRAM
(6) CAMPAIGN FOR TOBACCO-FREE KIDS MORRISSEY PUBLIC AFFAIRS CHICAGO, IL 60643	52-1969967	501(C)(3)	325,000.				TOBACCO CONTROL GRANT
(7) CAROLINA HEALTH CENTERS INC 313 MAIN ST GREENWOOD, SC 29646	57-0650154	501(C)(3)	6,000.				BREAST EDUCATION AND HEALTH
(8) CAROLINAS HEALTHCARE FOUNDATION INC PO BOX 32861 CHARLOTTE, NC 28232	56-6060481	501(C)(3)	47,500.				BREAST EDUCATION AND HEALTH
(9) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	20,000.				GRADUATE SCHOLARSHIP NURSING
(10) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	210,000.				INSTITUTIONAL RESEARCH GRANT
(11) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	72,000.				PALLIATIVE CARE
(12) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	2,867,000.				RESEARCH SCHOLAR GRANT

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Schedule I (Form 990) (2013)

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SCHEDULE I  
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Grants and Other Assistance to Organizations,  
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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

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(1) C-CHANGE 1776 EYE ST NW, 9TH FL WASHINGTON, DC 20006	16-1641769	501(C)(3)	500,000.				CANCER CONTROL
(2) CCPCRO FOUNDATION 3480 HIGHLAND AVE CINCINNATI, OH 45213	32-0026050	501(C)(3)	18,750.				BREAST EDUCATION AND HEALTH
(3) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	125,000.				RESEARCH PROFESSORSHIP
(4) CENTER FOR CHANGE 2817 BELCO DR, UNIT 9, ORLANDO, FL 32808	20-3062727	501(C)(3)	41,025.				COLORECTAL EDUCATION FELLOWSHIP
(5) CENTER FOR INDEPENDENCE OF THE DISABLED NY 841 BROADWAY STE 301 NEW YORK, NY 10003	13-2984549	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(6) CTR FOR MULTICULTURAL WELLNESS & PREVENTION 1814 WEST COLONIAL DR ORLANDO, FL 32804	59-3368679	501(C)(3)	23,061.				COLORECTAL EDUCATION GRANT
(7) CENTRAL CARE COMMUNITY HEALTH 8610 MARTIN LUTHER KING HOUSTON, TX 77230	76-0444982	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(8) CENTRAL MS HEALTH SERVICES 1134 WINTER STREET JACKSON, MS 39204	64-0426295	501(C)(3)	22,500.				BREAST EDUCATION AND HEALTH
(9) CENTRAL MS HEALTH SERVICES 1134 WINTER STREET JACKSON, MS 39204	64-0426295	501(C)(3)	27,500.				CANCER CONTROL
(10) CHEYENNE RIVER BCCEDP PROGRAM PO BOX 590 EAGLE BUTTE, SD 57625	46-0217757	OTHER	18,500.				BREAST EDUCATION AND HEALTH
(11) CHEYENNE RIVER BCCEDP PROGRAM PO BOX 590 EAGLE BUTTE, SD 57625	46-0217757	OTHER	6,250.				IMPROVE HEALTHCARE SYSTEMS
(12) CHILDREN'S CANCER FUND 901 NW 17TH ST STE G MIAMI, FL 33136	20-1226416	501(C)(3)	8,678.				CAMP PROGRAM

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

SCHEDULE I  
(Form 990)

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

OMB No. 1545-0047

2013

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.  
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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

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. 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) CHILDREN'S DEFENSE FUND - NY 15 MAIDEN LN STE 1200 NEW YORK, NY 10038	52-0895622	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(2) CHILDREN'S HEALTHCARE OF ATLANTA 1920 BRIACLIFF RD., #372 ATLANTA, GA 30329	58-2367819	501(C)(3)	24,000.				MASTERS TRAINING - ONCOLOGY
(3) CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-6121916	OTHER	720,000.				RESEARCH SCHOLAR GRANT
(4) CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CTR BLVD. PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(5) CHRISTIAN FAITH FELLOWSHIP CHURCH 7210 N 76TH ST MILWAUKEE, WI 53223	39-1631872	501(C)(3)	46,896.				BREAST EDUCATION AND HEALTH
(6) CHRISTIANA HEALTH CARE SVCS 4701 OGLESTOWN STANTON NEWARK, DE 19713	52-1479538	501(C)(3)	10,000.				HEALTH PROGRAMS
(7) CINCINNATI CHILDREN'S HOSPITAL MED. CTR 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	725,000.				RESEARCH SCHOLAR GRANT
(8) CLEVELAND CLINIC FOUNDATION 303 CHESTNUT COMMONS ELYRIA, OH 44035	34-0714585	501(C)(3)	25,000.				BREAST HEALTH PROGRAMS
(9) CLEVELAND CLINIC FOUNDATION 303 CHESTNUT COMMONS ELYRIA, OH 44195	34-0714585	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(10) CLINICA TERRYAC 5075 LINCOLN ST DENVER, CO 80215	84-1285505	501(C)(3)	45,147.				BREAST EDUCATION AND HEALTH
(11) GOLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD C. SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(12) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	402,000.				POSTDOCTORAL FELLOWSHIP

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

[REDACTED]

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(1) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501 (C) (3)	1,311,000.				RESEARCH SCHOLAR GRANT
(2) COLUMBIA UNIVERSITY MEDICAL CENTER 650 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501 (C) (3)	720,000.				RESEARCH SCHOLAR GRANT
(3) COLUMBUS NEIGHBORHOOD HEALTH CTR. INC 1800 WATERMARK DR COLUMBUS, OH 43215	31-1533908	501 (C) (3)	25,000.				BREAST HEALTH PROGRAMS
(4) COMMUNITY HEALTH CENTER 489 BERNARDSTON RD GREENFIELD, MA 01301	04-3312968	501 (C) (3)	55,238.				BREAST EDUCATION AND HEALTH
(5) COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 ST MIAMI, FL 33190	59-1372690	501 (C) (3)	37,500.				BREAST EDUCATION AND HEALTH
(6) COMMUNITY HEALTH SERVICES INC 500 ALBANY AVE HARTFORD, CT 06120	06-0863942	501 (C) (3)	34,500.				BREAST EDUCATION AND HEALTH
(7) COMMUNITY MERCER FOUNDATION 1 S LIMESTONE ST #700 SPRINGFIELD, OH 45502	31-1443778	501 (C) (3)	11,550.				BREAST EDUCATION AND HEALTH
(8) COMMUNITY SERVICE SOCIETY OF NEW YORK 105 E 22ND ST NEW YORK, NY 10010	13-5562202	501 (C) (3)	48,876.				IMPROVE HEALTHCARE SYSTEMS
(9) CONQUER CANCER FOUNDATION 2318 MILL RD STE 800 ALEXANDRIA, VA 22314	31-1667995	501 (C) (3)	10,000.				CANCER CONTROL
(10) CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501 (C) (3)	150,000.				POSTDOCTORAL FELLOWSHIP
(11) CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501 (C) (3)	717,000.				RESEARCH SCHOLAR GRANT
(12) CORNERSTONE CARE 501 W HIGH STREET WAYNESBURG, PA 15370	25-1346194	501 (C) (3)	50,000.				BREAST EDUCATION AND HEALTH

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**Grants and Other Assistance to Organizations,  
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Name of the organization: **AMERICAN CANCER SOCIETY, INC.** Employer identification number: [REDACTED]

**Part I General Information on Grants and Assistance**  
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(1) CURATORS OF THE UNIVERSITY OF MISSOURI 321 UNIVERSITY HALL KANSAS CITY, MO 64110	43-6003859	501(C)(3)	86,737.				TOBACCO CONTROL
(2) DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2663040	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(3) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	450,000.				POSTDOCTORAL FELLOWSHIP
(4) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(5) DARTMOUTH COLLEGE 11 ROPE FERRY RD. #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	800,000.				RESEARCH PROFESSOR AWARD
(6) DETROIT COMM HEALTH CONNECTION 13901 E JEFFERSON AVE DETROIT, MI 48215	38-2824772	501(C)(3)	36,000.				COLORRECTAL EDUCATION
(7) DISABILITY RIGHTS LEGAL CTR CANCER LEGAL RES. CTR LOS ANGELES, CA 90015	95-2960607	501(C)(3)	50,000.				CANCER EDUCATION
(8) DORCHESTER HOUSE MULTI SERVICE 1353 DORCHESTER AVE BOSTON, MA 02122	23-7125970	501(C)(3)	80,625.				BREAST EDUCATION AND HEALTH
(9) DR JACQUELINE DELMONT MD PC 55 NORTH MAIN ST FREEPORT, NY 11520	52-2246589	OTHER	39,375.				BREAST EDUCATION AND HEALTH
(10) DUKES UNIVERSITY MEDICAL CENTER 2200 W. MAIN ST. #710 DURHAM, NC 27705	56-0532129	501(C)(3)	1,258,500.				RESEARCH PROFESSOR AWARD
(11) EAST VALLEY COMMUNITY HEALTH CTR 420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(12) EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745	86-0816675	501(C)(3)	22,500.				BREAST EDUCATION AND HEALTH

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Employer identification number

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(1) EPHRATA COMMUNITY HOSPITAL 460 N READING ROAD EPHRATA, PA 17522	23-1370484	501(C)(3)	14,275.				BREAST EDUCATION AND HEALTH
(2) ESTAMOS UNIDOS DE PENNSYLVANIA PO BOX 60709 HARRISBURG, PA 17106	33-1069634	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(3) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE ST LOUIS, MO 63111	23-7076112	501(C)(3)	35,177.				BREAST EDUCATION AND HEALTH
(4) FEEL YOUR BOOBIES FOUNDATION PO BOX 41 MIDDLETOWN, PA 17057	20-2938710	501(C)(3)	7,900.				BREAST EDUCATION AND HEALTH
(5) FIRST BAPTIST CHURCH OF BALTIMORE ST INC 1200 BALTIMORE ST MOBILE, AL 36605	63-0621082	501(C)(3)	6,000.				BREAST EDUCATION AND HEALTH
(6) FLAGLER HOSPITAL INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-0675143	501(C)(3)	19,200.				BREAST AND COLORECTAL PROGRAMS
(7) FORT HEALTHCARE 611 SHERMAN AVE E FT ATKINSON, WI 53538	39-0286215	501(C)(3)	11,056.				CANCER EDUCATION
(8) FOURTH BAPTIST CHURCH 726 SOUTH STREET PORTSMOUTH, VA 23704	54-1264179	OTHER	9,000.				BREAST EDUCATION AND HEALTH
(9) FRD RUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE. SEATTLE, WA 98109	23-7156071	501(C)(3)	1,753,500.				RESEARCH PROFESSOR AWARD
(10) FRIENDS OF CANCER RESEARCH 1800 M ST NW, #1050 S WASHINGTON, DC 20036	52-1983273	501(C)(3)	20,000.				CANCER EDUCATION
(11) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030	54-0836354	OTHER	717,000.				RESEARCH PROFESSOR AWARD
(12) GEORGE WASHINGTON UNIVERSITY 2121 EYE ST. NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	853,779.				RESEARCH & CANCER EDUCATION

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(1) GEORGETOWN UNIVERSITY 37TH & O ST. NW WASHINGTON, DC 20007	52-2299950	501(C)(3)	59,514.				TOBACCO CONTROL
(2) GETHSEMANE COMMUNITY FELLOWSHIP 1317 E BRAMBLETON AVE NORFOLK, VA 23504	31-1359290	501(C)(3)	9,000.				BREAST EDUCATION AND HEALTH
(3) GRAND CANYON COUNCIL 2969 N GREENFIELD RD PHOENIX, AZ 85016	86-0101295	501(C)(3)	54,000.				CAMP PROGRAMS
(4) GREATER BADEN MEDICAL CENTER 7450 ALBERT RD, 3RD FL BRANDYWINE, MD 20613	52-0961414	501(C)(3)	57,500.				BREAST EDUCATION AND HEALTH
(5) GRETNA GLEN CAMP AND RETREAT CENTER 87 OLD MINE RD LEBANON, PA 17042	23-1520316	OTHER	100,000.				RESEARCH PROFESSOR AWARD
(6) GROVE BAPTIST CHURCH 5910 W NORFOLK RD PORTSMOUTH, VA 23703	54-1626556	501(C)(3)	9,000.				BREAST EDUCATION AND HEALTH
(7) GULFCOAST SOUTH AHEC 2201 CANFU COURT #220 SARASOTA, FL 34232	59-3342312	501(C)(3)	23,955.				BREAST AND COLORECTAL PROGRAMS
(8) H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	310,419.				RESEARCH & CANCER EDUCATION
(9) HAITIAN AMERICAN NURSES ASSOC. OF FL INC. 666 NE 125TH ST #238 N. MIAMI, FL 33161	59-2463138	501(C)(3)	8,025.				BREAST EDUCATION AND HEALTH
(10) HAITIAN NEIGHBORHOOD CENTER SAINT LA INC 5000 BISCAYNE BLVD #110 MIAMI, FL 33137	65-1080680	501(C)(3)	23,750.				BREAST AND COLORECTAL PROGRAMS
(11) HARRIS CO HOSPITAL DIST FNDG 2525 HOLLY HALL STE 292 HOUSTON, TX 77054	74-1536936	OTHER	105,000.				BREAST AND COLORECTAL PROGRAMS
(12) HARVARD COLLEGE 1350 MASSACHUSETTS HOLYOKE, MA 02138	04-2103580	501(C)(3)	150,000.				RESEARCH PROFESSOR AWARD

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(1) HARVARD MEDICAL SCHOOL 25 SHATTUCK ST, #509A BOSTON, MA 02115	04-2103580	501 (C) (3)	450,000.				RESEARCH PROFESSOR AWARD
(2) HEALTH RESEARCH INC., ROSWELL PARK CANCER ELM AND CARLTON ST BUFFALO, NY 14263	14-1402155	501 (C) (3)	214,000.				RESEARCH PROFESSOR AWARD
(3) HEART OF OH FAMILY HEALTH CTRES 2365 INNIS ROAD COLUMBUS, OH 43224	38-3765547	501 (C) (3)	37,500.				BREAST EDUCATION AND HEALTH
(4) HISPANIC INSTITUTE FOR BLINDNESS PREVENTION 2946 SLEEPY HOLLOW FALLS CHURCH, VA 22044	20-2312733	501 (C) (3)	53,000.				CANCER EDUCATION
(5) HOLY CROSS HOSPITAL 4725 N FED. HWY, FT. LAUDERDALE, FL 33308	59-0791028	501 (C) (3)	23,540.				BREAST EDUCATION AND HEALTH
(6) INDIAN HEALTH BOARD OF MINNEAPOLIS INC 1315 E 24TH ST MINNEAPOLIS, MN 55404	41-0977740	501 (C) (3)	37,500.				BREAST EDUCATION AND HEALTH
(7) INDIANA PRIMARY HEALTH CARE ASSOCIATION, IN 1006 WASHINGTON ST INDIANAPOLIS, IN 46204	31-1068777	501 (C) (3)	10,000.				BREAST EDUCATION AND HEALTH
(8) INDIANA UNIVERSITY, INDIANAPOLIS 980 INDIANA AVE INDIANAPOLIS, IN 46202	35-6001673	501 (C) (3)	867,000.				RESEARCH PROFESSOR AWARD
(9) INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE DALLAS, TX 75231	75-2605363	501 (C) (3)	40,000.				TOBACCO CONTROL
(10) INTER-TRIBAL COUNCIL OF MI 2956 ASHMON ST SAULT ST. MARIE, MI 49783	38-1893519	501 (C) (3)	5,750.				BREAST EDUCATION AND HEALTH
(11) IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	501 (C) (3)	715,000.				RESEARCH PROFESSOR AWARD
(12) JACKSON HINDS COMP HEALTH CTR 3502 W NORTHSIDE DR JACKSON, MS 39213	64-0506107	501 (C) (3)	40,000.				BRST AND CANCER EDUCATION

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(1) <u>JOHNS HOPKINS UNIVERSITY</u> W400 3400 N CHARLES ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	737,987.				RESEARCH PROFESSOR AWARD
(2) <u>KANSAS UNIVERSITY ENDOWMENT ASSOCIATION</u> 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)(3)	49,940.				BREAST EDUCATION AND HEALTH
(3) <u>KNOX COMMUNITY HOSPITAL</u> 1330 COSHOCTON AVE MT VERNON, OH 43050	31-0929576	501(C)(3)	23,550.				BREAST EDUCATION AND HEALTH
(4) <u>LA RED HEALTH CENTER</u> 21444 CARMAN WAY B80 GEORGETOWN, DE 19947	14-1850828	501(C)(3)	10,000.				CANCER EDUCATION
(5) <u>LAC COURTES ORFILLERS BAND OF OJIBWE</u> 13380 N TREPANIA RD HAYWARD, WI 54843	39-1165322	OTHER	7,500.				CANCER EDUCATION
(6) <u>LAKE HEALTH FOUNDATION</u> 7590 AUBURN RD CONCORD TOWNSHIP, OH 44077	34-3425870	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(7) <u>LATINA BREAST CANCER AGENCY</u> 4271 MISSION ST SAN FRANCISCO, CA 94112	01-0628124	501(C)(3)	6,250.				BREAST EDUCATION AND HEALTH
(8) <u>LER MEMORIAL HEALTH SYSTEM FOUNDATION</u> 2780 CLEVELAND AV #719, FT. MYERS, FL 33901	59-0714812	501(C)(3)	18,542.				CAMP PROGRAMS
(9) <u>LELAND STANFORD JUNIOR UNIVERSITY</u> 340 EMANNA STREET STANFORD, CA 94305	94-1156365	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(10) <u>LIFE CARE ALLIANCE</u> 1699 WEST MOUND ST COLUMBUS, OH 43223	31-4379494	501(C)(3)	35,500.				BREAST EDUCATION AND HEALTH
(11) <u>LINA MEMORIAL HOSPITAL</u> 1001 BELLEFONTAINE AVE LIMA, OH 45804	34-4434676	501(C)(3)	18,750.				BREAST EDUCATION AND HEALTH
(12) <u>LINN COMMUNITY CARE</u> 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	31,450.				IMPROVE HEALTHCARE SYSTEMS

- 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) (2013)

**PUBLIC INSPECTION COPY**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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.

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

[REDACTED]

**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. 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) LITTLE RIVER MEDICAL CENTER 4303 LIVE OAK DR LITTLE RIVER, SC 29566	57-0672117	501 (C) (3)	43,750.				BREAST EDUCATION AND HEALTH
(2) LIVESTRONG FOUNDATION 2201 6TH ST AUSTIN, TX 78702	74-2806618	501 (C) (3)	7,713.				PAIN MANAGEMENT
(3) LOUISIANA STATE UNIVERSITY 433 BOLIVAR ST. NEW ORLEANS, LA 70112	72-6087770	OTHER	5,500.				RESEARCH PROFESSOR AWARD
(4) LOYOLA UNIVERSITY, CHICAGO 1032 W. SHERIDAN RD CHICAGO, IL 60660	36-1408475	501 (C) (3)	100,000.				RESEARCH PROFESSOR AWARD
(5) MARQUETTE UNIVERSITY 1324 W. WISCONSIN AVE MILWAUKEE, WI 53233	39-0806251	501 (C) (3)	30,000.				RESEARCH PROFESSOR AWARD
(6) MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2697983	501 (C) (3)	1,992,000.				RESEARCH PROFESSOR AWARD
(7) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501 (C) (3)	1,152,500.				RESEARCH PROFESSOR AWARD
(8) MAYO FIM FOR MEDICAL EDU. & RESEARCH 200 1ST ST SW ROCHESTER, MN 55905	41-1506440	501 (C) (3)	25,000.				TOBACCO CONTROL
(9) MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK MILWAUKEE, WI 53226	39-0806261	501 (C) (3)	890,000.				RESEARCH PROFESSOR AWARD
(10) MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE CHARLESTON, SC 29425	57-6000722	501 (C) (3)	30,000.				RESEARCH PROFESSOR AWARD
(11) MEDSTAR HARBOR HOSPITAL 3001 S HANOVER ST BALTIMORE, MD 21225	52-1284532	501 (C) (3)	47,500.				BREAST EDUCATION AND HEALTH
(12) MEMORIAL FOUNDATION INC 3435 JOHNSON ST HOLLYWOOD, FL 33021	59-2082218	501 (C) (3)	20,474.				BRST AND COLORECTAL EDUCATION

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Employer identification number

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(1) MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501(C)(3)	202,000.				RESEARCH PROFESSOR AWARD
(2) MERCY FOUNDATION 411 LAUREL STE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	25,000.				PATIENT SUPPORT PROGRAMS
(3) METHODIST HOSPITAL FOUNDATION 1707 SUNSET BLVD HOUSTON, TX 77005	76-0094743	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(4) METRO NEW YORK HEALTH CARE FOR ALL CAMPAIGN 40 WORTH ST NEW YORK, NY 10013	13-3870324	OTHER	29,000.				IMPROVE HEALTHCARE SYSTEMS
(5) MIAMI DADE AHEC 1200 NW 78TH AVE #209 MIAMI, FL 33126	65-0009277	501(C)(3)	24,536.				COLORECTAL EDUCATION
(6) MIAMI-DADE CO DEPT OF HEALTH 8600 NW 17 ST STE 200 DORAL, FL 33126	59-3502843	OTHER	50,000.				BREAST EDUCATION AND HEALTH
(7) MIDLAND ALLISON CANCER CTR TX ONCOLOGY 400 ROBALIND REDPERN GR MIDLAND, TX 79701	94-3207296	501(C)(3)	58,090.				PATIENT SUPPORT PROGRAMS
(8) MIGRANT CLINICIANS NETWORK PO BOX 164285 AUSTIN, TX 78716	74-2662919	501(C)(3)	36,250.				RESEARCH PROFESSOR AWARD
(9) MILWAUKEE CATHOLIC HOME 2330 N PROSPECT AVE MILWAUKEE, WI 53211	39-0806235	501(C)(3)	7,500.				BREAST EDUCATION AND HEALTH
(10) MILWAUKEE HEALTH CARE SERVICES 2555 MARTIN LUTHER KING MILWAUKEE, WI 53212	39-1664109	501(C)(3)	44,125.				BREAST EDUCATION AND HEALTH
(11) MOFFITT CANCER CTR, UNIV. OF SOUTH FLORIDA 3702 SPECTRUM BLVD #165 TAMPA, FL 33612	59-3102112	GOVT.	150,000.				RESEARCH PROFESSOR AWARD
(12) MOUNT SINAI SCHOOL OF MEDICINE 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	821,000.				RESEARCH PROFESSOR AWARD

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Schedule I (Form 990) (2013)

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OMB No. 1545-0047

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Internal Revenue Service

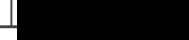
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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number



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(1) MOUNTAIN PARK HEALTH CENTER 2702 N THIRD ST #4020 PHOENIX, AZ 85004	86-0498020	501(C)(3)	5,681.				WORKPLACE SYSTEMS
(2) MT ZION MISSIONARY BAPTIST CHURCH 60 S PARKWAY EAST MEMPHIS, TN 38106	58-1443033	OTHER	6,000.				CANCER EDUCATION
(3) NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW #T433C WASHINGTON, DC 20001	53-0196932	501(C)(3)	25,000.				CANCER EDUCATION
(4) NATIVE AMERICAN COMMUNITY CLINIC 1213 E FRANKLIN AVE MINNEAPOLIS, MN 55404	03-0445789	501(C)(3)	32,875.				IMPROVE HEALTHCARE SYSTEMS
(5) NE REGD CANCER INSTITUTE 334 JEFFERSON AVE SCRANTON, PA 18510	23-2662214	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(6) NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE ROAD CLEVELAND, OH 44102	34-1300581	501(C)(3)	50,000.				BREAST EDUCATION AND HEALTH
(7) NEIGHBORHOOD HEALTHSOURCE 3300 FREMONT AVE N MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	58,750.				BREAST EDUCATION AND HEALTH
(8) NEMOURS CHILDREN'S CLINIC 807 CHILDREN'S WAY JACKSONVILLE, FL 32207	59-2039653	501(C)(3)	40,000.				CAMP PROGRAMS
(9) NEVADA HEALTH CENTERS 3325 RESEARCH WAY CARSON CITY, NV 89706	94-3199117	501(C)(3)	26,250.				WORKPLACE SYSTEMS
(10) NEW AMERICAN DIMENSIONS LLC 6955 LA TIJERA BVD LOS ANGELES, CA 90045	41-2105691	OTHER	24,500.				PATIENT SUPPORT PROGRAMS
(11) NEW HOPE BAPTIST CHURCH 5856 GREENWELL SP. BATON ROUGE, LA 70806	72-1248582	501(C)(3)	5,875.				CANCER EDUCATION
(12) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 105 EAST 17TH ST 4TH FL NEW YORK, NY 10016	13-5562308	501(C)(3)	150,000.				RESEARCH PROFESSOR AWARD

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) (2013)

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(1) NORTH CAROLINA STATE UNIV. ATHLETICS BOX 8503 RALEIGH, NC 27695	56-6000756	OTHER	14,420.				BREAST EDUCATION AND HEALTH
(2) NORTHEAST DPT OF HEALTH & HUMAN SVCS 301 CENTENNIAL HALL S LINCOLN, NE 68509	47-0491233	OTHER	6,250.				COLORECTAL EDUCATION
(3) N.E. OH NEIGHBORHOOD HEALTH SVCS INC 4800 PAYNE AVE 4800 CLEVELAND, OH 44103	34-1014291	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(4) NORTHEAST VALLEY HEALTH CORP 531 5TH ST UNIT A SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	80,000.				BREAST AND COLORECTAL EDUCATION
(5) NORTHEASTERN UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	501(C)(3)	102,000.				RESEARCH PROFESSOR AWARD
(6) NORTHERN VALLEY INDIAN HEALTH INC. 207 N ROUTE ST WILLOWS, CA 95988	94-1747220	501(C)(3)	36,250.				BREAST AND COLORECTAL EDUCATION
(7) NORTHPOINT HEALTH & WELLNESS CTR 1313 PENN AVE N MINNEAPOLIS, MN 55411	41-6005801	OTHER	58,474.				BREAST EDUCATION & HEALTHCARE SYSTEMS
(8) NORTHWESTERN MEMORIAL HOSPITAL 541 N FAIRBANKS STE 1651 CHICAGO, IL 60611	37-0960170	501(C)(3)	217,000.				COLORECTAL EDUCATION
(9) NORTHWESTERN UNIVERSITY, EVANSTON CAMPUS 1801 MAPLE AVE. EVANSTON, IL 60201	36-2167817	501(C)(3)	1,360,693.				RESEARCH PROFESSOR AWARD
(10) NORVA VIDA INC 2000 P STREET NW #300 COLUMBIA, SC 29202	54-1943145	501(C)(3)	11,250.				BREAST EDUCATION AND HEALTH
(11) NYU SCHOOL OF MEDICINE 550 FIRST AVE NEW YORK, NY 10016	13-5562308	501(C)(3)	10,000.				CANCER EDUCATION
(12) OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST COLUMBUS, OH 43224	31-4398155	501(C)(6)	50,000.				RESEARCH PROFESSOR AWARD

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(1) OHIO NORTH EAST HEALTH SYSTEMS 726 WICK AVE YOUNGSTOWN, OH 44505	34-1609341	501 (C) (3)	50,000.				BREAST EDUCATION AND HEALTH
(2) OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	501 (C) (3)	1,590,000.				RESEARCH PROFESSOR AWARD
(3) OLYMPIC MEDICAL CENTER 939 CAROLINE ST PORT ANGELES, WA 98362	91-6001709	501 (C) (3)	9,400.				CANCER EDUCATION
(4) OPEN CITIES HEALTH 409 NORTH DUNLAP ST ST. PAUL, MN 55104	36-3381598	501 (C) (3)	49,500.				IMPROVE HEALTHCARE SYSTEMS
(5) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SAM JACKSON PK. PORTLAND, OR 97239	93-1176109	OTHER	717,000.				RESEARCH PROFESSOR AWARD
(6) OREGON STATE UNIVERSITY 8306 KEAR ADMIN BLDG CORVALLIS, OR 97331	48-1278540	501 (C) (6)	720,000.				RESEARCH PROFESSOR AWARD
(7) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501 (C) (3)	800,333.				CANCER EDUCATION
(8) PENNSYLVANIA STATE UNIVERSITY 130 BRISTOL UNIVERSITY PARK, PA 17033	24-6000376	501 (C) (3)	116,250.				RESEARCH PROFESSOR AWARD
(9) PERSONAL CARE PRODUCTS COUNCIL 1620 L ST NW 12TH FL WASHINGTON, DC 20036	13-1390920	501 (C) (6)	857,627.				PATIENT SUPPORT PROGRAMS
(10) PINK RIBBON GIRLS PO BOX 224 TIPP CITY, OH 45371	32-0020270	501 (C) (3)	12,000.				BREAST EDUCATION AND HEALTH
(11) PORTICO HEALTHNET 2610 UNIV. AVE W ST PAUL, MN 55114	61-1814659	501 (C) (3)	8,500.				IMPROVE HEALTHCARE SYSTEMS
(12) PREMIER COMMUNITY HEALTH 23 JASPER ST DAYTON, OH 45409	31-1122883	501 (C) (3)	6,092.				BREAST EDUCATION AND HEALTH

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(1) PRIMARY HEALTH SOLUTIONS 210 S SECOND ST 2ND FL HAMILTON, OH 45011	31-1694200	501 (C) (3)	10,534.				BREAST EDUCATION AND HEALTH
(2) PRINCETON UNIVERSITY 87 PROSPECT AVE PRINCETON, NJ 08544	21-0634501	501 (C) (3)	150,000.				RESEARCH PROFESSOR AWARD
(3) PROGRESSIVE COMM HEALTH CENTER 3522 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501 (C) (3)	43,460.				RESEARCH AND BRST CANCER PRGMS
(4) PROJECT RENEWAL 200 VARICK ST 9TH FL NEW YORK, NY 10014	33-2602882	501 (C) (3)	33,750.				CANCER EDUCATION
(5) PUEBLO COMMUNITY HEALTH CENTER 110 ROUTT AVE PUEBLO, CO 81004	84-0921521	501 (C) (3)	26,250.				BREAST EDUCATION AND HEALTH
(6) PURDUE UNIVERSITY 155 S GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	60,000.				RESEARCH PROFESSOR AWARD
(7) RAFAEL HEALTH CENTER 401 E 34TH ST INDIANAPOLIS, IN 46205	35-1948768	501 (C) (3)	34,500.				BREAST EDUCATION AND HEALTH
(8) RED CLIFF HEALTH SERVICES 88365 PIKE RD BAYFIELD, WI 54814	39-1178866	OTHER	7,500.				CANCER EDUCATION
(9) RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310	74-3177454	501 (C) (3)	14,400.				COLORECTAL EDUCATION
(10) SAN BERNARDINO COUNTY INDIAN HEALTH INC 11555 1/2 POTRERO RD BANNING, CA 92220	95-2846605	501 (C) (3)	37,500.				BREAST EDUCATION AND HEALTH
(11) ROCKEFELLER UNIVERSITY 1230 YORK AVE BOX 92 NEW YORK, NY 10065	33-1624159	501 (C) (3)	102,000.				RESEARCH PROFESSOR AWARD
(12) ROSALIND FRANKLIN UNIVERSITY 3333 GREEN BAY RD NORTH CHICAGO, IL 60064	36-2181973	501 (C) (3)	100,000.				RESEARCH PROFESSOR AWARD

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AMERICAN CANCER SOCIETY, INC.



**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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**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. 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) RURAL WOMEN'S HEALTH PROJECT P.O. BOX 12016 GAINESVILLE, FL 32604	59-3429511	501(C)(3)	10,025.				BREAST EDUCATION AND HEALTH
(2) RUSH UNIVERSITY MED CENTER 1700 W VAN BUREN CHICAGO, IL 60612	36-2174823	501(C)(3)	162,850.				RESEARCH & COLORECTAL EDUCATION
(3) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	40,000.				RESEARCH PROFESSOR AWARD
(4) SAINT JOSEPH'S MERCY CARE SRVC 424 DEONTOR ST SE ATLANTA, GA 30312	58-1752700	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
(5) SAINT JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105	62-0646012	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(6) SALUD PARA LA GENTE 195 AVIATION WAY #200 HATSONVILLE, CA 95076	94-2705747	501(C)(3)	30,000.				BREAST EDUCATION AND HEALTH
(7) SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES LA JOLLA, CA 92037	33-0435954	501(C)(3)	308,666.				RESEARCH PROFESSOR AWARD
(8) SEA MAR COMMUNITY HEALTH CTR 1040 S HENDERSON ST SEATTLE, WA 98108	91-1020139	501(C)(3)	102,792.				BRST & COLORECTAL EDUCATION
(9) SECOND CALVARY BAPTIST CHURCH 2940 CORPREW AVE NORFOLK, VA 23504	54-1245514	501(C)(3)	8,938.				BREAST EDUCATION AND HEALTH
(10) SENTARA HEALTHCARE SYSTEMS 600 GRESHAM DR NORFOLK, VA 23507	52-1271901	501(C)(3)	11,250.				BREAST EDUCATION AND HEALTH
(11) SISTERS BY CHOICE 5910 HILLDALE DR #104 LITHONIA, GA 30058	76-0193812	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(12) SOCIETY FOR RES. ON NICOTINE & TOBACCO 2424 AMERICAN LN MIDDLETON, WI 53562	52-1906424	501(C)(3)	20,000.				TOBACCO CONTROL

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) (2013)

PUBLIC INSPECTION COPY

SCHEDULE I  
(Form 990)

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

OMB No. 1545-0047

2013

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.

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

[REDACTED]

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(1) SC HISPANIC LATINO HEALTH COALITION PO BOX 722 COLUMBIA, SC 29202	01-0606946	501 (C) (3)	6,250.				BREAST EDUCATION AND HEALTH
(2) SOUTHEAST LANCASTER HEALTH SER 333 W ARCH ST LANCASTER, PA 17603	23-2160896	501 (C) (3)	10,000.				BREAST EDUCATION AND HEALTH
(3) SOUTHERN IL HOSPITAL SERVICES 1239 E MAIN ST CARBONDALE, IL 62901	37-0618939	501 (C) (3)	25,000.				COLORECTAL EDUCATION
(4) SOUTHERN ILLINOIS UNIV. SCHOOL OF MEDICINE PO BOX 19607 SPRINGFIELD, IL 62794	37-0662220	501 (C) (3)	32,500.				COLORECTAL EDUCATION
(5) SPOKANE REGIONAL HEALTH DISTRICT 1101 W COLLEGE #401 SPOKANE, WA 99201	91-1527532	501 (C) (3)	5,681.				WORKPLACE SYSTEMS
(6) ST CROIX TRIBAL HEALTH 24663 ANGELINE AVE WEBSTER, WI 54893	39-1210835	OTHER	7,500.				CANCER EDUCATION
(7) ST JOSEPH MEDICAL CENTER TWILPETH & WALNUT ST READING, PA 19603	23-2865460	501 (C) (3)	25,000.				BREAST EDUCATION AND HEALTH
(8) ST JOSEPH'S MERCY FOUNDATION 1100 JOHNSON FERRY RD HILLO, GA 30342	58-1448522	501 (C) (3)	37,500.				BREAST EDUCATION AND HEALTH
(9) ST LUKE'S UNIVERSITY HOSPITAL 801 OSTRUM ST BETHLEHEM, PA 18015	23-1352213	501 (C) (3)	25,000.				BREAST EDUCATION AND HEALTH
(10) ST THOMAS COMMUNITY HEALTH CTR 1986 MAGAZINE ST NEW ORLEANS, LA 70130	14-1958494	501 (C) (3)	39,813.				BREAST EDUCATION AND HEALTH
(11) STANFORD UNIVERSITY 3172 PORTER DR PALO ALTO, CA 94304	94-1156365	501 (C) (3)	1,563,666.				RESEARCH PROFESSOR AWARD
(12) SUMMA FOUNDATION 525 E MARKET ST AKRON, OH 44304	34-1219001	501 (C) (3)	25,000.				BREAST EDUCATION AND HEALTH

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Schedule I (Form 990) (2013)

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Name of the organization

Employer identification number

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(1) SUSAN G KOMEN BREAST CANCER BOX 1906 SPOKANE, WA 99210	75-1835298	501(C)(3)	15,764.				BREAST EDUCATION AND HEALTH
(2) TEMPLE UNIVERSITY 1936 LIACOURAS WALK PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	400,000.				RESEARCH PROFESSOR AWARD
(3) TX ASSOC. OF COMMUNITY HEALTH CTRES INC 5900 SW PKWY BLDG 3 AUSTIN, TX 78735	74-2308695	501(C)(3)	5,750.				COLORECTAL EDUCATION
(4) THE ACADEMY OF MEDICINE-CINCINNATI 2300 WALL ST. #F CINCINNATI, OH 45212	31-0524369	501(C)(6)	18,750.				BREAST EDUCATION AND HEALTH
(5) THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710	20-8090459	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(6) THE METHODIST HOSPITAL FOUNDATION 1707 SUNSET BLVD HOUSTON, TX 77057	76-0094743	501(C)(3)	23,714.				BREAST EDUCATION AND HEALTH
(7) THE METROHEALTH FOUNDATION 2500 METROHEALTH DR CLEVELAND, OH 44109	34-6607695	501(C)(3)	36,250.				BREAST EDUCATION AND HEALTH
(8) THE RES. FDN FOR THE SUNY BUFFALO UNIV 402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	16,539.				RESEARCH PROFESSOR AWARD
(9) THE BRANY FOUNDATION 7567 LA JOLLA BLVD LA JOLLA, CA 92037	20-5970939	501(C)(3)	35,223.				CAMP PROGRAM
(10) THE ST PAUL FOUNDATION 55 FIFTH ST EAST, #600 ST PAUL, MN 55101	41-6031510	501(C)(3)	72,000.				CANCER EDUCATION
(11) THE TAMUS HEALTH SCIENCE CTR RESEARCH FDN 400 HARVEY MIT. COLLEGE STATION, TX 77845	74-1238434	501(C)(3)	40,000.				RESEARCH PROFESSOR AWARD
(12) THE UNIVERSITY OF CHICAGO 5801 S ELLIS AVE #007 C CHICAGO, IL 60637	36-2177139	501(C)(3)	474,791.				RESEARCH & COLORECTAL EDUCATION

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(1) THE WOMEN'S BREAST HEALTH INITIATIVE 6647 MIAMI LAKES MIAMI LAKES, FL 33014	56-2540735	501(C)(3)	23,102.				BREAST EDUCATION AND HEALTH
(2) THOMAS JEFFERSON UNIVERSITY 125 S 9TH ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	150,000.				RESEARCH PROFESSOR AWARD
(3) TOBACCO FREE KIDS ACTION FUND 1400 EYE ST STE 1200 WASHINGTON, DC 20005	52-1974904	501(C)(4)	200,000.				TOBACCO CONTROL
(4) TRINITY MEDICAL CENTER 2701 - 17TH STREET ROCK ISLAND, IL 61201	36-2739299	501(C)(3)	7,500.				COLORECTAL EDUCATION
(5) TRUMAN MEDICAL CENTER 2310 HOLMES AVE KANSAS CITY, MO 64108	43-1194064	502(C)(3)	50,000.				HEALTHCARE SYSTEMS & PATIENT SUPPORT
(6) TRUSTEES OF THE UNIV OF PA 3451 WALNUT ST #221 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(7) TUFTS UNIVERSITY 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	160,000.				RESEARCH PROFESSOR AWARD
(8) UC HEALTH FOUNDATION 3200 BURNET AVE CINCINNATI, OH 45229	26-1594868	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(9) UNIVERSITY HOSPITALS PO BOX 74947 CLEVELAND, OH 44101	34-0714775	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(10) UNIVERSITY OF ALABAMA, BIRMINGHAM 1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	OTHER	729,000.				RESEARCH PROFESSOR AWARD
(11) UNIVERSITY OF ALABAMA, BIRMINGHAM 1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	OTHER	720,000.				RESEARCH PROFESSOR AWARD
(12) UNIVERSITY OF ALABAMA, TUSCALOOSA BOX 870104 TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	40,000.				RESEARCH PROFESSOR AWARD

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Name of the organization: **AMERICAN CANCER SOCIETY, INC.** Employer identification number: [REDACTED]

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(1) UNIVERSITY OF ARIZONA P O BOX 3308 TUCSON, AZ 85722	74-2652689	GOVT.	829,000.				RESEARCH PROFESSOR AWARD
(2) UNIVERSITY OF CALIFORNIA, DAVIS 1650 RESEARCH PARK DR #300 DAVIS, CA 95616	94-6036494	501(C)(3)	868,000.				RESEARCH PROFESSOR AWARD
(3) UNIVERSITY OF CALIFORNIA, IRVINE 5171 CALIFORNIA AVE #150 IRVINE, CA 92697	95-2226406	501(C)(3)	15,000.				RESEARCH PROFESSOR AWARD
(4) UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVE LA, CA 90095	95-6006143	501(C)(3)	822,000.				RESEARCH PROFESSOR AWARD
(5) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR DEPT 0934 LA JOLLA, CA 92093	95-6006143	501(C)(3)	2,034,000.				RESEARCH PROFESSOR AWARD
(6) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CA ST #315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,478,000.				RESEARCH PROFESSOR AWARD
(7) UNIVERSITY OF CALIFORNIA, SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(8) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	2,310,000.				RESEARCH PROFESSOR AWARD
(9) UNIVERSITY OF CINCINNATI 51 GOODMAN DR CINCINNATI, OH 45221	31-6000989	501(C)(3)	100,000.				RESEARCH PROFESSOR AWARD
(10) UNIVERSITY OF COLORADO DENVER, AMC AND DC 13001 E 17TH PL #W1126 AURORA, CO 80045	84-6000555	501(C)(3)	182,500.				RESEARCH PROFESSOR AWARD
(11) UNIVERSITY OF COLORADO, BOULDER 3100 MARINE ST BOULDER, CO 80309	84-6000555	501(C)(3)	870,000.				RESEARCH PROFESSOR AWARD
(12) UNIVERSITY OF COLORADO, DENVER 13001 E. 17TH PL #W1126 AURORA, CO 80045	84-6000555	501(C)(3)	870,000.				RESEARCH PROFESSOR AWARD

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Schedule I (Form 990) (2013)

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(Form 990)**

**Grants and Other Assistance to Organizations,  
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(1) UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT #1133 STORRS, CT 06269	06-0772160	OTHER	716,000.				RESEARCH PROFESSOR AWARD
(2) UNIVERSITY OF GEORGIA, SURVEY RESEARCH CTR 201 N. MILLIDGE AVE. ATHENS, GA 30602	58-6001998	OTHER	15,000.				BREAST EDUCATION AND HEALTH
(3) UNIVERSITY OF ILLINOIS CHICAGO PO BOX 20787 SPRINGFIELD, IL 62708	37-6000511	501(C)(3)	549,541.				RESEARCH PROFESSOR AWARD
(4) UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN ST CHAMPAIGN, IL 61820	37-6006007	501(C)(3)	100,000.				RESEARCH PROFESSOR AWARD
(5) UNIVERSITY OF ILLINOIS, CHICAGO 1737 W. POLK ST CHICAGO, IL 60612	37-6000511	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(6) UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	OTHER	180,000.				RESEARCH PROFESSOR AWARD
(7) UNIV. OF KANSAS MEDICAL CTR RESEARCH INST 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(8) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KIRKREAD HALL LEXINGTON, KY 40506	61-6033693	501(C)(3)	1,553,000.				RESEARCH PROFESSOR AWARD
(9) UNIVERSITY OF LOUISVILLE RES. FDN., INC. 501 BDMY MDCENTER ONE LOUISVILLE, KY 40202	61-3029626	501(C)(3)	1,480,000.				RESEARCH PROFESSOR AWARD
(10) UNIVERSITY OF MARYLAND, BALTIMORE 620 LEXINGTON ST BALTIMORE, MD 21201	52-6002033	OTHER	20,000.				RESEARCH PROFESSOR AWARD
(11) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	OTHER	313,500.				RESEARCH PROFESSOR AWARD
(12) UNIVERSITY OF MICHIGAN 3003 S. STATE ST #1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	5,455,000.				RESEARCH PROFESSOR AWARD

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(1) UNIVERSITY OF MINNESOTA - TWIN CITIES 200 OAK ST S.E. MINNEAPOLIS, MN 55455	41-6007513	GOVT.	992,071.				RESEARCH PROFESSOR AWARD
(2) UNIVERSITY OF NEBRASKA MEDICAL CENTER 987835 NEBRASKA MEDICAL CTR OMAHA, NE 68198	47-0049123	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(3) UNIVERSITY OF NEVADA - RENO 204 ROSS HALL RENO, NV 89557	88-6000024	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(4) UNIVERSITY OF NEW MEXICO 1 UNIV. OF NM ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	158,234.				RESEARCH PROFESSOR AWARD
(5) UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL 104 AIRPORT DR #2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	4,355,500.				RESEARCH PROFESSOR AWARD
(6) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR 1000 STANTON L. YOUNG BLVD OK CITY, OK 73117	73-6017987	OTHER	528,000.				RESEARCH PROFESSOR AWARD
(7) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST FRANK, PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(8) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL PITTSBURGH, PA 15213	25-0965591	501(C)(3)	704,000.				RESEARCH SCHOLAR GRANT
(9) UNIVERSITY OF ROCHESTER 518 HYLAN BLDG. ROCHESTER, NY 14627	16-0743209	501(C)(3)	2,060,000.				RESEARCH SCHOLAR GRANT
(10) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD MOBILE, AL 36688	63-0477348	OTHER	720,000.				GRAD. SCHOLARSHIPS NURSING
(11) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD #165 TAMPA, FL 33612	59-3102112	GOVT.	60,000.				CANCER CONTROL
(12) UNIVERSITY OF SOUTHERN CA 1851 DOWNEY WAY LA, CA 90089	95-1642394	501(C)(3)	13,662.				

- 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) (2013)



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SCHEDULE I  
(Form 990)

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

2013

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF SOUTHERN CA 3720 S. FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501(C)(3)	2,534,000.				RESEARCH SCHOLAR GRANT
(2) UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR 1534 WHITE AVE KNOXVILLE, TN 37996	62-6001636	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(3) UNIVERSITY OF TEXAS HEALTH SCI. CTR POST OFFICE BOX 20036 HOUSTON, TX 77225	74-1761309	OTHER	30,000.				DOCTORAL DEGREE SCHOLARSHIP
(4) UNIV. OF TEXAS M.D. ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	9,984.				BREAST EDUCATION AND HEALTH
(5) UNIV. OF TEXAS M.D. ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(6) UNIV. OF TEXAS M.D. ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	2,204,000.				RESEARCH SCHOLAR GRANT
(7) UNIV. OF TEXAS MEDICAL BRANCH, GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	SECTION 170(C)(1)	300,000.				CANCER CONTROL
(8) UNIVERSITY OF TEXAS SOUTHWESTERN MED. CTR 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TEXAS	463,500.				POSTDOCTORAL FELLOWSHIP
(9) UNIVERSITY OF TEXAS SOUTHWESTERN MED. CTR 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TEXAS	2,127,000.				RESEARCH SCHOLAR GRANT
(10) UNIVERSITY OF TEXAS, AUSTIN 101 EAST 27TH ST #5,300 AUSTIN, TX 78712	74-6000203	501(C)(3)	158,666.				POSTDOCTORAL FELLOWSHIP
(11) UNIVERSITY OF TOLEDO 2801 W BANCROFT ST TOLEDO, OH 43606	34-6401483	OTHER	25,000.				BREAST EDUCATION AND HEALTH
(12) UNIVERSITY OF UTAH 75 S 2000 E ST SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	60,000.				DOCTORAL DEGREE SCHOLARSHIP

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) (2013)

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SCHEDULE I  
(Form 990)

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

OMB No. 1545-0047

2013

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) RC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF UTAH 75 S 2000 E ST SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	252,000.				POSTDOCTORAL FELLOWSHIP
(2) UNIVERSITY OF UTAH 75 S 2000 E ST SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	1,449,000.				RESEARCH SCHOLAR GRANT
(3) UNIV. OF UTAH, HUNTERMAN CANCER INSTITUTE 75 S 2000 E ST SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(4) UNIVERSITY OF WISCONSIN - MADISON 21 N. PARK ST MADISON, WI 53715	39-6006492	501(C)(3)	60,000.				DOCTORAL DEGREE SCHOLARSHIP
(5) UNIVERSITY OF WISCONSIN - MADISON 21 N. PARK ST MADISON, WI 53715	39-6006492	501(C)(3)	200,000.				POSTDOCTORAL FELLOWSHIP
(6) UNIVERSITY OF WISCONSIN - MADISON 21 N. PARK ST MADISON, WI 53715	39-6006492	501(C)(3)	2,164,000.				RESEARCH SCHOLAR GRANT
(7) UNIVERSITY OF WISCONSIN MADISON 1300 UNIV. AVE, #4720 MADISON, WI 53706	39-1805963	501(C)(3)	90,900.				BREAST EDUCATION AND HEALTH
(8) UPPER CHESAPEAKE HEALTH CENTER 520 UPPER CHESAPEAKE DR BEL AIR, MD 21014	52-1398507	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
(9) URBAN MINISTRIES INC 1551 REGENCY CT CALUMET CITY, IL 60409	36-2702501	OTHER	12,000.				HEALTH PROGRAMS
(10) VANDERBILT UNIVERSITY 1400 18TH AVE. SOUTH NASHVILLE, TN 37212	62-0476822	501(C)(3)	30,000.				DOCTORAL DEGREE SCHOLARSHIP
(11) VANDERBILT UNIVERSITY MEDICAL CENTER 1400 18TH AVE. SOUTH NASHVILLE, TN 37212	62-0476822	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(12) VANDERBILT UNIVERSITY MEDICAL CENTER 1400 18TH AVE. SOUTH NASHVILLE, TN 37212	62-0476822	501(C)(3)	80,000.				RESEARCH PROFESSORSHIP

- 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

Schedule I (Form 990) (2013)

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

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SCHEDULE I  
(Form 990)

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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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

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. 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) VASSAR BROTHERS HOSPITAL FOUNDATION 45 READE PL POUGHKEEPSIE, NY 12601	14-1736429	501(C)(3)	15,500.				CANCER EDUCATION
(2) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298	54-6001758	GOVT.	90,000.				INSTITUTE RESEARCH GRANT
(3) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298	54-6001758	GOVT.	150,000.				POSTDOCTORAL FELLOWSHIP
(4) VISIONWORKS 8417 DEERVIEW LN SAN ANTONIO, TX 78255	74-2924336	501(C)(3)	240,634.				CAMP PROGRAM
(5) VITAL TALK SEATTLE CANCER CARE SEATTLE, WA 98109	30-0745689	501(C)(3)	66,000.				IMPROVE HEALTHCARE SYSTEMS
(6) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	729,000.				RESEARCH SCHOLAR GRANT
(7) WASHINGTON UNIVERSITY, ST. LOUIS 660 S EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	24,000.				MASTERS TRNG ONCOLOGY
(8) WASHINGTON UNIVERSITY, ST. LOUIS 660 S EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	1,980,000.				RESEARCH SCHOLAR GRANT
(9) WASHINGTON UNIVERSITY, ST. LOUIS 660 S EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	104,000.				RESEARCH SCHOLAR GRANT
(10) WAYNE STATE UNIVERSITY 5057 WOODWARD #11202 DETROIT, MI 48202	38-6028429	501(C)(3)	120,000.				INSTITUTIONAL RESEARCH
(11) WAYNE STATE UNIVERSITY 5057 WOODWARD #11202 DETROIT, MI 48202	38-6028429	501(C)(3)	1,743,750.				RESEARCH SCHOLAR GRANT
(12) NEILL MEDICAL COLLEGE OF CORNELL UNIV. 1300 YORK AVE BOX 89 NEW YORK, NY 10065	13-1623978	OTHER	300,000.				CANCER CONTROL

- 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) (2013)

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SCHEDULE I  
(Form 990)

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

OMB No. 1545-0047

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Internal Revenue Service

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

Employer identification number

AMERICAN CANCER SOCIETY, INC.

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. 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) WEST HAWAII CANCER SYMPOSIUM P.O. BOX 107 KEELAKEKUA, HI 96750	99-0262290	OTHER	10,000.				CANCER CONTROL
(2) WHEATON FRANCISCAN HEALTHCARE 3237 S 16TH ST MILWAUKEE, WI 53215	32-0135258	501(C)(3)	5,684.				BREAST EDUCATION AND HEALTH
(3) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CTR CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(4) WISCONSIN INTER-TRIBAL PINK PO BOX 14778 WEST ALLIS, WI 53214	26-4247458	501(C)(3)	13,216.				BREAST EDUCATION AND HEALTH
(5) WISCONSIN INTER-TRIBAL PINK PO BOX 14778 WEST ALLIS, WI 53214	26-4247458	501(C)(3)	13,216.				RESEARCH GRANT
(6) WOMANKIND INC 1511 TRUMAN AVE KRY WEST, FL 33040	65-1003208	501(C)(3)	20,203.				COLORECTAL EDUCATION
(7) WOMEN OF FAITH AND HOPE PO BOX 14228 PHILADELPHIA, PA 19138	23-2910411	501(C)(3)	20,000.				BREAST EDUCATION AND HEALTH
(8) WOMEN'S RESOURCE CENTER 424 PINE ST STE 201 FORT COLLINS, CO 80524	84-0732631	501(C)(3)	22,500.				IMPROVE HEALTHCARE SYSTEMS
(9) WOMEN'S RESOURCE CENTER 424 PINE ST STE 201 FORT COLLINS, CO 80524	84-0732631	501(C)(3)	5,681.				WORKPLACE CANCER CONTROL
(10) YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	120,000.				GRAD. SCHOLARSHIP NURSING
(11) YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	40,000.				INTERNATIONAL RESEARCH FLSHSP
(12) YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	102,000.				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

Schedule I (Form 990) (2013)

JSA

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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.

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

**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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) RC 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) YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(2) YALE UNIVERSITY PO BOX 208250 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	7,500.				HEALTH DISPARITIES
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 274

**3** Enter total number of other organizations listed in the line 1 table 36

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

Schedule I (Form 990) (2013)

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AMERICAN CANCER SOCIETY, INC.

Page 2

Schedule I (Form 990) (2013)

**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 CAMPS/SCHOLARSHIPS	2,913.	3,747,964.			
2 WIGS	8,501.		4,846,052.	FMV	WIGS
3 GIFT CLOSET	2,553.	1,090,547.			
4 LOOK GOOD, FEEL BETTER	25,774.	37,876.	12,887,000.	FMV	COSMETIC KITS
5 TRANSPORTATION PROGRAMS	52,739.	6,235,470.			
6 GUEST ROOM PROGRAM	5,967.	108,252.	3,283,080.	FMV	GUEST ROOMS
7 OTHER	2,826.	1,132,817.			

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

FORM 990, SCHEDULE I

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

IN ORDER TO MONITOR THE USE OF GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD. ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE.

THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH

GRANTS:

Schedule I (Form 990) (2013)

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AMERICAN CANCER SOCIETY, INC.

Page 2

Schedule I (Form 990) (2013)

**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					
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6					
7					

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

**PROGRESS REPORTS**

PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED. THE SCIENTIFIC REPORT INCLUDES THE (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE. NON-TECHNICAL

Schedule I (Form 990) (2013)

**PUBLIC INSPECTION COPY**

AMERICAN CANCER SOCIETY, INC.



Schedule I (Form 990) (2013)

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

REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND. ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF.

FINANCIAL REPORTS

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



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AMERICAN CANCER SOCIETY, INC.

Page 2

Schedule I (Form 990) (2013)

**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					
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3					
4					
5					
6					
7					

**Part IV** Supplemental information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY. THE

REPORT OF EXPENDITURES INCLUDES THE FOLLOWING:

- SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS
- INDIRECT COSTS
- SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR
- SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER

REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING

Schedule I (Form 990) (2013)

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AMERICAN CANCER SOCIETY, INC.



Schedule I (Form 990) (2013)

Page 2

**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					
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7					

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

GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE.

Schedule I (Form 990) (2013)

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

**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 directors, trustees, and officers, including 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, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 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?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2013

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AMERICAN CANCER SOCIETY, INC.



Schedule J (Form 990) 2013

Page 2

**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 and Title		(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 CHIEF EXECUTIVE OFFICER	(i)	663,291.	0	182,496.	0	10,655.	856,442.	0
	(ii)	60,299.	0	16,591.	0	969.	77,859.	0
2 CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	(i)	336,550.	0	21,719.	0	11,811.	370,080.	0
	(ii)	36,714.	0	2,369.	0	1,289.	40,372.	0
3 OTIS W. BRAWLEY CHIEF MEDICAL OFFICER	(i)	451,173.	0	177,234.	22,635.	1,194.	652,236.	0
	(ii)	0	0	0	0	0	0	0
4 GREGORY P. BONTRAGER CHIEF OPERATING OFFICER	(i)	562,600.	0	127,873.	75,429.	1,310.	767,212.	0
	(ii)	0	0	0	0	0	0	0
5 JOSEPH C. CAHOON, JR. SENIOR EVP, FIELD OPERATIONS	(i)	434,431.	0	101,454.	0	5,692.	541,577.	0
	(ii)	0	0	0	0	0	0	0
6 LINDA MACMASTER CHIEF REV. & MKTING, OUTGOING	(i)	267,089.	0	78,547.	30,423.	7,097.	383,156.	0
	(ii)	0	0	0	0	0	0	0
7 DONALD GUDAITIS EVP, NEW ENGLAND, OUTGOING	(i)	257,079.	0	1,429,085.	443,266.	13,554.	2,142,984.	221,485.
	(ii)	0	0	0	0	0	0	0
8 JARILYN JOHNSTON-ALLEN EVP, MIDWEST, OUTGOING	(i)	131,402.	0	1,112,266.	590,151.	13,259.	1,847,078.	158,439.
	(ii)	0	0	0	0	0	0	0
9 DONALD DISTASIO EVP, EASTERN, OUTGOING	(i)	266,407.	0	885,922.	204,273.	17,720.	1,374,322.	270,760.
	(ii)	0	0	0	0	0	0	0
10 FRANCIS P. MCGRADY EVP, EAST CENTRAL, OUTGOING	(i)	199,759.	0	575,849.	574,949.	17,601.	1,368,158.	0
	(ii)	0	0	0	0	0	0	0
11 REUEL E. JOHNSON VP, RELAY FOR LIFE, OUTGOING	(i)	212,078.	0	345,060.	172,055.	13,020.	742,213.	42,232.
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2013

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AMERICAN CANCER SOCIETY, INC.



Schedule J (Form 990) 2013

Page 3

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.

FORM 990, SCHEDULE J, PART I, LINE 4A

SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

DONALD GUDAITIS - OTHER REPORTABLE COMPENSATION OF \$1,429,085 (PART II, LINE 7B (III)) INCLUDES THE FINAL CHANGE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL EMPLOYEE RETIREMENT BENEFITS, WHICH INCLUDES ACCUMULATED INTEREST ON THE BENEFIT. GUDAITIS RETIRED DURING CALENDAR YEAR 2013 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 36 YEARS. ALSO INCLUDED IS A SEVERANCE PAYMENT OF \$122,918. DEFERRED COMPENSATION OF \$443,266 (PART II, LINE 7C) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS.

JARILYN JOHNSTON - ALLEN - OTHER REPORTABLE COMPENSATION OF \$1,112,266 (PART II, LINE 7B (III)) INCLUDES THE FINAL CHANGE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL EMPLOYEE RETIREMENT BENEFITS, WHICH INCLUDES ACCUMULATED INTEREST ON THE BENEFIT. JOHNSTON - ALLEN RETIRED DURING CALENDAR YEAR 2013 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 33 YEARS. ALSO INCLUDED IS A SEVERANCE PAYMENT OF \$234,271. DEFERRED COMPENSATION OF \$590,151 (PART II, LINE 7C) IS THE

Schedule J (Form 990) 2013

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AMERICAN CANCER SOCIETY, INC.



Schedule J (Form 990) 2013

**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.

FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS.

DONALD DISTASIO - OTHER REPORTABLE COMPENSATION OF \$885,922 (PART II, LINE 7B (III)) INCLUDES THE FINAL CHANGE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL EMPLOYEE RETIREMENT BENEFITS, WHICH INCLUDES ACCUMULATED INTEREST ON THE BENEFIT. DISTASIO RETIRED DURING CALENDAR YEAR 2013 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 41 YEARS. ALSO INCLUDED IS A SEVERANCE PAYMENT OF \$126,031. DEFERRED COMPENSATION OF \$204,273 (PART II, LINE 7C) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS.

FRANCIS P. MCGRADY - OTHER REPORTABLE COMPENSATION OF \$575,849 (PART II, LINE 7B (III)) INCLUDES THE FINAL CHANGE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL EMPLOYEE RETIREMENT BENEFITS, WHICH INCLUDES ACCUMULATED INTEREST ON THE BENEFIT. MCGRADY RETIRED DURING CALENDAR YEAR 2013 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 33 YEARS. DEFERRED COMPENSATION OF \$574,949 (PART II, LINE 7C) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS.

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AMERICAN CANCER SOCIETY, INC.



Schedule J (Form 990) 2013

Page 3

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.

REUEL E. JOHNSON - OTHER REPORTABLE COMPENSATION OF \$345,060 (PART II, LINE 7B (III)) INCLUDES THE FINAL CHANGE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL EMPLOYEE RETIREMENT BENEFITS, WHICH INCLUDES ACCUMULATED INTEREST ON THE BENEFIT. JOHNSON RETIRED DURING CALENDAR YEAR 2013 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 40 YEARS. DEFERRED COMPENSATION OF \$172,055 (PART II, LINE 7C) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS.

FORM 990, SCHEDULE J, PART I, LINE 4B  
SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS PART OF THE

Schedule J (Form 990) 2013

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AMERICAN CANCER SOCIETY, INC.



Schedule J (Form 990) 2013

**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.

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. THESE AMOUNTS WERE NOT ACTUALLY PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR.

THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE AMOUNT OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL:

- JOHN R. SEFFRIN: \$194,048
- CATHERINE E. MICKLE: \$23,518
- GREGORY P. BONTRAGER: \$126,506
- OTIS W. BRAWLEY: \$176,160
- JOSEPH C. CAHOON: \$100,426



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OMB No. 1545-0047

**2013**

Open To Public Inspection

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

**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 . . . . .	X		21,404,221.	COST/SELLING PRICE
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 . . . . .	X	433.	5,813,334.	FMV
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 ▶ ( ATCH 1 ) . . . . .		41,958.	23,147,146.	
26 Other ▶ ( ) . . . . .				
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.		

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

Schedule M (Form 990) (2013)

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AMERICAN CANCER SOCIETY, INC.



Schedule M (Form 990) (2013)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COSMETIC KITS	X	25879.	12,956,500.	COST/SELLING PRICE
WIGS	X	8501.	4,846,052.	COST/SELLING PRICE
GUESTROOM PROGRAM	X	6023.	3,283,080.	COST/SELLING PRICE
OTHER	X	1555.	2,061,514.	COST/SELLING PRICE
TOTALS		<u>41,958.</u>	<u>23,147,146.</u>	

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

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

FORM 990, PART I & SCHEDULE A, PART II

CHANGE IN ACCOUNTING PERIOD

THE FILING ORGANIZATION CHANGED ITS FISCAL YEAR END TO DECEMBER 31,  
BEGINNING WITH THE FOUR MONTH PERIOD ENDING DECEMBER 31, 2012. THE  
INFORMATION RELATED TO ITS SHORT FISCAL PERIOD WAS FILED WITH THE FORM  
990 PROVIDED FOR TAX YEAR 2012. ACCORDINGLY, ANY REFERENCES TO PRIOR YEAR  
IN THE RETURN RELATE TO THE FOUR MONTH SHORT FISCAL PERIOD AND ARE NOT  
COMPARABLE TO CURRENT YEAR INFORMATION THAT IS FOR A TWELVE MONTH FISCAL  
YEAR.

IN ADDITION, EFFECTIVE SEPTEMBER 1, 2012, THE FILING ORGANIZATION MERGED  
WITH 13 OF ITS CHARTERED DIVISIONS. THE FILING ORGANIZATION CONTINUED ITS  
EXISTENCE AS THE SURVIVING CORPORATION, THE AMERICAN CANCER SOCIETY, INC.  
THE HISTORICAL FINANCIAL INFORMATION, PRIOR TO 2012, PRESENTED IN  
SCHEDULE A, PART II, INCLUDES ONLY THE FILING ORGANIZATION'S FINANCIAL  
INFORMATION EXCLUSIVE OF THE 13 MERGED DIVISIONS.

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

DETECTION AND TREATMENT PROGRAMS ARE DIRECTED AT FINDING CANCER BEFORE IT  
IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT CANCER  
TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT AND PAIN CONTROL.

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Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number



DETECTION/TREATMENT EXPENSES INCLUDED ACTIVITIES SUCH AS OUR COMMUNITY GRANTS FOR BREAST AND COLORECTAL CANCER SCREENINGS, AS WELL AS OUR BREAST CANCER AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS.

TOTAL EXPENSES: \$90,851,727

GRANTS TO AFFILIATES: \$4,936,001

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 4

IN NOVEMBER OF 2013, THE FILING ORGANIZATION AMENDED ITS BYLAWS TO MAKE CERTAIN CHANGES TO THE SIZE AND COMPOSITION OF ITS BOARD OF DIRECTORS. THE CHANGES REDUCED THE NUMBER OF VOTING BOARD MEMBERS TO 21 AND REDUCED THE MINIMUM NUMBER OF MEDICAL PROFESSIONALS ON THE BOARD. THE CHANGES BECAME EFFECTIVE JANUARY 1, 2014.

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

FORM 990, PART VI, LINE 11A

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

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Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number



PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, 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.

COMPENSATION REVIEW PROCESS

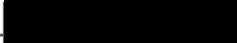
FORM 990, PART VI, LINES 15A & 15B

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

PUBLIC INSPECTION COPY

Name of the organization  
AMERICAN CANCER SOCIETY, INC.

Employer identification number



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 (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) 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;

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Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number



(E) ESTABLISH THE CEO'S ANNUAL INCENTIVE PLAN GOALS, DETERMINE THE MEASURES OF PERFORMANCE FOR EACH GOAL, AND DETERMINE WHAT INCENTIVE PLAN AWARD, IF ANY, IS PAYABLE EACH YEAR;

(F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD;

(G) 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;

(H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON;

(I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVES INCENTIVE PLAN;

(J) 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;

(K) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND

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Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number



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;

(L) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.

AVAILABILITY OF FORM 990 TO GENERAL PUBLIC

FORM 990, PART VI, LINE 18

THE FILING ORGANIZATION'S FORM 990 AND 990-T (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.

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

FORM 990, 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.



**PUBLIC INSPECTION COPY**

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.



THE FILING ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED 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.

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 CANCER ACTION NETWORK, INC.

EIN: 52-2340031

IRC SECTION: 501(C)(4)

AMOUNT OF GRANT: \$32,787,995

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY OF PUERTO RICO, INC.

EIN: 66-0321594

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$122,500

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

PUBLIC INSPECTION COPY

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number



OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$32,094,850

NET CHANGE IN RETIREMENT PLAN LIABILITY: \$161,401,482

NET REVENUE FROM CONTRIBUTED SERVICES & FACILITIES: \$144,962

TOTAL: \$193,641,294

SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING ACTIVITIES

SCHEDULE G, PART I

OCCASIONALLY THE FILING ORGANIZATION CONSULTS WITH FUNDRAISING COUNSEL AND OTHER PROFESSIONALS. SOMETIMES THESE COSTS ARE NOT DIRECTLY ATTRIBUTABLE TO A SPECIFIC REVENUE SOURCE. IN THESE CASES, THE COSTS ARE DISCLOSED IN ACCORDANCE WITH THE FORM INSTRUCTIONS ALONG WITH A ZERO IN THE GROSS RECEIPTS COLUMN.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WI,

ATTACHMENT 2

PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2013

Page 2

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
QUEST DIAGNOSTICS PO BOX 740736 ATLANTA, GA 30374-0736	CONSULTING	5,330,560.
THE MARTIN AGENCY ONE SHOCKOE PLAZA RICHMOND, VA 23219	CONSULTING	5,241,043.
CONVIO, INC. 11921 N. MOPAC EXPRESSWAY, STE 200 AUSTIN, TX 78759	CONSULTING	4,454,146.
MERKLE, INC. PO BOX 64894 BALTIMORE, MD 21264	PROF. FUNDRAISER	2,224,075.
ADP, INC. ONE ADP DRIVE MS-100 AUGUSTA, GA 30909	PAYROLL SERVICES	1,592,318.

**PUBLIC INSPECTION COPY**

AMERICAN CANCER SOCIETY, INC.

13-1788491

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS PRODUCTS, INC. 02-0651055 250 WILLIAMS STREET, NW ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	11A	ACS, INC.	X	
(2) ACS CANCER ACTION NETWORK, INC. 52-2340031 555 11TH STREET, NW WASHINGTON, DC 20004	ELIM. CANCER	GA	501(C)(4)	N/A	ACS, INC.	X	
(3) ACS OF PUERTO RICO, INC. 66-0321594 PO BOX 366004 SAN JUAN, PR 00936-6004	ELIM. CANCER	PR	501(C)(3)	7	N/A		X
(4) THE JOSEPH AND JEANETTE M. SILBER FDN 34-1363915 4900 TIEDEMAN RD. OH-01-49-015 BROOKLAND, OH 44144	SUPPORT ACS	OH	501(C)(3)	11A	N/A		X
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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PAGE 101

**PUBLIC INSPECTION COPY**

AMERICAN CANCER SOCIETY, INC.

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Schedule R (Form 990) 2013

**PUBLIC INSPECTION COPY**

AMERICAN CANCER SOCIETY, INC.

Schedule R (Form 990) 2013

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		
<b>p</b> Reimbursement paid to related organization(s) for expenses	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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 related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK, INC.	B	32,787,995.	FMV
(2) ACS OF PUERTO RICO, INC.	B	122,500.	FMV
(3) THE JOSEPH AND JEANETTE SILBER FOUNDATION	C	66,675.	FMV
(4) ACS CANCER ACTION NETWORK, INC.	Q	119,905.	FMV
(5) ACS CANCER ACTION NETWORK, INC.	C	196,222.	FMV
(6)			

Schedule R (Form 990) 2013

**PUBLIC INSPECTION COPY**

AMERICAN CANCER SOCIETY, INC.



Schedule R (Form 990) 2013

Page 4

**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) -----													
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(9) -----													
(10) -----													
(11) -----													
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(13) -----													
(14) -----													
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(16) -----													

Schedule R (Form 990) 2013

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**Part VII Supplemental Information**

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





Ernst & Young LLP  
Suite 1000  
55 Ivan Allen Jr. Boulevard  
Atlanta, GA 30308  
Tel: +1 404 874 8300  
Fax: +1 404 817 5589  
www.ey.com

## Report of Independent Auditors

The Board of Directors  
American Cancer Society, Inc.

We have audited the accompanying consolidated balance sheets of the American Cancer Society, Inc. and Affiliated Entities (collectively "the Society") as of August 31, 2012 and 2011, and the related consolidated statements of activities, functional expense, and cash flows for the years then ended. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Society's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of the American Cancer Society, Inc. and Affiliated Entities as of August 31, 2012 and 2011, and the consolidated changes in their net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

*Ernst & Young LLP*

February 13, 2013

**AMERICAN CANCER SOCIETY, INC.  
AND AFFILIATED ENTITIES  
CONSOLIDATED STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED AUGUST 31, 2012  
(In Thousands)**

	Unrestricted	Donor Restricted		Total
		Temporarily Restricted	Permanently Restricted	
<b>Our mission program and support expenses were:</b>				
Mission program services:				
Patient support	\$ 303,620	\$ -	\$ -	\$ 303,620
Prevention	152,681	-	-	152,681
Research	160,139	-	-	160,139
Detection/treatment	97,051	-	-	97,051
Total mission program services	713,491	-	-	713,491
Mission support services:				
Management and general	59,361	-	-	59,361
Fund-raising	217,637	-	-	217,637
Total mission support services	276,998	-	-	276,998
Total mission program and mission support services expenses	990,489	-	-	990,489
<b>Our mission program and support expenses were funded by:</b>				
Support from the public:				
Special events, including Relay for Life® and Making Strides Against Breast Cancer®	452,412	71,221	1	523,634
Contributions	132,559	42,170	293	175,022
Bequests	88,839	29,587	3,498	121,924
Contributed services, merchandise and other in-kind contributions	23,473	27,582	-	51,055
Other	12,266	4,681	-	16,947
Total support from the public	709,549	175,241	3,792	888,582
Investment income (loss)	43,807	6,387	(6,491)	43,703
Change in value of split-interest agreements	(262)	(12,965)	(183)	(13,410)
Grants and contracts from government agencies	5,706	2,114	-	7,820
Other revenue (loss)	(2,510)	1,205	-	(1,305)
Total revenue, gains (loss) and other support	756,290	171,982	(2,882)	925,390
Use of amounts restricted by donors for specified purpose or time	198,204	(199,535)	1,331	-
Net increase in retirement plan liability	96,593	-	-	96,593
Change in net assets	(132,588)	(27,553)	(1,551)	(161,692)
Net assets, beginning of year	885,255	229,532	259,598	1,374,385
Net assets, end of year	\$ 752,667	\$ 201,979	\$ 258,047	\$1,212,693

The notes beginning on page 8 are an integral part of the consolidated financial statements.

**AMERICAN CANCER SOCIETY, INC.  
AND AFFILIATED ENTITIES  
CONSOLIDATED STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED AUGUST 31, 2011  
(In Thousands)**

	Unrestricted	Donor Restricted		Total
		Temporarily Restricted	Permanently Restricted	
<b>Our mission program and support expenses were:</b>				
Mission program services:				
Patient support	\$ 279,645	\$ -	\$ -	\$ 279,645
Prevention	149,719	-	-	149,719
Research	148,468	-	-	148,468
Detection/treatment	102,741	-	-	102,741
Total mission program services	<u>680,573</u>	<u>-</u>	<u>-</u>	<u>680,573</u>
Mission support services:				
Management and general	63,456	-	-	63,456
Fund-raising	202,941	-	-	202,941
Total mission support services	<u>266,397</u>	<u>-</u>	<u>-</u>	<u>266,397</u>
Total mission program and mission support services expenses	<u>946,970</u>	<u>-</u>	<u>-</u>	<u>946,970</u>
<b>Our mission program and support expenses were funded by:</b>				
Support from the public:				
Special events, including Relay for Life® and Making Strides Against Breast Cancer®	454,584	71,874	-	526,458
Contributions	136,210	42,655	350	179,215
Bequests	97,073	19,461	5,143	121,677
Contributed services, merchandise and other in-kind contributions	22,715	27,863	-	50,578
Other	12,247	6,076	-	18,323
Total support from the public	<u>722,829</u>	<u>167,929</u>	<u>5,493</u>	<u>896,251</u>
Investment income	24,859	8,842	15,106	48,807
Change in value of split-interest agreements	461	(7,452)	(946)	(7,937)
Grants and contracts from government agencies	8,567	2,378	-	10,945
Other revenue (loss)	4,243	1,735	(468)	5,510
Total revenue, gains (loss) and other support	<u>760,959</u>	<u>173,432</u>	<u>19,185</u>	<u>953,576</u>
Use of amounts restricted by donors for specified purpose or time	202,450	(202,856)	406	-
Net decrease in retirement plan liability	(60,381)	-	-	(60,381)
Change in net assets	76,820	(29,424)	19,591	66,987
Net assets, beginning of year before adoption of new endowment accounting standard	809,254	258,137	240,007	1,307,398
Effect of adoption of new endowment accounting standard	(819)	819	-	-
Net assets, beginning of year as adjusted	<u>808,435</u>	<u>258,956</u>	<u>240,007</u>	<u>1,307,398</u>
Net assets, end of year	<u>\$ 885,255</u>	<u>\$ 229,532</u>	<u>\$ 259,598</u>	<u>\$ 1,374,385</u>

The notes beginning on page 8 are an integral part of the consolidated financial statements.

**AMERICAN CANCER SOCIETY, INC.  
AND AFFILIATED ENTITIES  
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED AUGUST 31, 2012  
(In Thousands)**

	Mission program				Mission support		Total
	Patient support	Prevention	Research	Detection / treatment	Management and general	Fund-raising	
<b>Mission program and support expenses</b>							
Salaries	\$ 114,597	\$ 64,110	\$ 20,014	\$ 41,931	\$ 26,466	\$ 106,290	\$ 373,408
Employee benefits	34,399	17,342	3,959	11,765	6,064	29,641	103,170
Payroll taxes	9,565	5,171	1,377	3,459	2,067	8,514	30,153
Professional fees	19,327	14,040	10,456	7,803	6,158	13,073	70,857
Grants for mission program services	2,753	3,766	106,882	3,272	-	-	116,673
Educational materials	22,173	15,226	8,018	7,988	2,823	12,737	68,965
Direct assistance, including wigs, and Look Good Feel Better® kits	31,376	10	-	393	-	-	31,779
Travel	7,717	5,448	1,642	3,527	1,718	7,774	27,826
Postage and shipping	5,112	5,806	378	1,994	2,786	5,645	21,721
Meetings and conferences	5,546	4,110	1,614	2,535	1,909	5,798	21,512
Contributed services and other in-kind contributions	5,792	920	564	586	43	1,450	9,355
Community office locations, including rent, maintenance and utilities	18,225	6,080	2,097	4,130	2,440	9,282	42,254
Equipment rental, maintenance and information processing	3,764	1,927	239	1,511	2,085	3,258	12,784
Telecommunications	4,451	2,360	498	1,655	1,311	3,471	13,746
Depreciation and amortization	10,931	3,349	1,655	2,478	2,000	4,357	24,770
Miscellaneous	7,892	3,016	746	2,024	1,491	6,347	21,516
<b>Total mission program and mission support services expenses</b>	<b>\$ 303,620</b>	<b>\$ 152,681</b>	<b>\$ 160,139</b>	<b>\$ 97,051</b>	<b>\$ 59,361</b>	<b>\$ 217,637</b>	<b>\$ 990,489</b>

The notes beginning on page 8 are an integral part of the consolidated financial statements.

**AMERICAN CANCER SOCIETY, INC.  
AND AFFILIATED ENTITIES  
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED AUGUST 31, 2011  
(In Thousands)**

	Mission program				Mission support		Total
	Patient support	Prevention	Research	Detection / treatment	Management and general	Fund-raising	
<b>Mission program and support expenses</b>							
Salaries	\$ 108,500	\$ 62,247	\$ 17,762	\$ 45,713	\$ 31,979	\$ 97,955	\$ 364,156
Employee benefits	32,999	19,219	3,824	14,292	8,421	28,870	107,625
Payroll taxes	8,819	5,079	1,305	3,804	2,691	7,644	29,342
Professional fees	14,657	12,567	7,957	7,560	393	12,242	55,376
Grants for mission program services	3,537	3,777	102,555	2,436	-	48	112,353
Educational materials	18,640	11,119	4,075	6,700	2,274	10,196	53,004
Direct assistance, including wigs, and Look Good Feel Better® kits	28,421	1	-	286	-	2	28,710
Travel	6,500	5,513	1,107	3,212	1,714	6,170	24,216
Postage and shipping	5,461	5,353	225	2,244	2,671	6,557	22,511
Meetings and conferences	4,036	3,780	1,222	2,147	1,429	4,110	16,724
Contributed services and other in-kind contributions	2,998	1,552	1,953	942	532	2,387	10,364
Community office locations, including rent, maintenance and utilities	17,136	7,403	2,099	4,787	2,742	9,141	43,308
Equipment rental, maintenance and information processing	4,251	2,331	1,218	1,564	1,825	3,018	14,207
Telecommunications	4,853	2,575	782	1,791	1,328	3,275	14,604
Depreciation and amortization	11,010	4,052	1,860	2,889	2,160	4,751	26,722
Miscellaneous	7,827	3,151	524	2,374	3,297	6,575	23,748
<b>Total mission program and mission support services expenses</b>	<b>\$ 279,645</b>	<b>\$ 149,719</b>	<b>\$ 148,468</b>	<b>\$ 102,741</b>	<b>\$ 63,456</b>	<b>\$ 202,941</b>	<b>\$ 946,970</b>

The notes beginning on page 8 are an integral part of the consolidated financial statements.

**AMERICAN CANCER SOCIETY, INC.  
AND AFFILIATED ENTITIES  
CONSOLIDATED STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED AUGUST 31, 2012 AND 2011  
(In Thousands)**

	2012	2011
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>\$ (161,692)</b>	<b>\$ 66,987</b>
Change in net assets		
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Depreciation and amortization	24,857	26,808
Net unrealized losses (gains) on perpetual trusts	6,677	(15,196)
Net realized and unrealized investment gains	(30,164)	(14,971)
Change in value of split-interest agreements	13,410	7,937
Gain on disposal of fixed assets	(673)	(576)
Other losses	-	443
Net change in retirement plan liability	96,593	(60,381)
Support from the public restricted for long-term investment	(3,792)	(4,547)
Support from the public restricted for fixed asset acquisition	(7,449)	(2,727)
Changes in assets and liabilities:		
Receivables, net	3,169	9,656
Prepaid expenses and other assets	9,689	(2,989)
Bequests receivable	11,774	7,142
Beneficial interests in trusts	7,467	(2,753)
Research and other program awards and grants payable	(6,948)	5,020
Accounts payable and accrued expenses and employee retirement benefits	20,184	11,020
Gift annuity obligations	5,935	2,822
Other liabilities	2,205	3,538
Net cash (used in) provided by operating activities	(8,758)	37,233
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	<b>(16,462)</b>	<b>(9,578)</b>
Purchase of fixed assets	1,352	1,117
Proceeds from disposal of fixed assets	7,449	2,727
Support from the public restricted for fixed asset acquisition	(1,413,040)	(590,898)
Purchase of investments	1,400,609	568,220
Proceeds from maturity or sale of investments	(20,092)	(28,412)
Net cash used in investing activities		
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>	<b>(13,590)</b>	<b>(2,191)</b>
Payments on debt	500	1,486
Proceeds from issuance of debt	(236)	(568)
Payments on capital lease obligations	(3,279)	(3,428)
Payments to annuitants	3,792	4,547
Support from the public restricted for long-term investment	(12,813)	(154)
Net cash used in financing activities		
<b>NET CHANGE IN CASH AND CASH EQUIVALENTS</b>	<b>(41,663)</b>	<b>8,667</b>
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<b>124,408</b>	<b>115,741</b>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<b>\$ 82,745</b>	<b>\$ 124,408</b>
<b>SUPPLEMENTAL CASH FLOW INFORMATION</b>		
Interest paid	<b>\$ 2,380</b>	<b>\$ 2,615</b>
<b>NON-CASH INVESTING AND FINANCING ACTIVITIES</b>		
Fixed assets acquired through capital lease	<b>\$ 67</b>	<b>\$ 46</b>
Collateral received and payable under the securities lending program	<b>\$ (16,528)</b>	<b>\$ (92,065)</b>

The notes beginning on page 8 are an integral part of the consolidated financial statements.

**AMERICAN CANCER SOCIETY, INC.  
AND AFFILIATED ENTITIES  
CONSOLIDATED BALANCE SHEETS  
(In Thousands)**

**Assets**

	<b>August 31, 2012</b>	<b>August 31, 2011</b>
Cash and cash equivalents	\$ 82,745	\$ 124,408
Short-term investments	534,610	959,019
Securities lent under securities lending program	1,370	17,573
Collateral received under securities lending program	1,399	17,927
Receivables, net	40,153	43,322
Prepaid expenses and other assets	23,942	33,959
Bequests receivable	66,494	78,268
Gift annuity investments	37,265	34,946
Long-term investments	583,830	102,220
Beneficial interests in trusts	267,450	294,668
Fixed assets, net	318,226	328,013
Total assets	\$ 1,957,484	\$ 2,034,323

**Liabilities and net assets**

Accounts payable and other accrued expenses	\$ 60,958	\$ 58,937
Research and other program grants payable	210,643	217,591
Employee retirement benefits	360,880	246,124
Payable under securities lending program	1,399	17,927
Other liabilities	30,913	28,927
Gift annuity obligations	28,095	25,439
Debt	51,903	64,993
Total liabilities	744,791	659,938
Commitments and contingencies		
Net assets:		
Unrestricted:		
Available for mission program and support activities	489,594	625,055
Net investment in fixed assets	263,073	260,200
Total unrestricted	752,667	885,255
Temporarily restricted	201,979	229,532
Permanently restricted	258,047	259,598
Total net assets	1,212,693	1,374,385
Total liabilities and net assets	\$ 1,957,484	\$ 2,034,323

The notes beginning on page 8 are an integral part of the consolidated financial statements.

**AMERICAN CANCER SOCIETY, INC.  
AND AFFILIATED ENTITIES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2012 AND 2011  
(Dollars in thousands)**

**STEWARDSHIP FOCUSED DISCLOSURES**

**1. Organizational Overview**

**Our mission**

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

The following four broad areas guide our outcomes in the fight against cancer:

- Patient support – Programs to assist cancer patients and their families and ease the burden of cancer for them.
- Prevention – Programs that provide the public and health professionals with information and education to prevent cancer occurrence or to reduce risk of developing cancer.
- Research – Support to fund and conduct research into the causes of cancer; how it can be prevented, detected early, and treated successfully; how to improve quality of life for people living with cancer; and to advocate for laws and policies that help further cancer research.
- Detection/Treatment – Programs that are directed at finding cancer before it is clinically apparent and that provide information and education about cancer treatments for cure, recurrence, symptom management and pain control.

Within these mission activities are certain signature programs that are not replicated in any other voluntary health organizations. Our 24 hour, 7 days a week, 365 days a year National Cancer Information Center provides consistent, high-quality, unbiased cancer information to constituents, helping them make informed decisions about their health and cancer care. Through our Road To Recovery® program, we provide free transportation to and from cancer treatment. American Cancer Society Hope Lodge® facilities provide free, high quality, temporary lodging for patients and their caregivers close to treatment centers, thereby easing the emotional and financial burden of finding affordable lodging. Our award-winning research programs consist of the Extramural Grants department (funding to outside research institutions) as well as the Intramural Research department (research conducted by Society researchers), with programs in epidemiology, surveillance research, health services research, behavioral research, international tobacco control research, and statistics and evaluation.

**Our mission program and mission support expenses**

Our expenses fall into two categories: first, program services – our mission activities – which are the four areas above, and second, support services – expenses incurred to support our mission activities – which include: board governance and oversight; our internal audit function, which provides oversight of our accounting and internal control processes; our shared services organization, which processes enterprise-wide financial and constituent transactions; general infrastructure costs; and the costs of fundraising. Other than our volunteer base, our largest resource – our staff – are represented in both categories depending on their role and set of activities. For 2012, our mission expenses were allocated to these two areas as follows:

Mission program expenses	\$ 713,491	72%
Mission support expenses	276,998	28%
Total	<u>\$ 990,489</u>	<u>100%</u>



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**1. Organizational overview, continued**

**Our mission program and mission support expenses, continued**

This allocation is influenced by a variety of factors, including the grassroots nature of the majority of our fundraising and community engagement programs. A grassroots approach tends to be a more costly way of raising funds, generating an average donation amount of less than fifty dollars, but also engages the Society with many more constituents. Also, we have minimal support from the federal government, large corporations, or foundations, which are generally less expensive ways of raising money. We have traditionally operated in a decentralized federated model that required multiple functions. We believe that these allocation results are reasonable, particularly given the grassroots nature of our existing and historic approach to fundraising. Yet, we are not satisfied with these results, and are striving to significantly increase the portion of our total expenses that we spend on our mission program activities by utilizing a return on investment approach for all programs and activities.

Further discussion of our mission, goals, and progress is provided in our *Stewardship Report*, which is available on cancer.org. Any questions should be directed to the Chief Financial Officer at 250 Williams Street, Atlanta, GA 30303.

**2. Liquidity considerations**

**Investments**

To ensure consistency with our mission objectives, we do not invest in securities of any tobacco companies.

We maintain a pool of short-term investments for the primary purpose of providing liquidity for daily operating needs while preserving principal. Additionally, the pool utilizes a tiered investment structure of very liquid money market funds and short-term fixed income instruments to provide the highest current total return consistent with providing both liquidity and safety of principal. The amount allocated to the tiers is based on historical and projected operating cash flow needs.

We also maintain a pool of long-term investments with an intermediate and long-term horizon for the primary goal of providing modest asset growth while protecting principal and preserving the real purchasing power of the investments. The pool utilizes a fully diversified approach to asset allocation and targets the following asset classes and related ranges:

Domestic equities	7-11%
Developed non-U.S. equities	7-11%
Emerging markets equities	2-6%
Global real estate investment trusts	1-5%
High quality fixed income	43-53%
Global/non-U.S. fixed income	17-27%
Inflation linked bonds	3-7%
Cash equivalents	0-3%

**AMERICAN CANCER SOCIETY, INC.  
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**2. Liquidity considerations, continued**

**Investments, continued**

Together, all of our investment pools, at fair value, were as follows at August 31, 2012 and 2011:

	<u>August 31, 2012</u>		<u>August 31, 2011</u>	
Money market funds	\$ 254,308	22%	\$ 365,723	33%
Time deposits	3,313	0%	11,361	1%
Corporate bonds	207,683	18%	262,474	24%
U.S. government and government agency and obligations	278,608	24%	252,909	23%
Commercial paper and other short-term investments	107,444	10%	74,113	7%
Equities	276,603	24%	117,357	11%
Other	27,746	2%	12,248	1%
	<u>\$ 1,155,705</u>	<u>100%</u>	<u>\$ 1,096,185</u>	<u>100%</u>

The components of our investment income (loss) were as follows:

	<u>Year Ended August 31, 2012</u>			
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Interest and dividends, net	\$ 16,512	\$ 3,701	\$ 3	\$ 20,216
Net realized and unrealized investment gains	27,295	2,686	183	30,164
Net unrealized loss on perpetual trusts	-	-	(6,677)	(6,677)
Total investment income (loss)	<u>\$ 43,807</u>	<u>\$ 6,387</u>	<u>\$ (6,491)</u>	<u>\$ 43,703</u>

	<u>Year Ended August 31, 2011</u>			
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Interest and dividends, net	\$ 15,224	\$ 3,416	\$ -	\$ 18,640
Net realized and unrealized investment gains (loss)	9,635	5,426	(90)	14,971
Net unrealized gains on perpetual trusts	-	-	15,196	15,196
Total investment income (loss)	<u>\$ 24,859</u>	<u>\$ 8,842</u>	<u>\$ 15,106</u>	<u>\$ 48,807</u>

Interest and dividend income in the statements of activities is presented net of fees paid to our investment advisors. Those fees were approximately \$2,976 and \$2,093 in 2012 and 2011, respectively.

**AMERICAN CANCER SOCIETY, INC.  
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**2. Liquidity considerations, continued**

**Donor-restricted net assets**

Donor-restricted net assets result from contributions of assets whose use by the Society is specified by our donors. For net assets with time restrictions, the assets are not restricted for a specific purpose by the donor. Instead, the donor's restriction on our use of those assets is met with the passage of time. For permanently restricted net assets, the principal contributed by the donor is restricted in perpetuity, and only the earnings on the net assets shown above may be spent for the purpose specified by the donor. Included in temporarily restricted net assets at August 31, 2012 is \$131,884 that we have not yet received in cash that will be used for our mission program services once received. The use of temporarily restricted net assets as of August 31, 2012 and 2011 has been limited by our donors for the following purposes:

	Temporarily		Permanently	
	2012	2011	2012	2011
Patient Support:				
Hope Lodge facilities	\$ 19,883	\$ 21,587	\$ 15,085	\$ 16,018
Other	33,813	29,670	16,850	15,597
Prevention	9,234	6,623	1,929	1,917
Research	23,212	20,904	56,658	56,447
Detection/treatment	6,960	19,813	1,452	1,452
Across mission programs:				
Time restrictions (primarily planned giving)	81,880	97,678	105,115	105,716
Specific geographic locations	17,547	15,468	49,783	51,077
Fixed asset acquisitions / building fund	6,375	11,951	1,217	
Other mission program and mission support services	3,075	5,838	9,958	11,374
<b>Total</b>	<b>\$ 201,979</b>	<b>\$ 229,532</b>	<b>\$ 258,047</b>	<b>\$ 259,598</b>

**Research and other program grants**

As part of our commitment in the fight against cancer, we actively provide grants to improve both the prevention and detection of cancer. The total amount of our future payments under research and other program grants as of August 31, 2012 and 2011 are \$214,673 and \$223,938, respectively. The present value of our future payments as of August 31, 2012 and 2011 is \$210,643 and \$217,591, respectively. The discount at August 31, 2012 of \$4,030 will be recognized as grants for mission program services expense in 2013 through 2017. As of August 31, 2012, our future payments are as follows:

Payable in the next:	
12 months	\$ 93,759
13 - 24 months	64,125
25 - 36 months	38,207
37 - 48 months	16,348
48 - 60 months	2,234
<b>Total</b>	<b>\$ 214,673</b>

**AMERICAN CANCER SOCIETY, INC.  
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**2. Liquidity considerations, continued**

**Operating leases**

We maintain a physical presence in a significant number of communities we serve across the country and many of these locations are subject to operating lease agreements. Additionally, telecommunication systems related to our National Cancer Information Center are leased. Some of these leases are subject to payment escalations and expire on various dates through 2022. Our future minimum annual lease payments under leases with terms that are not cancellable are as follows as of August 31, 2012:

Payable in the next:

12 months	\$	22,413
13 - 24 months		21,813
25 - 36 months		19,120
37 - 48 months		16,079
48 - 60 months		12,379
Thereafter		44,122
<b>Total</b>	<b>\$</b>	<b>135,926</b>

**Debt**

We have financed certain properties based on market conditions and cash flow needs at the time of financing. Our outstanding debt as of August 31, 2012 and 2011 is as follows:

Type	Issuer	Maturity Date	Interest rate	August 31,		Collateral
				2012 Balance	2011 Balance	
Industrial Revenue Bonds	New York City Industrial Development Agency	2037	4.75% fixed	\$ 41,395	\$ 43,008	New York City Hope Lodge; net book value of \$37,394 and \$38,904, as of August 31, 2012 and 2011, respectively
Industrial Revenue Bonds	Various	Various Until 2037	0.22% to 4.75% variable	7,070	16,985	Certificates of deposit, property and letters of credit, which expire at various dates through 2014
Notes Payable	Various	Various	2% to 5.75%	3,438	5,000	Not Applicable
<b>Total</b>				<b>\$ 51,903</b>	<b>\$ 64,993</b>	

**AMERICAN CANCER SOCIETY, INC.  
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**2. Liquidity considerations, continued**

**Debt, continued**

Our future principal payments are as follows:

Payable in the next:

12 months	\$ 1,493
13 - 24 months	1,567
25 - 36 months	2,700
37 - 48 months	1,741
48 - 60 months	2,835
Thereafter	41,567
Total	<u>\$ 51,903</u>

**Retirement funding**

We have a variety of retirement benefit strategies that cover nearly all of our employees. We sponsor a defined benefit pension plan through which we provide benefits that are based on years of service and certain averages of compensation. We fund the plan on a quarterly basis based on estimates of annual funding levels stated by pension requirements, which are enforced by regulatory agencies. In general, these requirements stipulate that our plan be funded at a level of 60% to continue to pay full benefits to retired individuals. As of January 1, 2012, the plan was funded at 100%, based on regulatory funding levels. We anticipate the funding percentage to decrease as the relief provisions provided by the Moving Ahead for Progress in the 21<sup>st</sup> Century Act expire over the next few years.

We also sponsor a defined contribution plan with benefits based on individual employee salary deferrals and a related matching amount by the Society, subject to a maximum. Our matching amounts totaled \$5,952 and \$4,963 in 2012 and 2011, respectively. We sponsor a supplemental executive retirement plan as well for certain employees whose income exceeds the maximum income that can be considered under the defined benefit pension plan. We have segregated short-term investments sufficient for payment of benefits under this plan.

In addition, we have an unfunded postretirement benefit plan for post-retirement medical, dental, and life insurance coverage for certain employees hired prior to 1995, subject to deductibles, co-payment provisions, and other limitations. We paid \$2,534 and \$2,896 for these benefits from our general assets during 2012 and 2011, respectively.

We expect to contribute approximately \$27,108 to all of our plans over the next 12 months.

**Receivables**

As of August 31, 2012 and 2011, we expect future cash receipts from unconditional pledges and grants receivable of \$21,919 and \$27,624, respectively, the majority of which is due in one year or less.

**AMERICAN CANCER SOCIETY, INC.  
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**3. Contributed services, merchandise, and other in-kind contributions**

We recorded contributed services related to the communication of mission program and fund-raising messages through various media. We also have valued and recorded contributed services provided by scientific peer reviewers for the extramural research grant process. In addition, we received cosmetic kits that were donated by the Personal Care Products Council for use in the Look Good Feel Better quality of life program and wigs that were donated by Celebrity Signatures International, Inc. We provided the merchandise to patients along with training in the proper application of cosmetics and wigs. Moreover, we received in-kind contributions of advertising production, magazine space, public service announcements, and in-store advertising materials from various retail and professional organizations.

Total contributed services, merchandise, and other in-kind contributions in 2012 and 2011 are as follows:

	<u>2012</u>	<u>2011</u>
Media communication and production services	\$ 3,107	\$ 6,815
Peer review services (approximately 26,458 and 25,223 hours, respectively)	2,100	1,861
Cars for a Cure® and Discovery Shops	20,675	20,616
Cosmetic kits and wigs	19,307	15,758
Other in-kind contributions	5,866	5,528
Total contributed services, merchandise, and other in-kind contributions at fair value	<u>\$ 51,055</u>	<u>\$ 50,578</u>

**AMERICAN CANCER SOCIETY, INC.  
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**OTHER REQUIRED DISCLOSURES**

**4. Principles of consolidation and accounting policies**

**Principles of consolidation**

Our consolidated financial statements include the accounts of the American Cancer Society, Inc. (the "National Home Office"), the American Cancer Society Cancer Action Network ("ACS CAN"), and our 12 chartered Divisions (the "Divisions"), which are separately incorporated. All significant intra-Society accounts and transactions have been eliminated in consolidation.

Consistent with our mission, we (including the National Home Office and our chartered Divisions) have received a determination letter from the Internal Revenue Service that indicates we are exempt from income tax under Section 501(a) of the U.S. Internal Revenue Code as an organization described in section 501(c)(3). ACS CAN has received a determination letter from the Internal Revenue Service that it is exempt from income tax under Section 501(a) of the U.S. Internal Revenue Code as an organization described in section 501(c)(4).

On September 1, 2012, the National Home Office and the Divisions merged leaving the American Cancer Society, Inc. as the sole surviving entity. In addition, the Society changed its fiscal year-end to December 31, effective with the period ending December 31, 2012.

**Accounting for contributions**

Contributions are recognized when an unconditional promise to give is made or when cash is received, if an unconditional promise does not exist. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or are restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support. Unconditional promises to give without a stipulated due date are classified as unrestricted net assets.

A donor restriction is satisfied when a stipulated time restriction expires or when a purpose restriction is accomplished. Upon satisfaction of the restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of activities as use of amounts restricted by donors for a specified purpose or time. Temporarily restricted contributions received in the same year in which the restrictions are met are recorded as an increase to temporarily restricted support at the time of receipt and as net assets released from restrictions.

The principal from permanently restricted gifts is classified as permanently restricted net assets. Income on those assets, not permanently restricted by the donor, is classified as temporarily restricted (if restricted by the donor or relevant law) or unrestricted revenue.

Contributed merchandise and other in-kind contributions, including merchandise remaining in inventory at year end, are reported as contributions at their estimated fair values when received or when an unconditional promise to give has been made. We do not imply time restrictions on contributions of long-lived assets (or of other assets restricted to the purchase of long-lived assets) received without donor stipulations about how long the contributed assets must be used. As a result, contributions of cash and other assets restricted to the acquisition of long-lived assets are reported as temporarily restricted revenue that increase temporarily restricted net assets; those restrictions expire when we place those long-lived assets in service.

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**4. Principles of consolidation and accounting policies, continued**

**Planned gifts (bequests, beneficial interests in trusts and gift annuities)**

We are the beneficiary of planned gifts under bequests, other testamentary documents, trusts, and similar deferred contributions. The assets from a bequest or a contribution may be given directly to us, or may be put in the care of a trustee, with the Society being designated as having a full or partial beneficial interest in the trust ("BIT"). Certain gifts are considered split-interest agreements whereby we receive benefits that are shared, or split, with either the donor or third-party beneficiaries.

Both deceased donors, through a will, and living donors may restrict their gift to a specified purpose or geographic area (i.e., a purpose restriction), or defer their gift through use of a nonperpetual trust (i.e., a time restriction), or both. Such gifts are reported as temporarily restricted public support. Gifts also may be permanently restricted under a perpetual trust. See below for a further description of nonperpetual and perpetual trusts.

**Bequests receivable**

Direct gifts of assets are recorded at their estimated fair value as public support (bequest or contribution revenue) when we have received an unconditional promise to give. Subsequent adjustments to the fair value are recognized as public support consistent with the initial recording of the gift. We consider a bequest unconditional when the probate court declares the testamentary instrument valid and the proceeds are measurable.

**Beneficial interests in trusts**

Nonperpetual BIT's are initially recognized as temporarily restricted public support (bequest or contribution revenue, depending upon the initial source of the gift) at fair value, based on our interest in the fair value of the underlying trust assets at the time of the gift. Any subsequent adjustments to the nonperpetual BIT's are recorded as a change in value of split-interest agreements.

Perpetual trusts are initially recorded as permanently restricted public support (bequest or contribution revenue, depending on the initial source of the gift) at fair value, based on our interest in the fair value of the underlying trust assets at the time of the gift. Subsequent changes to the trust's fair value are reported as permanently restricted net unrealized gains or losses on perpetual trusts. Income received from the trusts is reported as temporarily restricted or unrestricted investment income, depending on the existence or absence of donor-imposed restrictions. The management of the assets within the various trusts, including purchase and sale decisions, is performed by the respective trustee and we have no ability to control or influence these decisions. Distributions from these trusts are based on the terms of the underlying trust agreement that generally require that investment income be distributed on at least an annual basis.



**AMERICAN CANCER SOCIETY, INC.  
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**4. Principles of consolidation and accounting policies, continued**

**Planned gifts (bequests, beneficial interests in trusts and gift annuities), continued**

**Gift annuities**

Gift annuities require an annuity to be paid to the donor or the donor's beneficiary, funded by the donated assets, over a designated period of time or the beneficiary's lifetime, with the remainder becoming a gift to us. The liability is recorded based on the terms of the gift, and the difference between the present value of the estimated liability and the fair value of the gift is recognized as revenue at the time of the gift. Sufficient assets are maintained to meet the annuity requirements stipulated by the various state laws. We are required to hold reserves related to our gift annuity program based on the laws in certain states in which we solicit these gifts. Such reserves totaled \$9,169 and \$9,507 at August 31, 2012 and 2011, respectively.

We also may be the beneficiary of interests in trusts and other assets in situations where we have not been notified of our interest, our interest may be conditional or revocable, or the value of our interest may not be readily ascertainable. In such circumstances, no revenue has been recorded.

**Research and other program grants and grants payable**

We record the minimum amount we will pay under research grants when the grant is approved. Grants which are payable beyond one year are reported at the present value of our estimated future payment and have been discounted at rates ranging from 0.85% to 6.25%, which is commensurate with the risks involved with the ultimate payment of these grants at the time the obligation is incurred. The discount is amortized using an effective yield over the expected life of the grants and is reported in mission program services expense.

**Contributed services**

A substantial number of volunteers have made significant contributions of their time to our mission program and mission support services. The value of this contributed time is not reflected in our consolidated financial statements if it does not require a specialized skill. However, certain other contributed services that require specialized skills were provided as a donation by volunteers possessing those skills, and would otherwise need to be purchased. These services are recognized as revenue and expense.

**Grant revenue**

Grant revenue on cost-reimbursement grants is recognized when we incur the mission program expenses. At that time, we recognize revenue and a receivable from the granting agency. These grant programs are subject to independent audit under the Office of Management and Budget Circular A-133 and review by grantor agencies. These audits and reviews could result in the disallowance of expenditures under the terms of the grant or reductions of future grant funds. Based on prior experience, we believe that any costs ultimately disallowed, would not materially affect our consolidated financial position.

**Advertising costs**

Our advertising costs are expensed as incurred and were \$45,000 and \$26,308 in 2012 and 2011, respectively.

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**4. Principles of consolidation and accounting policies, continued**

**Pledges receivable**

Pledges receivable that are expected to be collected within one year are recorded at net realizable value. Pledges receivable that are expected to be collected in future years are recorded at the present value of the estimated future cash flows. Pledges receivable, which are recorded in receivables, net in the accompanying consolidated balance sheets, have been discounted at rates ranging from 1.50% to 5.25%, which are commensurate with the risks involved with the ultimate payment of the pledge receivable at the time the pledge is made. The discount is amortized using an effective yield over the expected life of the pledges receivable and is reflected as contribution revenue.

**Cash and cash equivalents**

We consider all highly liquid investments with an original maturity of three months or less, when purchased, to be cash equivalents - with the exception of cash held for reinvestment - which is included in short-term investments, gift annuity investments, and long-term investments, as appropriate.

**Fixed assets, depreciation**

Our land, buildings and leasehold improvements, furniture, fixtures, equipment, computer software, and other capitalized assets are recorded at cost. Contributions of long-lived assets are recorded at the estimated fair value at the date we receive them and are reported as unrestricted support, unless their use is restricted by a donor. If donors contribute long-lived assets with stipulations as to how long the assets must be used or with any other restrictions, we report those contributions as temporarily restricted support.

Depreciation expense is recognized on a straight-line basis over the estimated useful lives of the assets, as follows:

Buildings	20 to 40 years
Leasehold improvements	Lesser of term of the lease or estimated life of the improvement
Furniture, fixtures, equipment, computer software, and other capitalized assets	3 to 10 years
Equipment under capital leases	Lesser of the term of the lease or estimated life of the equipment

**Estimates**

The preparation of our financial statements in conformity with accounting principles generally accepted in the United States requires us to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenditures during the reporting period. Actual results may differ from those estimates.

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**4. Principles of consolidation and accounting policies, continued**

**Reclassifications**

We made reclassifications to certain prior year amounts to make them consistent with the current year presentation.

Prior year accounts payable and accrued expenses and cash and cash equivalents have been adjusted by \$4,881 to properly reflect our bank overdrafts. These reclassifications had no impact on change in net assets.

**New accounting pronouncements**

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements*. This ASU requires new disclosures and clarifies certain existing disclosure requirements about fair value measurements. ASU 2010-06 requires a reporting entity to disclose significant transfers in and out of Level 1 and Level 2 fair value measurements, to describe the reasons for the transfers and to present separately information about purchases, sales, issuances and settlements for fair value measurements using significant unobservable inputs. ASU 2010-06 was effective for the year ended August 31, 2011, except for the disclosures about purchases, sales, issuances and settlements in the roll forward of activity in Level 3 fair value measurements, which is effective for the year ended August 31, 2012.

In May 2011, FASB issued ASU 2011-04, *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS's*. This ASU changes the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. FASB does not intend for this ASU to change the application of the requirements in Topic 820. ASU 2011-04 is effective for the year ended August 31, 2013. We are currently evaluating the effect that the adoption of ASU 2011-04 will have on its consolidated financial statements.

**5. Activities with joint costs**

In 2012 and 2011, we incurred expenses to conduct activities that had both fundraising appeals as well as mission program, and management and general components (joint activities). Those joint activities included direct mail, telecommunications, and other constituent relationship activities. Our costs of conducting those joint activities were allocated as follows:

	2012	2011
Research	\$ 357	\$ 367
Prevention	44,788	31,989
Detection/treatment	24,529	23,014
Patient support	52,699	41,679
Management and general	8,892	7,815
Fundraising	78,906	70,320
Total	\$ 210,171	\$ 175,184

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**6. Exchange transactions**

Exchange transactions are reciprocal transfers in which each party receives and sacrifices something of equal value, as opposed to a nonreciprocal transaction (i.e., a contribution), in which a donor provides resources to support our mission and expects to receive nothing of direct value in exchange. Costs of exchange transactions that benefit the recipient of the exchange and are not directly related to our mission are reported as exchange expenses. Costs related to exchange transactions that directly benefit or support our mission are reported in mission program or supporting services expenses.

Exchange transaction income and expenses are netted and included in other revenue and are as follows in 2012 and 2011:

	Exchange Income		Exchange Expenses	
	2012	2011	2012	2011
Special events	\$ 60,060	\$ 57,498	\$ 59,895	\$ 57,403
Discovery Shop	20,665	19,863	32,920	31,732
Sales to third parties	8,086	10,068	66	1,802
Other	5,079	5,212	748	1,353
	<u>\$ 93,890</u>	<u>\$ 92,641</u>	<u>\$ 93,629</u>	<u>\$ 92,290</u>

As shown in the table above, we conduct special events in which a portion of the gross proceeds paid by the participant represents payment for the direct cost of the benefits received by the participant at the event. Unless a verifiable, objective means exists to demonstrate otherwise, the fair value of meals and entertainment provided at special events is measured at our actual cost. The direct costs of the special events that ultimately benefit the donor, rather than us, are recorded as exchange transaction income and exchange transaction expense. All proceeds received by us in excess of the direct costs are recorded as special events revenue in our consolidated statements of activities.

**7. Fixed assets and rental expense**

Our fixed assets are as follows as of August 31:

	2012	2011
Land	\$ 38,954	\$ 37,594
Buildings and leasehold improvements	381,582	379,353
Furniture, fixtures, equipment, and other capitalized assets	96,671	86,643
Computer software	56,251	62,472
Construction in progress	6,502	4,075
Less: accumulated depreciation and amortization	(261,734)	(242,124)
Net fixed assets	<u>\$ 318,226</u>	<u>\$ 328,013</u>

Depreciation expense including expenses on assets used in exchange transactions in 2012 and 2011 was approximately \$18,797 and \$19,852, respectively.

Rental expense under operating leases was \$28,297 and \$28,723 in 2012 and 2011, respectively.

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**8. Fair value**

**Fair value of financial instruments**

Our financial instruments consist of cash and cash equivalents, short-term investments, securities lent under the securities lending program, collateral received under securities lending program, receivables, gift annuity investments, long-term investments, bequests receivable, beneficial interests in trusts, research and other program grants payable, accounts payable and accrued expenses, gift annuity obligations, and debt. Receivables, bequests receivable, and research and other program grants payable are recorded at their net realizable value, which approximates fair value. Short-term investments, securities lent under the securities lending program, collateral received under securities lending program, long-term investments, beneficial interest in trusts, and gift annuity investments and the related obligations are recorded at their fair values. The carrying value of all other financial instruments approximates fair value.

**Fair value measurement**

The three levels of the fair value hierarchy are described as follows:

**Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that we have the ability to access.

**Level 2** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; or
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for a substantial portion of the full term of the asset or liability.

**Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The significance of transfers between levels was evaluated based upon the nature of the financial instrument and size of the transfer relative to total net assets. For the years ended August 31, 2012 and 2011, there were no significant transfers in or out of Levels 1, 2, or 3.

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**8. Fair value, continued**

**Fair value measurement, continued**

Following is a description of the valuation methods we used for assets and liabilities measured at fair value. There have been no changes in the valuation methods.

Money market funds are principally valued at the regular trading session closing price on the exchange or market in which such funds are principally traded, on the last business day of each period presented, using the market approach.

Time deposits are recorded based on their carrying value, which approximates fair value.

United States government and government agency obligations are valued on the basis of evaluated prices provided by independent pricing services when such processes are believed to reflect the fair market value of such securities using the income approach.

Corporate bonds, commercial paper, and other short-term investments are valued on the basis of evaluated prices provided by independent pricing services, when such processes are believed to reflect the fair value of such securities, using the income approach.

Equities, including securities listed on national and international exchanges, are principally valued at the regular trading session closing price on the exchange or market in which such securities are principally traded, on the last business day of each period presented, using the market approach.

Investments in common collective trusts are generally valued using the market approach, on the basis of the relative interest of each participating investor (including each participant), in the fair value of the underlying net assets of each of the respective common collective trusts.

Collateral received under the securities lending program is recorded at fair value using the market approach on the basis of the relative interests of each participating investor (including each participant) in the fair value of the underlying net assets of the collateral trust.

Nonperpetual trusts are recorded at their estimated fair value based on the present value of our estimated future cash receipts from the trust. Future cash receipts are based on an income approach (present value techniques) using internally developed models. Assumptions are made regarding the expected rate of return on the investments in the trust, the discount rate, and the expected mortality of the individual(s) if the termination of the agreement is dependent on life expectancy. An expected rate of return on the investments in the trusts is estimated using historical investment returns for various relevant market indices for the estimated asset allocation of the nonperpetual trusts. In fiscal years 2012 and 2011, based on then-current financial market conditions, we estimated the present value of nonperpetual trusts using an investment return rate (net of trustee fees and other expenses) of 7.40% and 6.25%, respectively, for both years, and a discount rate of 7.40% and 5.25%, respectively, commensurate with the risks involved. The expected mortality is estimated using the Annuity 2000 tables. Each of these calculations is based on the fair value of the underlying assets of the trust. As trust statements are not received as of August 31 for each trust, the fair value, as of various dates, of the underlying assets is adjusted based on changes in the relevant market indices from the date of the trustee statement to year-end that correlate to the estimated asset allocation of the underlying assets. As the fair value of these trusts is derived from internal estimates of the present value of our interest in the underlying assets, incorporating market data when available, the amounts ultimately received could differ from the amounts reflected in the historical financial statements.

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**8. Fair value, continued**

**Fair value measurement, continued**

Perpetual trusts are recorded at fair value based on our interest in the fair value of the underlying trust assets. As trust statements are not received as of August 31 for each trust, the most recent fair value of the underlying assets is adjusted based on changes in the relevant market indices from the date of the trustee statement to year-end that correlate to the estimated asset allocation of the underlying assets.

Our gift annuity obligation is recorded at fair value based on Level 3 inputs and other relevant market data. In 2012 and 2011, the assumptions used in the valuation of the annuity liability include mortality in accordance with the Annuity 2000 Table and a discount rate of 2.75% and 5.00% for all annuities for fiscal year 2012 and 2011, respectively, compounded annually, net of expenses. These rates are commensurate with the risks associated with the ultimate payment of the obligation. We have elected fair value accounting for our gift annuity obligations.

The preceding valuation methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while we believe our valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, our assets and liabilities measured on a recurring basis as of August 31, 2012 and 2011. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

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**8. Fair value, continued**

Assets	Financial assets and liabilities measured at fair value as of August 31, 2012			
	Level 1	Level 2	Level 3	Total
<b>Short-term investments, at fair value</b>				
Money market funds	\$233,755	\$ 3,502	\$ -	\$237,257
Time deposits	3,313	-	-	3,313
Corporate bonds	-	133,168	-	133,168
U.S. government and government agency and obligations	-	91,226	-	91,226
Commercial paper and other short-term investments				
Mortgage backed	-	9,492	-	9,492
Asset backed	-	56,178	-	56,178
Short-term investments	-	1,664	-	1,664
Equities				
Domestic	1,266	-	228	1,494
International	471	-	-	471
Common collective trusts	-	-	25	25
Other	-	322	-	322
Total short-term investments, at fair value	<u>\$238,805</u>	<u>\$295,552</u>	<u>\$ 253</u>	<u>\$534,610</u>
<b>Securities lent under securities lending program</b>				
Corporate bonds	\$ -	\$ 1,370	\$ -	\$ 1,370
Total securities lent under securities lending program	<u>\$ -</u>	<u>\$ 1,370</u>	<u>\$ -</u>	<u>\$ 1,370</u>
<b>Collateral received under securities lending program</b>				
	<u>\$ -</u>	<u>\$ 1,399</u>	<u>\$ -</u>	<u>\$ 1,399</u>
<b>Gift annuity investments, at fair value</b>				
Money market funds	\$ 1,313	\$ -	\$ -	\$ 1,313
Corporate bonds	-	6,662	-	6,662
U.S. government and government agency obligations	6,300	8,161	-	14,461
Equities				
Common collective trusts	-	13,975	-	13,975
Other	-	-	854	854
Total gift annuity investments, at fair value	<u>\$ 7,613</u>	<u>\$ 28,798</u>	<u>\$ 854</u>	<u>\$ 37,265</u>
<b>Long-term investments, at fair value</b>				
Money market funds	\$ 1,268	\$ 14,470	\$ -	\$ 15,738
Corporate bonds	-	67,853	-	67,853
U.S. government and government agency and obligations	-	172,921	-	172,921
Commercial paper and other short-term investments				
Mortgage backed	-	33,741	-	33,741
Asset backed	-	6,359	-	6,359
Short-term investments	10	-	-	10
Equities				
Domestic	53,864	-	-	53,864
International	64,673	-	-	64,673
Common collective trusts	-	142,101	-	142,101
Other	25,640	70	860	26,570
Total long-term investments, at fair value	<u>\$145,455</u>	<u>\$437,515</u>	<u>\$ 860</u>	<u>\$583,830</u>
<b>Beneficial interests in trusts</b>				
	<u>\$ -</u>	<u>\$ -</u>	<u>\$267,450</u>	<u>\$267,450</u>
<b>Liabilities</b>				
<b>Gift annuity obligations</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 28,095</u>	<u>\$ 28,095</u>



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**8. Fair value, continued**

Assets	Financial assets and liabilities measured at fair value as of August 31, 2011			
	Level 1	Level 2	Level 3	Total
<b>Short-term investments, at fair value</b>				
Money market funds	\$347,363	\$ 15,995	\$ -	\$363,358
Time deposits	11,167	97	-	11,264
Corporate bonds	232	248,223	-	248,455
U.S. government and government agency and obligations	64,701	150,085	-	214,786
Commercial paper and other short-term investments			-	
Mortgage backed	-	8,157	-	8,157
Asset backed	-	51,794	-	51,794
Short-term investments	5,385	2,971	-	8,356
Equities				
Domestic	13,850	-	235	14,085
International	1,069	-	-	1,069
Common collective trusts	383	27,523	27	27,933
Other	7,418	1,289	1,055	9,762
Total short-term investments, at fair value	<u>\$451,568</u>	<u>\$506,134</u>	<u>\$ 1,317</u>	<u>\$959,019</u>
<b>Securities lent under securities lending program</b>				
Corporate bonds	\$ -	\$ 15,899	\$ -	\$ 15,899
U.S. government and government agency obligations	-	1,674	-	1,674
Total securities lent under securities lending program	<u>\$ -</u>	<u>\$ 17,573</u>	<u>\$ -</u>	<u>\$ 17,573</u>
<b>Collateral received under securities lending program</b>	<u>\$ -</u>	<u>\$ 17,927</u>	<u>\$ -</u>	<u>\$ 17,927</u>
<b>Gift annuity investments, at fair value</b>				
Money market funds	\$ 1,694	\$ -	\$ -	\$ 1,694
Corporate bonds	-	6,127	-	6,127
U.S. government and government agency obligations	6,229	6,781	-	13,010
Equities				
Common collective trusts	-	13,330	-	13,330
Other	-	-	785	785
Total gift annuity investments, at fair value	<u>\$ 7,923</u>	<u>\$ 26,238</u>	<u>\$ 785</u>	<u>\$ 34,946</u>
<b>Long-term investments, at fair value</b>				
Money market funds	\$ 245	\$ 426	\$ -	\$ 671
Time deposits	97	-	-	97
Corporate bonds	2,237	5,655	-	7,892
U.S. government and government agency and obligations	3,781	21,332	-	25,113
Commercial paper and other short-term investments				
Mortgage backed	209	197	-	406
Short-term investments	5,400	-	-	5,400
Equities				
Domestic	47,283	34	-	47,317
International	1,221	-	-	1,221
Common collective trusts	-	12,402	-	12,402
Other	1,497	-	204	1,701
Total long-term investments, at fair value	<u>\$ 61,970</u>	<u>\$ 40,046</u>	<u>\$ 204</u>	<u>\$102,220</u>
<b>Beneficial interests in trusts</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$294,668</u>	<u>\$294,668</u>
<b>Liabilities</b>				
<b>Gift annuity obligations</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,439</u>	<u>\$ 25,439</u>

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**8. Fair value, continued**

The tables below set forth a summary of changes in the fair value of our Level 3 financial assets and liabilities measured on a recurring basis for the years ended August 31, 2012 and 2011:

<b>August 31, 2012</b>	<b>Equities</b>	<b>Other</b>	<b>Beneficial interest in trusts</b>	<b>Gift annuity obligation</b>
Balance, beginning of year	\$ 262	\$ 2,044	\$ 294,668	\$ 25,439
Realized and unrealized losses	(5)	-	(6,677)	-
Settlements	(4)	(330)	(20,541)	2,656
Balance, end of year	<u>\$ 253</u>	<u>\$ 1,714</u>	<u>\$ 267,450</u>	<u>\$ 28,095</u>

<b>August 31, 2011</b>	<b>Equities</b>	<b>Other</b>	<b>Beneficial interest in trusts</b>	<b>Gift annuity obligation</b>
Balance, beginning of year	\$ 283	\$ 2,116	\$ 284,980	\$ 25,926
Realized and unrealized gains	10	-	14,753	-
Purchases, sales, issuances, and settlements (net)	(31)	(72)	(5,065)	(487)
Balance, end of year	<u>\$ 262</u>	<u>\$ 2,044</u>	<u>\$ 294,668</u>	<u>\$ 25,439</u>

The unrealized gains and losses are included in the investment income (loss) in the accompanying consolidated statements of activities and are related to assets still held at August 31, 2012 and 2011, respectively.

The following tables set forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of August 31, 2012 and 2011:

<b>Investment type</b>	<b>August 31, 2012</b>	
	<b>Fair value</b>	<b>Unfunded commitments</b>
Index non-lending common/collective trust fund	\$ 156,101	\$ -
Money market fund	17,972	-
Total	<u>\$ 174,073</u>	<u>\$ -</u>

<b>Investment type</b>	<b>August 31, 2011</b>	
	<b>Fair value</b>	<b>Unfunded commitments</b>
Index non-lending common/collective trust fund	\$ 53,665	\$ -
Money market fund	16,421	-
Total	<u>\$ 70,086</u>	<u>\$ -</u>

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**8. Fair value, continued**

The amount of the index non-lending fund includes two funds - the State Street Global Advisor Fund and the Colchester Global Bond Fund. The State Street Global Advisor Fund is composed mainly of common stocks in various business sectors. The fair values of the investments are based on the current market prices or quotations readily available on the day of valuation. Requests for common stock redemption may be made on each business day based upon the net asset value per unit and the closing market value on the valuation date of the investments bought or sold. The fund's investment objective is to approximate as closely as practicable, before expenses, the performance of the Standard & Poor's 500® Tobacco Free over the long term. The Colchester Global Bond Fund is composed of various foreign fixed income securities, and the fair values of the investments are based on quotations from the primary market in which they are traded and are translated at each valuation date from the local currency into U.S. dollars using the prevailing exchange

The money market fund is mainly composed of domestic and foreign money market securities, U.S. government securities, certificates of deposit, repurchase agreements, and commercial paper. The fair values of the investments within the fund are based on the current market prices or quotations readily available on the day of valuation. The per-unit net asset value of the fund is determined at the end of each month. Requests for redemption may be made on each business day based upon the net asset value per unit determined at the close of each day the New York Stock Exchange opens for regular trading and must be made at least 10 days prior to month-end. The fund's investment objective seeks to maximize current income, to the extent consistent with the preservation of capital and liquidity and the maintenance of a stable \$1.00 per share net asset value.

**9. Endowment**

**Interpretation of relevant law**

We have interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, we classify as permanently restricted net assets: (a) the original value of gifts to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until the donor-stipulated purpose has been fulfilled and/or the required time period has elapsed, and we have appropriated those amounts for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

During fiscal year 2011, we completed our adoption of the provisions of UPMIFA, which resulted in a reclassification adjustment to net assets of \$819.

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**9. Endowment, continued**

The following represents the changes in endowments in 2012 and 2011:

<b>Endowment net assets at the beginning of fiscal year 2011</b>	<b>Pre-Adoption of ASC 958-205-45-13 Balance</b>	<b>Post-Adoption of ASC 958-205-45-13 Balance</b>	<b>Reclassification Adjustment</b>
Permanently restricted	\$ 72,312	\$ 72,312	\$ -
Temporarily restricted	9,856	10,675	(819)
Unrestricted	1,447	628	819
<b>Total</b>	<b>\$ 83,615</b>	<b>\$ 83,615</b>	<b>\$ -</b>

Endowment assets are included in long-term investments, at fair value, on the balance sheets.

<b>Endowment net asset composition by type of fund as of August 31, 2012 is as follows:</b>	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Donor-restricted endowment funds	\$ (267)	\$ 16,228	\$ 82,387	\$ 98,348
<b>Changes in endowments for the year ended August 31, 2012</b>				
Endowment net assets at August 31, 2011	\$ (995)	\$ 14,068	\$ 77,033	\$ 90,106
Investment income	3	1,422	3	1,428
Net appreciation (realized and unrealized)	308	2,581	114	3,003
Contributions	-	-	5,207	5,207
Reclassification of restrictions	452	885	62	1,399
Appropriation of endowment assets for expenditure	(35)	(2,728)	(32)	(2,795)
<b>Endowment net assets at August 31, 2012</b>	<b>\$ (267)</b>	<b>\$ 16,228</b>	<b>\$ 82,387</b>	<b>\$ 98,348</b>

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**9. Endowment, continued**

Endowment net asset composition by type of fund as of August 31, 2011 is as follows:	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ (995)	\$ 14,068	\$ 77,033	\$ 90,106
<b>Changes in endowments for the year ended August 31, 2011</b>				
Endowment net assets at August 31, 2010	\$ 1,447	\$ 9,856	\$ 72,312	\$ 83,615
Investment income	170	1,219	-	1,389
Net depreciation (realized and unrealized)	243	4,846	451	5,540
Contributions	-	-	4,039	4,039
Reclassification of restrictions	(811)	115	231	(465)
Appropriation of endowment assets for expenditure	(2,044)	(1,968)	-	(4,012)
Endowment net assets at August 31, 2011	<u>\$ (995)</u>	<u>\$ 14,068</u>	<u>\$ 77,033</u>	<u>\$ 90,106</u>

**Funds with deficiencies**

From time to time, due to adverse market conditions, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or relevant law requires us to retain as a fund of perpetual duration. Deficiencies of this nature are reported in temporarily restricted net assets, to the extent there are accumulated gains available to absorb such loss, or otherwise in unrestricted net assets. Deficiencies of this nature that are reported in unrestricted net assets were \$267 and \$995 as of August 31, 2012 and 2011, respectively. These deficiencies resulted from unfavorable market fluctuations that occurred after the investment of new contributions and continued appropriation for certain programs that we deemed prudent. Subsequent gains that restore the fair value of the assets of the endowment fund up to the required level will be classified as an increase in unrestricted net assets.

**Return objectives and risk parameters**

We have adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment, while seeking to maintain the purchasing power of the endowment assets. Under this policy, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of relevant market indices while assuming a moderate level of investment risk.

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AND AFFILIATED ENTITIES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2012 AND 2011  
(Dollars in thousands)**

**9. Endowment, continued**

**Spending policy**

Unless the donor has specified otherwise, 4%-5% (based on the policy of the respective division) of the fair value of an endowment is available for spending each year, to the extent of a permanently restricted endowment's cumulative undistributed earnings. In addition, the difference between the actual total return each year and the spending percentage is charged or credited to unrestricted or temporarily restricted net assets (depending on the donor's instructions regarding the use of investment income or relevant law). We believe a spending policy is necessary to carry out the statutorily prescribed standard of ordinary business care and prudence and uses a spending rate of 4%-5% in order to maintain the purchasing power of the endowment. Endowment assets at August 31, 2012 consist of:

	<u>Percent of Fair Value</u>	<u>Target Range</u>
Equity securities	50%	46-68%
Debt securities	45%	38-48%
Cash and cash equivalents	5%	1-7%
	<u>100%</u>	

**10. Employee retirement benefit plans**

We maintain a noncontributory defined benefit pension plan (the "Plan") that covers nearly all of our employees. The current strategic mix for the Plan's assets is a blended exposure to equity and debt market risk. The Plan employs an active management strategy that has historically generated returns in excess of established benchmarks and places greater emphasis on manager skills to produce excess return while employing various risk mitigation strategies to reduce volatility. The Plan's assets at August 31 consist of:

	<u>Percent of Fair Value</u>		<u>Target Range</u>
	<u>2012</u>	<u>2011</u>	
Equity securities	62%	60%	54-75%
Debt securities	37%	36%	25-42%
Cash and cash equivalents	1%	4%	0-10%
	<u>100%</u>	<u>100%</u>	

We employ a "building block approach" in determining the long-term rate of return for plan assets. Historical markets are studied and long-term historical relationships between equities and debt are preserved, consistent with the widely accepted capital market principle that assets with higher volatility generate a greater return over the long run. Current market factors such as inflation and interest rates are evaluated before long-term capital market assumptions are determined. The long-term portfolio return is established with proper consideration of diversification and rebalancing. Peer data and historical returns are reviewed to check for reasonability and appropriateness. While the approach gives appropriate consideration to recent fund performance and historical returns, the assumption is primarily a long-term, prospective rate.

We also maintain a nonqualified and unfunded Supplemental Executive Retirement Plan (SERP) for certain employees whose income exceeds the maximum income that can be considered under the Plan.

We accrue the cost of providing postretirement benefits for medical, dental, and life insurance coverage over the active service period of employees and are amortizing the unrecognized transition obligation over 20 years. Medical trend rates do not apply as the plans are on fixed payment amounts.

**AMERICAN CANCER SOCIETY, INC.  
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**10. Employee retirement benefit plans, continued**

Information related to our Plan, SERP, and postretirement benefit plan at August 31, 2012 and the related changes during the year then ended are as follows:

	<b>Retirement Benefits</b>	<b>Supplemental Retirement Benefits</b>	<b>Total Retirement Benefits</b>	<b>Postretirement Nonpension Benefits</b>
<b>Change in benefit obligation</b>				
Benefit obligation at beginning of year	\$ 591,027	\$ 17,025	\$ 608,052	\$ 54,999
Service cost	26,421	623	27,044	384
Interest cost	28,561	832	29,393	2,549
Amendments	58	191	249	458
Actuarial loss	120,805	2,929	123,734	4,515
Benefits paid	(34,161)	(2,172)	(36,333)	(2,534)
<b>Benefit obligation at end of year</b>	<b>\$ 732,711</b>	<b>\$ 19,428</b>	<b>\$ 752,139</b>	<b>\$ 60,371</b>
<b>Change in plan assets</b>				
Fair value of plan assets at beginning of year	\$ 416,927	\$ -	\$ 416,927	\$ -
Actual expenses paid	(1,360)	-	(1,360)	-
Actual return on plan assets	40,224	-	40,224	-
Employer contributions	30,000	2,172	32,172	2,534
Benefits paid	(34,161)	(2,172)	(36,333)	(2,534)
<b>Fair value of plan assets at end of year</b>	<b>\$ 451,630</b>	<b>\$ -</b>	<b>\$ 451,630</b>	<b>\$ -</b>
<b>Funded status and amounts recognized in our consolidated balance sheets in employee retirement benefits</b>				
	<b>\$ (281,081)</b>	<b>\$ (19,428)</b>	<b>\$ (300,509)</b>	<b>\$ (60,371)</b>
<b>Weighted average actuarial assumptions</b>				
Discount rate:				
Net periodic pension cost	4.25%	5.00%	4.75%	5.00%
Benefit obligation	5.00%	4.25%	5.00%	5.00%
Expected return on plan assets	7.25%	N/A	N/A	N/A
Rate of compensation increase	2.00%-10.50%	3.00%-5.00%	0.00%-10.50%	2.00%-10.50%
<b>Changes in plans assets and benefit obligations recognized in unrestricted net assets include:</b>				
Net transition obligation	\$ -	\$ -	\$ -	\$ (717)
Net actuarial loss	91,218	1,400	92,618	5,344
Prior services (credit) cost	(612)	(799)	(1,411)	759
<b>Total recognized as change in unrestricted net assets</b>	<b>\$ 90,606</b>	<b>\$ 601</b>	<b>\$ 91,207</b>	<b>\$ 5,386</b>

**AMERICAN CANCER SOCIETY, INC.  
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**10. Employee retirement benefit plans, continued**

	Retirement Benefits	Supplemental Retirement Benefits	Total Retirement Benefits	Postretirement Nonpension Benefits
<b>Components of net periodic benefit cost:</b>				
Service cost	\$ 26,421	\$ 623	\$ 27,044	\$ 384
Interest cost	28,561	832	29,393	2,549
Expected return on plan assets	(30,950)	-	(30,950)	-
Administrative expenses	1,080	-	1,080	-
Amortization of:				
Unrecognized prior service cost (credit)	669	419	1,088	(176)
Unrecognized actuarial loss (gain)	16,755	(183)	16,572	-
Other	-	602	602	699
Recognized net actuarial loss	-	-	-	659
<b>Net periodic benefit cost</b>	<b>\$ 42,536</b>	<b>\$ 2,293</b>	<b>\$ 44,829</b>	<b>\$ 4,115</b>
Accumulated benefit obligation	\$ 665,907	\$ 13,994	\$ 679,901	\$ -
<b>Estimated future benefits payable in the next:</b>				
12 months	\$ 39,495	\$ 1,964	\$ 41,459	\$ 3,844
13 - 24 months	40,172	2,950	43,122	3,881
25 - 36 months	40,293	3,906	44,199	3,917
37 - 48 months	41,087	3,907	44,994	3,914
48 - 60 months	43,241	1,723	44,964	3,920
Thereafter	228,770	7,328	236,098	19,322

Information related to our Plan, SERP, and postretirement benefit plan at August 31, 2011 and the related changes during the year then ended are as follows:

	Retirement Benefits	Supplemental Retirement Benefits	Total Retirement Benefits	Postretirement Nonpension Benefits
<b>Change in benefit obligation</b>				
Benefit obligation at beginning of year	\$ 589,241	\$ 16,876	\$ 606,117	\$ 57,716
Service cost	28,636	726	29,362	530
Interest cost	26,115	790	26,905	2,673
Plan participant contributions	-	-	-	69
Amendments	-	-	-	577
Actuarial gain	(18,558)	(1,054)	(19,612)	(3,670)
Benefits paid	(34,407)	(313)	(34,720)	(2,896)
<b>Benefit obligation at end of year</b>	<b>\$ 591,027</b>	<b>\$ 17,025</b>	<b>\$ 608,052</b>	<b>\$ 54,999</b>
<b>Change in plan assets</b>				
Fair value of plan assets at beginning of year	\$ 374,721	\$ -	\$ 374,721	\$ -
Actual expenses paid	(1,226)	-	(1,226)	-
Actual return on plan assets	44,383	-	44,383	-
Employer contributions	33,456	313	33,769	2,896
Benefits paid	(34,407)	(313)	(34,720)	(2,896)
<b>Fair value of plan assets at end of year</b>	<b>\$ 416,927</b>	<b>\$ -</b>	<b>\$ 416,927</b>	<b>\$ -</b>



**AMERICAN CANCER SOCIETY, INC.  
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**10. Employee retirement benefit plans, continued**

	<b>Retirement Benefits</b>	<b>Supplemental Retirement Benefits</b>	<b>Total Retirement Benefits</b>	<b>Postretirement Nonpension Benefits</b>
<b>Funded status and amounts recognized in our consolidated balance sheets in employee retirement benefits</b>	<b>\$ (174,100)</b>	<b>\$ (17,025)</b>	<b>\$ (191,125)</b>	<b>\$ (54,999)</b>
<b>Weighted average actuarial assumptions</b>				
Discount rate:				
Net periodic pension cost	4.75%	4.75%	4.75%	5.00%
Benefit obligation	5.00%	5.00%	5.00%	5.00%
Expected return on plan assets	7.50%	N/A	N/A	N/A
Rate of compensation increase	2.00%-10.50%	0.00%-7.00%	0.00%-10.50%	2.00%-10.50%
<b>Changes in plans assets and benefit obligations recognized in unrestricted net assets include:</b>				
Net transition obligation	\$ -	\$ -	\$ -	\$ (734)
Net actuarial gain	(33,109)	(21,383)	(54,492)	(4,857)
Prior services (credit) cost	(669)	(506)	(1,175)	877
<b>Total recognized as change in unrestricted net assets</b>	<b>\$ (33,778)</b>	<b>\$ (21,889)</b>	<b>\$ (55,667)</b>	<b>\$ (4,714)</b>
<b>Components of net periodic benefit cost:</b>				
Service cost	\$ 28,636	\$ 726	\$ 29,362	\$ 530
Interest cost	26,115	790	26,905	2,673
Expected return on plan assets	(28,799)	-	(28,799)	-
Administrative expenses	1,140	-	1,140	-
Amortization of:				
Unrecognized prior service cost	670	505	1,175	(325)
Unrecognized actuarial loss (gain)	22,230	(163)	22,067	-
Other	-	(92)	(92)	698
Recognized net actuarial loss	-	-	-	1,306
<b>Net periodic benefit cost</b>	<b>\$ 49,992</b>	<b>\$ 1,766</b>	<b>\$ 51,758</b>	<b>\$ 4,882</b>
Accumulated benefit obligation	\$ 541,103	\$ 11,605	\$ 552,708	\$ -

We expect to contribute \$23,264 to the Plan and SERP over the next 12 months. We expect to contribute \$3,844 to our postretirement benefit plan over the next 12 months.

Included in unrestricted net assets at August 31, 2012 and 2011 related to our Plan and SERP are the following amounts that we have not yet recognized in net periodic pension cost: unrecognized prior service costs of \$2,920 and \$4,331, respectively, and unrecognized actuarial losses of \$291,709 and \$199,091, respectively. The prior service cost and actuarial losses included in unrestricted net assets related to our Plan and SERP that we expect to recognize in net periodic pension cost over the next 4 months are \$774 and \$27,470, respectively.

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**10. Employee retirement benefit plans, continued**

Included in unrestricted net assets at August 31, 2012 and 2011 related to our postretirement benefit plan are the following amounts that we have not yet recognized in net periodic pension cost: unrecognized transition obligation of \$758 and \$1,475, respectively, unrecognized prior service credit of \$2,439 and \$3,198, respectively, and unrecognized actuarial losses of \$15,696 and \$10,352, respectively. The transition obligation, prior service credit, and actuarial losses included in unrestricted net assets related to our postretirement benefit plan that we expect to recognize in net periodic benefit cost over the next 4 months, are \$716, \$279, and \$1,134, respectively.

Future changes in actual compensation and retirement dates can materially affect both the amount of the benefits ultimately paid and the period over which the related expense is recognized.

The fair value of the Plan's assets at August 31, 2012 and 2011, respectively, by asset category is as follows:

	<b>Financial assets and liabilities measured at fair value on a recurring basis as of August 31, 2012</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 171	\$ -	\$ -	\$ 171
Money market funds	-	12,919	-	12,919
Corporate bonds	-	35,026	-	35,026
U.S. government and government agency obligations	404	52,514	-	52,918
Commercial paper and other short-term investments				
Mortgage backed	-	28,713	-	28,713
Assets backed	-	3,324	-	3,324
Short-term investments	-	37,260	-	37,260
Equity				
Preferred Stock				
Domestic	134,650	-	-	134,650
International	69,179	-	-	69,179
Common collective trusts	-	50,453	-	50,453
Government money fund	4,404	-	-	4,404
Other	22,481	132	-	22,613
Total investment assets, at fair value	<u>\$ 231,289</u>	<u>\$ 220,341</u>	<u>\$ -</u>	<u>\$ 451,630</u>

**AMERICAN CANCER SOCIETY, INC.  
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(Dollars in thousands)**

**10. Employee retirement benefit plans, continued**

	Financial assets and liabilities measured at fair value on a recurring basis as of August 31, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 511	\$ -	\$ -	\$ 511
Money market funds	-	8,891	-	8,891
Corporate bonds	-	48,695	-	48,695
U.S. government and government agency obligations	-	53,756	-	53,756
Commercial paper and other short-term investments				
Mortgage backed	-	32,069	-	32,069
Assets backed	-	3,381	-	3,381
Short-term investments	-	3,732	-	3,732
Equity				
Domestic	176,528	10,812	1,300	188,640
International	4,018	-	-	4,018
Common collective trusts	-	56,639	-	56,639
Government money fund	16,444	-	-	16,444
Other	-	151	-	151
Total investment assets, at fair value	<u>\$ 197,501</u>	<u>\$ 218,126</u>	<u>\$ 1,300</u>	<u>\$ 416,927</u>

The tables below provide a summary of changes in the fair value of the Plan's Level 3 assets for the years ended August 31, 2012 and 2011, respectively:

	2012	2011
Balance, beginning of year	\$ 1,300	\$ 6,023
Realized and unrealized losses	-	181
Sales	-	(4,474)
Settlements	(1,300)	(430)
Balance, end of year	<u>\$ -</u>	<u>\$ 1,300</u>

**11. Commitments and contingencies**

We are a party to legal claims arising in the course of our normal business activities. Although the ultimate outcome of these claims cannot be ascertained at this time, we believe that none of these matters, when resolved, will have a material effect on our consolidated net assets.

**12. Subsequent events**

Management has evaluated the need for disclosures and/or adjustments resulting from subsequent events through February 13, 2013, the date the consolidated financial statements were available to be issued. During this period, there were no subsequent events that required recognition in the consolidated financial statements. Additionally, there were no subsequent events that required disclosure other than the merger of the National Home Office and the Divisions (see Note 4).

Ernst & Young LLP

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**About Ernst & Young**

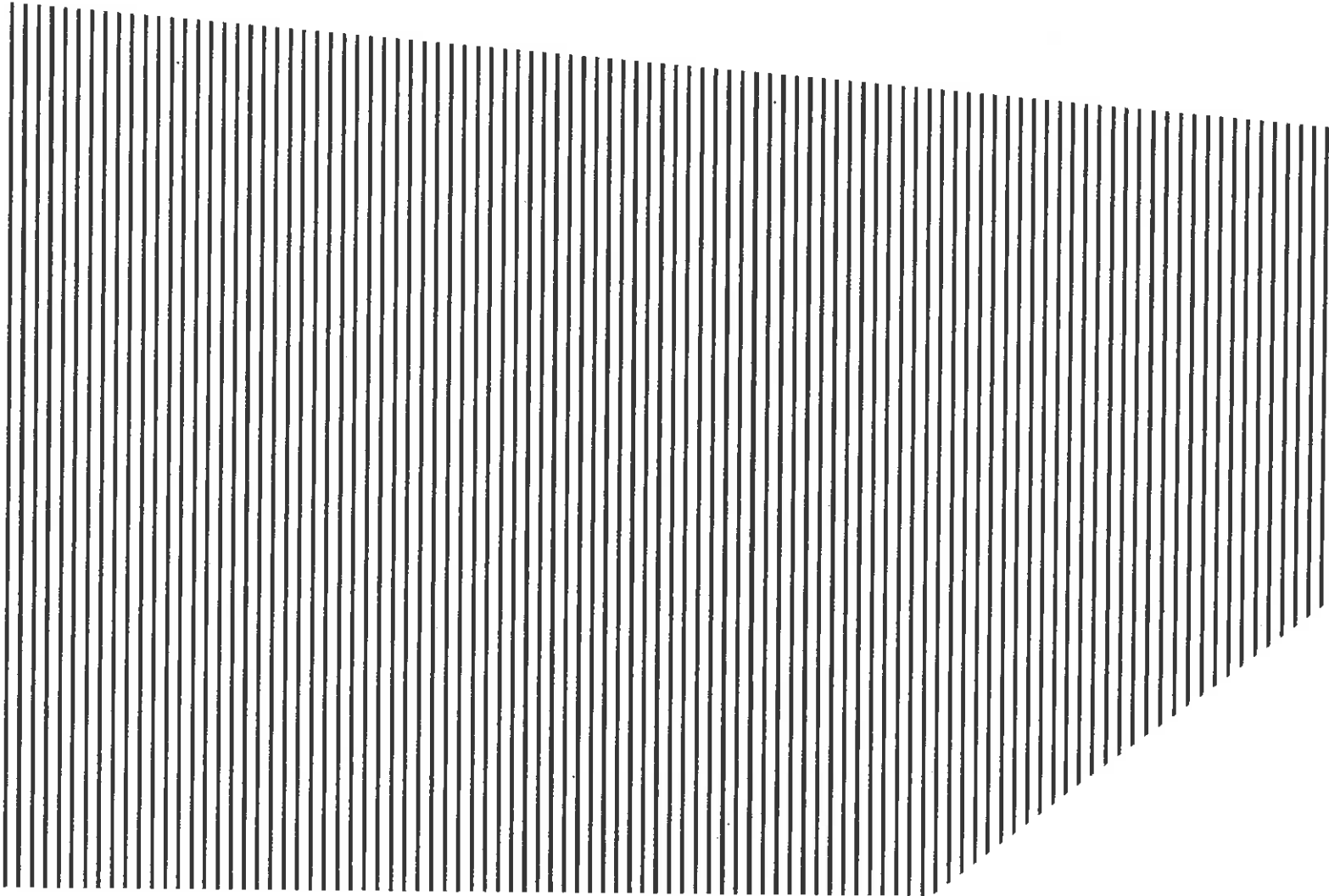
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**INTERNAL REVENUE SERVICE**

*Ogden, IRS Center*

**Department of the Treasury**

*P.O. Box 9941, Ogden, Utah 84409*

*MS 6273*

**Refer Reply To: 0423291513  
Date: January 31, 2012 3910C**

AMERICAN CANCER SOCIETY INC  
NATIONAL HOME OFFICE  
& FINANCE  
250 WILLIAMS ST 4TH FLR  
ATLANTA GA 30303

Taxpayer Identification Number: [REDACTED]

Dear Taxpayer:

We received your request dated January 05, 2012, asking us to verify your Employer Identification Number 13-1788491 and name.

This letter confirms the parent and subordinate organization are exempt under Section 501(c) [3] of the Internal Revenue Code.

Parent Organization  
Name: AMERICAN CANCER SOCIETY INC

Subordinate Organization

EIN: \_  
Name:

The EIN and Name on our records is [REDACTED] and AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE.

Please provide a copy of this letter to your subordinate. A separate letter will not be mailed to the subordinate organization.

If you have any questions, please call us toll free at 1-877-829-5500. or you can write to us at the address shown at the top of this letter. If you write, please include:

1. A copy of this letter ,
2. Your telephone number and
3. The best hours you can be reached in the spaces below.

You should keep a copy of this letter for your records.

Telephone Number \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely Yours,

*Ogden Entity Department*

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**AMERICAN CANCER SOCIETY, INC.**

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**General Information**

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<b>Organization Number</b>	0563372
<b>Name</b>	AMERICAN CANCER SOCIETY, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	FCO - Foreign Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	NY
<b>File Date</b>	7/3/2003
<b>Authority Date</b>	7/3/2003
<b>Last Annual Report</b>	5/21/2015
<b>Principal Office</b>	250 Williams Street, N.W. ATLANTA, GA 30303-1002
<b>Registered Agent</b>	C T CORPORATION SYSTEM 306 W. MAIN STREET SUITE 512 FRANKFORT, KY 40601

**Current Officers**

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<b>Chairman</b>	<a href="#"><u>Robert E. Youle</u></a>
<b>CEO</b>	<a href="#"><u>Gary M. Reedy</u></a>
<b>Secretary</b>	<a href="#"><u>Jeffrey L. Kean</u></a>
<b>Treasurer</b>	<a href="#"><u>Jeffrey L. Kean</u></a>
<b>Director</b>	<a href="#"><u>Clement S. Rose</u></a>
<b>Director</b>	<a href="#"><u>John Alfonso</u></a>
<b>Director</b>	<a href="#"><u>Pamela K. Meyerhoffer</u></a>
<b>Director</b>	<a href="#"><u>Patricia J. Crome</u></a>
<b>Director</b>	<a href="#"><u>John W. Hamilton</u></a>
<b>Director</b>	<a href="#"><u>Kevin J. Cullen</u></a>
<b>Director</b>	<a href="#"><u>Arnold M. Baskies</u></a>
<b>Director</b>	<a href="#"><u>Jeffrey L. Kean</u></a>
<b>Director</b>	<a href="#"><u>Scarlott K. Mueller</u></a>
<b>Director</b>	<a href="#"><u>Lewis E. Foxhall</u></a>
<b>Director</b>	<a href="#"><u>Jorge Luis Lopez</u></a>
<b>Director</b>	<a href="#"><u>Carolyn F. Rhee</u></a>
<b>Director</b>	<a href="#"><u>Donald K Warne</u></a>
<b>Director</b>	<a href="#"><u>Robert E. Youle</u></a>
<b>Director</b>	<a href="#"><u>Susan D. Henry</u></a>
<b>Director</b>	<a href="#"><u>Daniel P. Heist</u></a>
<b>Director</b>	<a href="#"><u>Gil West</u></a>
<b>Director</b>	<a href="#"><u>Allen H. Henderson</u></a>

<b>Director</b>	<a href="#">Enrique Hernandez</a>
<b>Director</b>	<a href="#">Eugene D. Hefflin</a>
<b>Director</b>	<a href="#">Carol Jackson</a>
<b>CFO</b>	<a href="#">Catherine E. Mickle</a>
<b>Assistant Secretary</b>	<a href="#">Timothy Phillips</a>

## Individuals / Entities listed at time of formation

### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<a href="#">Annual Report</a>	5/21/2015	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/24/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/25/2013	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	12/13/2012	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/8/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/3/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/26/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/2/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/26/2008	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/4/2007	2 pages	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/31/2006	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/11/2005	1 page	<a href="#">PDF</a>	
<a href="#">Statement of Change</a>	6/29/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Application for Certificate of Authority</a>	7/3/2003	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

### Assumed Names

### Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/21/2015 11:15:58 AM	5/21/2015 11:15:58 AM	
Annual report	4/24/2014 9:04:02 AM	4/24/2014 9:04:02 AM	
Annual report	4/25/2013 9:02:44 AM	4/25/2013 9:02:44 AM	
Registered agent address change	12/13/2012 2:14:16 PM	12/13/2012	
Annual report	5/8/2012 4:09:34 PM	5/8/2012 4:09:34 PM	
Annual report	3/3/2011 3:05:30 PM	3/3/2011 3:05:30 PM	
Annual report	5/26/2010 9:57:25 AM	5/26/2010 9:57:25 AM	
Annual report	6/2/2009 9:20:20 AM	6/2/2009 9:20:20 AM	
	6/26/2008		

Annual report	8:51:33 AM	6/26/2008
Annual report	5/4/2007 11:39:25 AM	5/4/2007 11:39:25 AM
Principal office change	5/4/2007 11:39:25 AM	5/4/2007 11:39:25 AM
Annual report	5/31/2006 3:28:07 PM	5/31/2006 3:28:07 PM
Annual report	7/11/2005	7/11/2005
Registered agent address change	6/29/2005 7:07:49 AM	6/29/2005
Annual report	4/14/2004	4/14/2004
Add	7/3/2003 1:32:57 PM	7/3/2003

## Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:18:10 PM	1 page
Application for Certificate of Authority	7/3/2003	3 pages



## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> <i>American Cancer Society</i>		<b>Yes/No/NA</b>
<b>Program Name:</b>	<b>Request Amount:</b>	
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		<i>YD</i>
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Yes
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		<i>yes</i>
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		<i>YD</i>
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		<i>YD</i>
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		N/A
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		<i>YD</i>
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		<i>N/A</i>
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		<i>yes</i>
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		<i>YD</i>
<b>Operating Budget:</b> Is the organization's current fiscal year operating budget included?		<i>YD</i>
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		<i>NO</i>
<b>Board Members:</b> Is the entity's board member list (with term length/term limits) included?		<i>YD</i>
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		<i>YD</i>
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		<i>YD</i>
<b>Rent Requests:</b> Is a copy of signed lease included?		<i>N/A</i>
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		<i>YD</i>
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		<i>YD</i>
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		<i>N/A</i>
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N/A
<b>Prepared by:</b> <i>KRM</i>		<b>Date:</b> <i>6/1/2015</i>