Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- Name change
- Initial return
- Final 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) Room/suite
3380 CHASTAIN MEADOWS PKY NW 200

City or town, state or province, country, and ZIP or foreign postal code
KENNESAW, GA 30144

D Employer identification number
13-1788491

E Telephone number
800-227-2345

G Gross receipts $ 1,385,619,613.

F Name and address of principal officer: KAREN E. KNUDSEN, MBA,PHD
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number ▶ 0580

I Tax-exempt status: [X] 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CANCER.ORG

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 1922

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4320
6	Total number of volunteers (estimate if necessary)	6	1044394
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	169,893.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	683,502,842.	533,262,107.
9	Program service revenue (Part VIII, line 2g)	15,663.	31,098.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,750,311.	46,085,786.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	863,030.	-3,083,460.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	720,131,846.	576,295,531.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	163,883,113.	96,098,130.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	330,162,784.	288,007,227.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	13,837,251.	5,468,529.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,438,681.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	222,803,520.	174,434,017.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	730,686,668.	564,007,903.
19	Revenue less expenses. Subtract line 18 from line 12	-10,554,822.	12,287,628.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,674,187,464.	1,700,046,787.
21	Total liabilities (Part X, line 26)	559,510,450.	512,242,998.
22	Net assets or fund balances. Subtract line 21 from line 20	1,114,677,014.	1,187,803,789.

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ KAEL REICIN, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
AERRIAL ORR				P01598400

Firm's name ▶ ERNST & YOUNG U.S. LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 55 IVAN ALLEN JR BLVD, SUITE 1000
ATLANTA, GA 30308 — Phone no. 404-874-8300

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

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 SAVE LIVES, CELEBRATE LIVES AND LEAD THE FIGHT FOR A WORLD WITHOUT CANCER THROUGH RESEARCH, PATIENT SUPPORT AND ADVOCACY.

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 $ 103,485,049. including grants of $ 61,708,664.) (Revenue $ 31,098.)
TO COMPLY WITH GOVERNMENT MANDATES AND GUIDELINES TO SLOW THE SPREAD OF THE COVID-19 VIRUS, WE TEMPORARILY CLOSED OFFICES, DISCOVERY SHOPS, HOPE LODGES AND POSTPONED OR CANCELED IN-PERSON FUNDRAISING EVENTS. WE SUSPENDED PATIENT ASSISTANCE PROGRAMS TO PRIORITIZE THE SAFETY OF CANCER PATIENTS, VOLUNTEERS AND EMPLOYEES. CANCER RESEARCH WAS LIMITED DUE TO CLOSURE OF RESEARCH FACILITIES. THE REDUCTION IN FUNDRAISING EVENTS CAUSED A SIGNIFICANT REVENUE DECLINE. IN RESPONSE, WE IMPLEMENTED COST CONTAINMENT MEASURES TO REDUCE EXPENSES. WE MADE A STRATEGIC DECISION TO REDUCE AND REALIGN OUR PHYSICAL AND STAFFING FOOTPRINT AIMED AT INCREASING OUR MISSION IMPACT. OVERALL, OUR ACTIONS MINIMIZED THE IMPACT OF THE REVENUE DECLINE RESULTING IN AN INCREASE TO OUR TOTAL NET ASSETS. FOR RESEARCH ACCOMPLISHMENTS SEE SCHEDULE O.

4b (Code:) (Expenses $ 212,186,897. including grants of $ 13,339,859.) (Revenue $ 138,795.)
PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE FOR THEM. EXPENSES INCLUDED IN OUR SPECIFIC ASSISTANCE TO INDIVIDUALS ARE PATIENT SUPPORT PROGRAMS, SUCH AS 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.

4c (Code:) (Expenses $ 66,934,750. including grants of $ 13,008,717.) (Revenue $)
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 THROUGH OUR GRANTS TO AFFILIATES AND PROMOTING THE HUMAN PAPILLOMAVIRUS (HPV) VACCINATION IN ADDITION TO GENERAL PREVENTION WORK.

4d Other program services (Describe on Schedule O.)
(Expenses $ 45,095,233. including grants of $ 8,040,890.) (Revenue $)

4e Total program service expenses ▶ 427,701,929.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	680		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	34		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4320		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		**16**		X
	If "Yes," complete Form 4720, Schedule O.				

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 on 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records ▶

KAEL REICIN - 404-329-7934

3380 CHASTAIN MEADOWS PARKWAY NW, STE 200, KENNESAW, GA 30144

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.

See instructions for the order in which to list the persons above.

☐ 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 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) LEONARD LICHTENFELD	55.00									
DEPUTY CHIEF MEDICAL OFCR	0.00					X		365,243.	0.	365,522.
(2) GARY M. REEDY	55.00									
CHIEF EXECUTIVE OFFICER	6.00			X				602,400.	65,717.	34,886.
(3) JUNG H. KIM	55.00									
CHIEF OPERATING OFFICER	2.00			X				429,441.	15,616.	231,936.
(4) WILLIAM CANCE	55.00									
CHIEF MEDICAL & SCIENTIFIC OFCR	0.00				X			579,878.	0.	36,898.
(5) MICHAEL L. NEAL	55.00									
SENIOR EVP, FIELD OPS	3.00				X			375,776.	0.	171,625.
(6) RICHARD C. WENDER	55.00									
CHIEF CANCER CONTROL OFFICER	2.00				X			431,572.	0.	26,004.
(7) CATHERINE E. MICKLE	55.00									
CHIEF ADMIN OFCR, OUTGOING	1.00				X			395,629.	0.	29,315.
(8) SHARON BYERS	55.00									
CHIEF DEVELOPMENT & MARKET, OUTGOING	0.00				X			391,846.	0.	9,402.
(9) TIMOTHY B. PHILLIPS	55.00									
CHIEF LEGAL AND RISK OFFICER	3.00					X		277,654.	15,145.	88,746.
(10) KAEL REICIN	55.00									
CFO, INCOMING	6.00			X				330,618.	36,067.	6,364.
(11) JEFF D KLAAS	55.00									
EVP, WEST REGION	0.00					X		334,972.	0.	10,941.
(12) JEFFREY D. FEHLIS	55.00									
EXECUTIVE VICE PRESIDENT	0.00					X		282,540.	0.	34,436.
(13) WILTON W. WHITE	55.00									
EXECUTIVE VICE PRESIDENT	0.00					X		300,397.	0.	9,891.
(14) JEFFREY L. KEAN	5.00									
CHAIR	4.00	X		X				0.	0.	0.
(15) JOHN ALFONSO, CPA, CGMA	5.00									
VICE CHAIR	0.00	X		X				0.	0.	0.
(16) CARMEN E. GUERRA, MD, MSCE,FACP	5.00									
BOARD SCIENTIFIC OFFICER	0.00	X		X				0.	0.	0.
(17) BRIAN A. MARLOW, CFA	5.00									
SECRETARY/TREASURER	0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) DANIEL P. HEIST, CPA	5.00									
IMMEDIATE PAST CHAIR	0.00	X		X				0.	0.	0.
(19) JOSEPH A. AGRESTA, JR.	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(20) BRUCE N. BARRON	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(21) JENNIFER R. CROZIER	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(22) KATIE A. ECCLES	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(23) PATRICK J. GERAGHTY	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(24) MARK A. GOLDBERG, MD	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(25) GARETH T. JOYCE	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(26) AMIT KUMAR, PHD	3.00									
DIRECTOR	0.00	X						0.	0.	0.
1b Subtotal ▶								5,097,966.	132,545.	1,055,966.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								5,097,966.	132,545.	1,055,966.

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 ▶ 453

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	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*	5		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
KPMG LLP P O BOX 120511, DALLAS, TX 75312-0511	SYSTEM IMPLEMENTATION	12,320,560.
MCGOUGH CONSTRUCTION CO. LLC, NW 5970 P.O, BOX 1450, MINNEAPOLIS, MN 55485	CONSTRUCTION	11,701,053.
MERKLE, INC. P O BOX 64897, BALTIMORE, MD 21264-4897	FUNDRAISING COUNSEL	9,749,763.
BRINKMANN CONSTRUCTORS , 16650 CHSTRFLD GRV RD., CHESTERFIELD, MS 63005	CONSTRUCTION	5,963,213.
TELLEPSEN BUILDERS 777 BENMAR DRIVE, #400, HOUSTON, TX 77060	CONSTRUCTION	5,705,068.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 58

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHELLE M. LE BEAU, PHD	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(28) MICHAEL T. MARQUARDT	3.00									
DIRECTOR	1.00	X						0.	0.	0.
(29) MARGARET MCCAFFERY	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(30) TERRI MCCLEMENTS	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(31) JOSEPH M. NAYLOR	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(32) WILLIAM D. NOVELLI	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(33) GREGORY L. PEMBERTON, ESQ.	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(34) GARY S. SHEDLIN	3.00									
DIRECTOR	0.00	X						0.	0.	0.
(35) OYEBODE TAIWO, MD, MPH	3.00									
DIRECTOR	0.00	X						0.	0.	0.

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	3,077,384.				
	b Membership dues	1b					
	c Fundraising events	1c	132,119,297.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,226,641.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	393,838,785.				
	g Noncash contributions included in lines 1a-1f	1g	$ 26,286,806.				
	h **Total.** Add lines 1a-1f ▶			533,262,107.			
Program Service Revenue		**Business Code**					
	2a EDUCATIONAL JOURNAL AD	541800		31,098.		31,098.	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			31,098.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			19,282,387.		137,240.	19,145,147.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶			3,882,321.			3,882,321.
			(i) Real	(ii) Personal			
	6a Gross rents	6a	641,053.				
	b Less: rental expenses	6b	395,239.				
	c Rental income or (loss)	6c	245,814.				
	d Net rental income or (loss) ▶			245,814.			245,814.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	777,800,921.	21,973,603.			
	b Less: cost or other basis and sales expenses	7b	757,351,480.	15,619,645.			
	c Gain or (loss)	7c	20,449,441.	6,353,958.			
	d Net gain or (loss) ▶			26,803,399.			26,803,399.
	8a Gross income from fundraising events (not including $ 132,119,297. of contributions reported on line 1c). See Part IV, line 18	8a	6,095,181.				
	b Less: direct expenses	8b	6,095,181.				
	c Net income or (loss) from fundraising events ▶			0.			
	9a Gross income from gaming activities. See Part IV, line 19	9a	671,821.				
	b Less: direct expenses	9b	93,198.				
	c Net income or (loss) from gaming activities ▶			578,623.			578,623.
	10a Gross sales of inventory, less returns and allowances	10a	14,718,918.				
	b Less: cost of goods sold	10b	29,769,339.				
	c Net income or (loss) from sales of inventory ▶			-15,050,421.			-15,050,421.
Miscellaneous Revenue		**Business Code**					
	11a GRANT REFUND/RESIGNTN	900099		8,019,634.			8,019,634.
	b REGISTRATIONS	900099		40,095.			40,095.
	c OTHER GAINS/(LOSSES)	900099		-799,526.		1,555.	-801,081.
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			7,260,203.			
	12 **Total revenue.** See instructions ▶			576,295,531.	0.	169,893.	42,863,531.

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	88,233,924.	88,233,924.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,413,888.	6,413,888.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,450,318.	1,450,318.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,110,464.	2,495,600.	605,358.	1,009,506.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	346,541.	105,427.	225,535.	15,579.
7 Other salaries and wages	219,501,300.	153,048,145.	11,616,659.	54,836,496.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,394,735.	8,046,440.	506,112.	2,842,183.
9 Other employee benefits	31,291,471.	22,019,134.	1,476,436.	7,795,901.
10 Payroll taxes	21,362,716.	14,985,308.	1,092,887.	5,284,521.
11 Fees for services (nonemployees):				
a Management	1,168,573.	571,159.	502,182.	95,232.
b Legal	5,956,672.	801,455.	5,093,819.	61,398.
c Accounting	579,941.		579,941.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,468,529.			5,468,529.
f Investment management fees	61,985.		61,985.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23,095,864.	21,779,339.	1,241,400.	75,125.
12 Advertising and promotion	26,232,878.	18,461,201.	1,713,762.	6,057,915.
13 Office expenses	22,622,949.	13,743,527.	3,719,533.	5,159,889.
14 Information technology	19,849,754.	14,765,720.	1,831,701.	3,252,333.
15 Royalties				
16 Occupancy	38,572,358.	34,099,731.	1,103,155.	3,369,472.
17 Travel	2,982,882.	2,044,175.	99,476.	839,231.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,648,907.	1,170,841.	82,099.	395,967.
20 Interest	597,823.	306,904.	220,070.	70,849.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,093,578.	12,831,913.	603,111.	1,658,554.
23 Insurance	3,442,412.	1,767,230.	1,267,217.	407,965.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING - EDU. & FUNDR	11,185,082.	7,871,422.	730,708.	2,582,952.
b MEDALS/RECOGNITION	329,624.	169,219.	121,341.	39,064.
c HONORARIUMS	151,609.	77,832.	55,810.	17,967.
d STATE UBI TAXES	400.	400.	0.	0.
e All other expenses	860,726.	441,677.	316,996.	102,053.
25 **Total functional expenses.** Add lines 1 through 24e	564,007,903.	427,701,929.	34,867,293.	101,438,681.
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 ▶ [X] if following SOP 98-2 (ASC 958-720)	105,440,931.	72,214,065.	5,357,048.	27,869,818.

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
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		88,291,803.	2	44,516,886.
	3	Pledges and grants receivable, net		71,764,248.	3	57,803,018.
	4	Accounts receivable, net		6,029,068.	4	6,509,519.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,647,419.	8	4,870,526.
	9	Prepaid expenses and deferred charges		8,871,937.	9	6,030,130.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 507,073,710.			
	b	Less: accumulated depreciation	10b 255,234,768.	250,628,959.	10c	251,838,942.
	11	Investments - publicly traded securities		798,450,960.	11	871,586,542.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		446,503,070.	15	456,891,224.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,674,187,464.	16	1,700,046,787.
Liabilities	17	Accounts payable and accrued expenses		279,592,429.	17	274,387,239.
	18	Grants payable		204,458,140.	18	165,689,380.
	19	Deferred revenue		2,201,222.	19	5,782,813.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		31,521,638.	23	29,856,111.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		41,737,021.	25	36,527,455.
	26	**Total liabilities.** Add lines 17 through 25		559,510,450.	26	512,242,998.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		441,039,463.	27	445,873,101.
	28	Net assets with donor restrictions		673,637,551.	28	741,930,688.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,114,677,014.	32	1,187,803,789.
	33	Total liabilities and net assets/fund balances		1,674,187,464.	33	1,700,046,787.

Form **990** (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	576,295,531.
2	Total expenses (must equal Part IX, column (A), line 25)	2	564,007,903.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,287,628.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,114,677,014.
5	Net unrealized gains (losses) on investments	5	30,140,763.
6	Donated services and use of facilities	6	16,614,107.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	14,084,277.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,187,803,789.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ 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.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	778,758,190.	707,750,261.	713,260,371.	683,502,842.	533,262,107.	3416533771.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	778,758,190.	707,750,261.	713,260,371.	683,502,842.	533,262,107.	3416533771.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						3416533771.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	778,758,190.	707,750,261.	713,260,371.	683,502,842.	533,262,107.	3416533771.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33,859,688.	30,563,004.	29,913,366.	30,469,575.	23,805,761.	148,611,394.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3565145165.

12 Gross receipts from related activities, etc. (see instructions)	12	312,324,463.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	95.83 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	95.95 %

16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2019.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2020.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2019.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in line 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Name of organization	Employer identification number
AMERICAN CANCER SOCIETY, INC	13-1788491

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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-.

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
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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		16,208,654.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		8,373.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			16,217,027.
2a 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 campaign activity 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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART IV

RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC. ("THE 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 LEGISLATION SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR

Part IV **Supplemental Information** *(continued)*

HEALTH PROBLEM.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC

Employer identification number
13-1788491

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

9 In Part 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" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
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? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	106,990,454.	95,773,353.	101,152,733.	113,549,288.	111,244,190.
b Contributions	23,157,501.	1,401,610.	1,224,905.	632,427.	647,473.
c Net investment earnings, gains, and losses	16,901,576.	14,365,545.	-1,725,475.	18,678,493.	6,691,949.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,462,818.	4,550,054.	4,878,810.	31,707,475.	5,034,324.
f Administrative expenses					
g End of year balance	142,586,713.	106,990,454.	95,773,353.	101,152,733.	113,549,288.

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

a Board designated or quasi-endowment ▶ .0000 %
b Permanent endowment ▶ 100 %
c Term endowment ▶ .0000 %

The percentages on 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:

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,748,739.		21,748,739.
b Buildings		273,680,230.	117,013,013.	156,667,217.
c Leasehold improvements		52,082,478.	41,952,665.	10,129,813.
d Equipment		92,196,757.	88,146,566.	4,050,191.
e Other		67,365,506.	8,122,524.	59,242,982.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				251,838,942.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)	PLANNED GIVING ASSETS	74,694,300.
(2)	BENEFICIAL INTERESTS IN TRUSTS	371,851,569.
(3)	OTHER RECEIVABLES	7,978,582.
(4)	DUE FROM AFFILIATES	2,366,773.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		456,891,224.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)	GIFT ANNUITY LIABILITY	13,977,054.
(3)	DEFERRED RENT PAYABLE	5,731,987.
(4)	CAPITAL LEASES	1,558,693.
(5)	INVESTMENTS HELD FOR AFFILIATES	15,259,721.
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		36,527,455.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	652,813,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	30,140,763.		
b	Donated services and use of facilities	2b	17,963,943.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	36,433,248.		
e	Add lines **2a** through **2d**			2e	84,537,954.
3	Subtract line **2e** from line **1**			3	568,275,897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,019,634.		
c	Add lines **4a** and **4b**			4c	8,019,634.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	576,295,531.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	582,248,494.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	14,021,250.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	12,238,975.		
e	Add lines **2a** through **2d**			2e	26,260,225.
3	Subtract line **2e** from line **1**			3	555,988,269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,019,634.		
c	Add lines **4a** and **4b**			4c	8,019,634.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	564,007,903.

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.

PART V, LINE 4:

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF AFFILIATES	21,062,438.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	15,370,810.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	36,433,248.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT REFUNDS/RESIGNATIONS	8,019,634.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE OF AFFILIATES	12,238,975.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT REFUNDS/RESIGNATIONS	8,019,634.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC

Employer identification number

13-1788491

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? ..... [X] **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 the region	**(d)** Activities conducted in the region (by type) (such as, 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 the region	**(f)** Total expenditures for and investments in the region
EUROPE	0	0	PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	2,520.
EUROPE	0	0	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	4,394.
EUROPE	0	0	PROGRAM SERVICES	HPV VACCINATIONS	1,630.
EUROPE	0	1	PROGRAM SERVICES	FOREIGN EMPLOYEE	102,945.
NORTH AMERICA	0	1	PROGRAM SERVICES	FOREIGN EMPLOYEE	100,029.
SOUTH AMERICA	0	0	PROGRAM SERVICES	HPV VACCINATIONS	27,031.
SOUTH AMERICA	0	0	PROGAM SERVICES	TOBACCO CESSATION INITIATIVES	895.
ASIA	0	0	PROGRAM SERVICES	HPV VACCINATIONS	2,560.
3 a Subtotal	0	2			242,004.
b Total from continuation sheets to Part I	0	0			1,894,507.
c **Totals** (add lines 3a and 3b)	0	2			2,136,511.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2020**

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Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ASIA	0	0	PROGRAM SERVICES	TOBACCO CESSATION INITIATIVES	1,696.
AFRICA	0	0	PROGAM SERVICES	ACCESS TO CARE INITIATIVES	145,208.
AFRICA	0	0	PROGRAM SERVICES	HEALTH EQUITY INITIATIVES	197,716.
AFRICA	0	0	PROGRAM SERVICES	TOBACCO CESSATION INITIATIVES	4,054.
AFRICA	0	0	PROGRAM SERVICES	PAIN INITIATIVES	73,752.
AFRICA	0	0	PROGRAM SERVICES	HPV VACCINATIONS	21,762.
EUROPE	0	0	GRANTMAKING		254,210.
NORTH AMERICA	0	0	GRANTMAKING		7,380.
AFRICA	0	0	GRANTMAKING		1,099,355.
SOUTH AMERICA	0	0	GRANTMAKING		65,204.
Totals ▶					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ASIA	0	0	GRANTMAKING		22,144.
ASIA	0	0	FUNDRAISING		2,026.
Totals ▶					1,894,507.

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL CANCER ADVOCACY	137,460.	WIRE	0.		
		EUROPE	GLOBAL CANCER ADVOCACY	48,000.	WIRE	0.		
		EUROPE	GLOBAL CANCER ADVOCACY	50,000.	WIRE	0.		
		EUROPE	GLOBAL CANCER ADVOCACY	18,750.	WIRE	0.		
		AFRICA	HEALTH EQUITY INITIATIVES	56,054.	WIRE	0.		
		AFRICA	HEALTH EQUITY INITIATIVES	44,723.	WIRE	0.		
		AFRICA	ACCESS TO CARE INITIATIVES	465,888.	WIRE	0.		
		AFRICA	ACCESS TO CARE INITIATIVES	158,585.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 28

3 Enter total number of other organizations or entities ▶ 28

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		AFRICA	ACCESS TO CARE INITIATIVES	52,776.	WIRE	0.		
		AFRICA	ACCESS TO CARE INITIATIVES	25,668.	WIRE	0.		
		AFRICA	ACCESS TO CARE INITIATIVES	12,092.	WIRE	0.		
		AFRICA	ACCESS TO CARE INITIATIVES	10,782.	WIRE	0.		
		AFRICA	GLOBAL CANCER ADVOCACY	22,626.	WIRE	0.		
		AFRICA	GLOBAL CANCER ADVOCACY	20,680.	WIRE	0.		
		AFRICA	GLOBAL CANCER ADVOCACY	17,290.	WIRE	0.		
		AFRICA	GLOBAL CANCER ADVOCACY	10,316.	WIRE	0.		
		AFRICA	HPV VACCINATION INITIATIVES	22,644.	WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		AFRICA	PAIN INITIATIVES	72,525.	WIRE	0.		
		AFRICA	PAIN INITIATIVES	54,400.	WIRE	0.		
		AFRICA	PAIN INITIATIVES	32,284.	WIRE	0.		
		AFRICA	TOBACCO CESSATION INITIATIVES	18,395.	WIRE	0.		
		NORTH AMERICA	TOBACCO CESSATION INITIATIVES	5,380.	WIRE	0.		
		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	30,126.	WIRE	0.		
		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	9,909.	WIRE	0.		
		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	10,168.	WIRE	0.		
		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	15,000.	WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		ASIA	TOBACCO CESSATION INITIATIVES	15,643.	WIRE	0.		
		ASIA	TOBACCO CESSATION INITIATIVES	6,501.	WIRE	0.		

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 noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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)*	[X] 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 separately 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; don't file with Form 990)*	[ ] Yes	[X] 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)*	[X] 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	[X] 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	[X] 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	[X] Yes	[ ] No

Part V Supplemental Information

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.

PART I, LINE 2:

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

THE SOCIETY MONITORS AND CONDUCTS 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. GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES: (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. NOTED WITHIN THE GRANT AGREEMENTS, THE SECOND PAYMENT WON'T BE RELEASED UNTIL SATISFACTORY REVIEW OF THE INTERIM NARRATIVES AND FINANCIAL REPORTS AND A SUCCESSFUL PERFORMANCE AUDIT REPORT. ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR. TWO OF THE TEAMS HAVE STARTED CONDUCTING PERFORMANCE AUDITS BY AN EXTERNAL AUDITOR ON MOST OF OUR GRANTEES/GRANTS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC

Employer identification number

13-1788491

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

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

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

2 a 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? [X] **Yes** [ ] **No**

b If "Yes," list the 10 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? Yes	No	**(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
MERKLE GROUP, INC - 7001 COLUMBIA GATEWAY DRIVE,	DIRECT MAIL		X	41,813,375.	1,624,887.	40,188,488.
PMX AGENCY LLC - 5 HANOVER SQUARE, 6TH FLOOR, NEW YORK,	DIRECT MAIL		X	6,199,533.	1,543,691.	4,655,842.
ADVANCED REMARKETING SERVICES - 116 JOHNNY CAKE HILL,	RECEIVING/SELLING DONATED CARS	X		1,975,828.	321,606.	1,654,222.
GOLF TOURNAMENT ASSOCIATION - 19224 N 78TH AVE, 470 FIRST	SPORTS ALLIANCES		X	46,651.	10,000.	36,651.
CASWELL ZACHRY GRIZZARD LLC - 6301 GASTON AVE #715, DALLAS,	PLANNED GIVING STRATEGY		X	0.	1,191,628.	0.
CHARITY DYNAMICS LLC - 4301 GUADALUPE ST, AUSTIN, TX	GENERAL DEVELOPMENT		X	0.	19,275.	0.
M+R STRATEGIC SERVICES, INC. - 2120 L STREET MW 6TH FLOOR,	ONLINE STRATEGY		X	0.	377,228.	0.
VERITUS GROUP - 838 EAST HIGH ST. #292, LEXINGTON, KY	MAJOR GIFTS		X	0.	380,214.	0.
Total ▶				50,035,387.	5,468,529.	46,535,203.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 RELAY FOR LIFE (event type)	(b) Event #2 MSBAC (event type)	(c) Other events 406 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	64,449,390.	26,124,954.	47,640,134.	138,214,478.
	2 Less: Contributions	61,652,506.	24,999,118.	45,467,673.	132,119,297.
	3 Gross income (line 1 minus line 2)	2,796,884.	1,125,836.	2,172,461.	6,095,181.
Direct Expenses	4 Cash prizes	23,460.	50.	36,773.	60,283.
	5 Noncash prizes	3,016.	84.	1,411.	4,511.
	6 Rent/facility costs	156,192.	218,014.	1,622,773.	1,996,979.
	7 Food and beverages	87,310.	41,316.	516,608.	645,234.
	8 Entertainment	46,994.	9,406.	311,134.	367,534.
	9 Other direct expenses	1,441,401.	234,256.	1,344,983.	3,020,640.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				6,095,181.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	94,982.		576,839.	671,821.
Direct Expenses	2 Cash prizes	23,460.		36,823.	60,283.
	3 Noncash prizes	0.		40.	40.
	4 Rent/facility costs	3,128.		18,996.	22,124.
	5 Other direct expenses	1,520.		9,231.	10,751.
	6 Volunteer labor	[X] Yes 100 % [ ] No	[ ] Yes % [ ] No	[X] Yes 100 % [ ] No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				93,198.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				578,623.

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization conducts gaming activities: AL,AZ,AR,CA,CT,FL,GA,IA,ID,IL,KS,LA

a Is the organization licensed to conduct gaming activities in each of these states? [ ] Yes [X] No

b If "No," explain: SOME STATES DO NOT REQUIRE LICENSES; HOWEVER, WE ARE LICENSED WHERE REQUIRED.

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? [X] 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 [X] No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	100.00 %

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

Name ▶ ANNETTA MARTIN

Address ▶ 3380 CHASTAIN MEADOWS PKWY NW, SUITE 200 - KENNESAW, GA 30144

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [X] 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 ▶ KAEL REICIN, CFO

Gaming manager compensation ▶ $ 0.

Description of services provided ▶ DIRECTOR/OFFICER

[X] 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? [X] 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 ▶ $ 578,623.

Part IV Supplemental Information. Provide the explanations 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 provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MERKLE GROUP, INC

(I) ADDRESS OF FUNDRAISER: 7001 COLUMBIA GATEWAY DRIVE, COLUMBIA, MD 21046

(I) NAME OF FUNDRAISER: PMX AGENCY LLC

(I) ADDRESS OF FUNDRAISER: 5 HANOVER SQUARE, 6TH FLOOR, NEW YORK, NY 10004

(I) NAME OF FUNDRAISER: ADVANCED REMARKETING SERVICES

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 116 JOHNNY CAKE HILL, MIDDLETOWN, RI 02842

(I) NAME OF FUNDRAISER: GOLF TOURNAMENT ASSOCIATION

(I) ADDRESS OF FUNDRAISER:

19224 N 78TH AVE, 470 FIRST ON DRIVE, GLENDALE, AZ 85308

(I) NAME OF FUNDRAISER: CASWELL ZACHRY GRIZZARD LLC

(I) ADDRESS OF FUNDRAISER: 6301 GASTON AVE #715, DALLAS, TX 75214

(I) NAME OF FUNDRAISER: CHARITY DYNAMICS LLC

(I) ADDRESS OF FUNDRAISER: 4301 GUADALUPE ST, AUSTIN, TX 78751

(I) NAME OF FUNDRAISER: M+R STRATEGIC SERVICES, INC.

(I) ADDRESS OF FUNDRAISER:

2120 L STREET MW 6TH FLOOR, WASHINGTON, DC 20037

(I) NAME OF FUNDRAISER: VERITUS GROUP

(I) ADDRESS OF FUNDRAISER: 838 EAST HIGH ST. #292, LEXINGTON, KY 40502

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTVITIES:

AL,AZ,AR,CA,CT,FL,GA,IA,ID,IL,KS,LA,MA,MD,ME,MI,MN,MO,MS,MT,NC,ND,NJ,NV,OH

OK,OR,PA,SC,SD,TN,TX,VT,WV,WY

SCHEDULD G, PART I, LINE 2B

LIST CONTAINS PAID PROFESSIONAL FUNDRAISING COUNSEL:

MERKLE GROUP, INC. PROVIDES DATA SEGMENTATION FOR PLANNED GIVING

PROGRAM, COMPLETES NINE DIRECT MAIL CAMPAIGNS, AND FOUR EMAIL

CAMPAIGNS.

Part IV Supplemental Information *(continued)*

PROFESSIONAL FUNDRAISING FEES: $1,624,887

PROFESSIONAL PRINTING SERVICES: $6,688,251

POSTAGE: $1,436,625

TOTAL FEES AND SERVICES: $9,749,763

SCHEDULE G, PART II

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 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 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 BREAST CANCER.

-FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR

Part IV Supplemental Information *(continued)*

AFFILIATE, AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE.

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 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.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC

Employer identification number
13-1788491

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
ADVOCATE HEALTH & HOSPITALS CORPORATION - 3075 HIGHLAND PARKWAY, SUITE 600 - DOWNERS GROVE, IL 60515	36-2169147	501(C)(3)	10,000.	0.			HEALTH ADVOCACY EDUCATION
AFFINIA HEALTHCARE PO BOX 551 SAINT LOUIS, MO 63188-0551	43-0817642	501(C)(3)	34,864.	0.			COLORECTAL HEALTH AND EDUCATION
AHS OKLAHOMA PHYSICIAN GROUP LLC 1145 S UTICA AVE SUITE 110 TULSA, OK 74104	20-1024250	OTHER	10,000.	0.			HEALTH ADVOCACY EDUCATION
ALABAMA REGIONAL MEDICAL SERVICES 712 25TH ST NORTH BIRMINGHAM, AL 35203	63-0932057	501(C)(3)	10,000.	0.			COLORECTAL HEALTH AND EDUCATION
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE MC-107 ALBANY, NY 12208-3479	14-1338310	501(C)(3)	777,636.	0.			EXTRAMURAL RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MED BELFER BUILDING ROOM 1108 BRONX, NY 10461	47-2209056	501(C)(3)	1,584,175.	0.			EXTRAMURAL RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 312.

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

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
AMERICAN ASSOC FOR CANCER RSRC 143 WEST STREET NEW MILFORD, CT 06776	23-6251648	501(C)(3)	20,000.	0.			CANCER EPIDEMIOLOGY AND PREVENTION
AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. - 555 11TH STREET NW, SUITE 300 - WASHINGTON, DC 20004	52-2340031	502(C)(4)	23,608,559.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY PUERTO RICO, INC. - CALLE ALVERIO 577 ESQ SARG MED - HATO REY, PR 00918	66-0321594	501(C)(3)	267,634.	0.			PROGRAM SUPPORT
AMERICAN COLLEGE OF SURGEONS PO BOX 92425 CHICAGO, IL 60675-2425	36-2192800	501(C)(3)	1,295,627.	0.			TRANSPORTATION ASSISTANCE
AMISTAD COMMUNITY HEALTH CENTER 1533 S BROWNLEE BLVD CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	5,000.	0.			HPV AND CANCER CTRL
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 EAST CHICAGO AVE BOX 271 - CHICAGO, IL 60611	36-2170833	501(C)(3)	425,254.	0.			EXTRAMURAL RESEARCH GRANT
AOSW 1211 LOCUST ST PHILADELPHIA, PA 19107	13-3736895	501(C)(3)	6,000.	0.			SURVIVORSHIP
ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT RD STE 100 TUCSON, AZ 85712	27-4035615	501(C)(3)	10,000.	0.			TRANSPORTATION ASSISTANCE
ASCENSION ST ELIZABETH CANCER CENTER - 1506 S ONEIDA ST - APPLETON, WI 54915	39-0816818	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
ASCENSION VIA CHRISTI HOSPITALS WICHITA - 929 N ST FRANCIS ROOM 7365 - WITCHITA, KS 67214	48-1172106	501(C)(3)	7,500.	0.			TRANSPORTATION ASSISTANCE
ASPIRUS REGIONAL CANCER CENTER 215 N 28TH AVENUE WAUSAU, WI 54401	39-1138241	501(C)(3)	7,000.	0.			TRANSPORTATION ASSISTANCE
ATASCOSA COMMUNITY HEALTH CENTERS 310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	5,000.	0.			HPV AND CANCER CTRL
ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	26,001.	0.			CANCER CONTROL
AURORA HEALTH CARE INC 950 N 12TH ST MILWAUKEE, WI 53233	39-1678306	501(C)(3)	15,000.	0.			TRANSPORTATION ASSISTANCE
AVENUE 360 HEALTH AND WELLNESS 2150 W 18TH STREET STE 300 HOUSTON, TX 77008	76-0549240	501(C)(3)	42,443.	0.			HPV AND CANCER CTRL
AXESSPOINTE CMTY HEALTH CENTER 1400 S ARLINGTON ST SUITE 38 AKRON, OH 44306	34-1735884	501(C)(3)	25,000.	0.			CANCER CONTROL
BANNER HEALTH 2901 N CENTRAL AVE PHOENIX, AZ 85012	45-0233470	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
BAPTIST HEALTH CARE FOUNDATION 301 BROWN SPRINGS ROAD MONTGOMERY, AL 36117	23-7281996	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
BAPTIST HOSPITALS OF SOUTHEAST TEXAS - 3070 COLLEGE STREET STE 401 - BEAUMONT, TX 77701	61-1557670	501(C)(3)	15,000.	0.			TRANSPORTATION ASSISTANCE
BATON ROUGE GENERAL 8595 PICARDY AVE, BOX 410 BATON ROUGE, LA 70809	72-1025017	501(C)(3)	15,000.	0.			TRANSPORTATION ASSISTANCE
BAYLOR COLLEGE OF MEDICINE 6227 GLENLIVET DR. HOUSTON, TX 77030	76-0481211	501(C)(3)	28,420.	0.			EXTRAMURAL RESEARCH GRANT
BC DC IDEAS 1010 MEDLIN DR CARY, NC 27511	27-4157295	OTHER	10,854.	0.			HPV AND CANCER CTRL
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 E DUARTE RD - DUARTE, CA 91010	95-3432210	501(C)(3)	20,189.	0.			EXTRAMURAL RESEARCH GRANT
BOARD OF REGENTS ON THE UNIV 21 NORTH PARK ST MADISON, WI 53715-1218	39-0743975	501(C)(3)	1,313,612.	0.			EXTRAMURAL RESEARCH GRANT
BOB PERKS CANCER ASSISTANCE FUND PO BOX 313 STATE COLLEGE, PA 16804	20-4220990	501(C)(3)	52,520.	0.			PATIENT SUPPORT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	396,002.	0.			EXTRAMURAL RESEARCH GRANT
BOSTON MEDICAL CENTER 660 HARRISON AVE BOSTON, MA 02118	04-3314093	501(C)(3)	260,976.	0.			EXTRAMURAL RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
BOSTON UNIV SCHOOL OF MEDICINE PO BOX 28763 NEW YORK, NY 10087-8763	04-2103547	501(C)(3)	9,692.	0.			EXTRAMURAL RESEARCH GRANT
BRIGHAM YOUNG UNIVERSITY A-261 ASB, CAMPUS DRIVE PROVO, UT 84602	87-0217280	501(C)(3)	12,393.	0.			EXTRAMURAL RESEARCH GRANT
BROAD INSTITUTE, INC 415 MAIN ST RM 4175 CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	162,726.	0.			EXTRAMURAL RESEARCH GRANT
BROWNSVILLE COMMUNITY 592 ROCKAWAY AVE BROOKLYN, NY 11212	11-2544630	501(C)(3)	25,000.	0.			CANCER CONTROL
BSA HARRINGTON CANCER CENTER 1500 WALLACE BLVD. AMARILLO, TX 79106	30-0754305	OTHER	5,400.	0.			TRANSPORTATION ASSISTANCE
BUTLER COUNTY COMMUNITY HEALTH CONSORTIUM - 300 HIGH ST 4TH FLOOR - HAMILTON, OH 45011	31-1694200	501(C)(3)	25,000.	0.			CANCER CONTROL
BUTLER HEALTH SYSTEM FOUNDATION ONE HOSPITAL WAY BUTLER, PA 16001	26-1543883	501(C)(3)	88,650.	0.			ACCESS TO CARE
CABELL HUNTINGTON HOSP FNDTN 1340 HAL GREER BLVD HUNTINGTON, WV 25701	31-1096222	501(C)(3)	24,000.	0.			CANCER CONTROL
CABIN CREEK HEALTH SYSTEMS 5722 CABIN CREEK RD DAWES, WV 25054	55-0709223	501(C)(3)	10,000.	0.			CANCER CONTROL

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CAHABA MEDICAL CARE FOUNDATION 405 BELCHER STREET CENTREVILLE, AL 35042	27-3605364	501(C)(3)	10,000.	0.			COLORECTAL HEALTH AND EDUCATION
CALIFORNIA INSTITUTE OF TECH 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	161,423.	0.			EXTRAMURAL RESEARCH GRANT
CAMBRIDGE HEALTH ALLIANCE FOUNDATION - 230 HIGHLAND AVE SOMERVILLE CAMPUS - SOMERVILLE, MA 02143	04-3320571	501(C)(3)	31,250.	0.			CANCER CONTROL
CAMC HEALTH EDUCATION & RESRCH PO BOX 45760 BALTIMORE, MD 21297-5760	55-0753754	501(C)(3)	33,250.	0.			HEALTH ADVOCACY EDUCATION
CAMPAIGN FOR TOBACCO - FREE KIDS 1917 W 103RD ST UNIT 5 CHICAGO, IL 60643	52-1969967	501(C)(3)	10,000.	0.			TOBACCO CESSATION
CANCER TREATMENT CENTERS OF AMERICA - 10109 E 79TH ST - TULSA, OK 74133	36-3755999	OTHER	5,000.	0.			TRANSPORTATION ASSISTANCE
CAPITOL CITY FAMILY HEALTH CENTER 3111 FLORIDA BLVD BATON ROUGE, LA 70806	72-1395500	501(C)(3)	47,500.	0.			COLORECTAL HEALTH AND EDUCATION
CAPSTONE RURAL HEALTH CENTER PO BOX 169 PARRISH, AL 35580	63-1276483	501(C)(3)	10,000.	0.			COLORECTAL HEALTH AND EDUCATION
CAREVIDE 4500 WESLEY STREET GREENVILLE, TX 75401	00-0000000	OTHER	30,000.	0.			HPV AND CANCER CTRL

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CARTI FOUNDATION INC 8901 CARTI WAY LITTLE ROCK, AR 72205	71-0569907	501(C)(3)	17,000.	0.			TRANSPORTATION ASSISTANCE
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD-65-WIL STE 1150 LOS ANGELES, CA 90048	95-1644500	501(C)(3)	27,729.	0.			EXTRAMURAL RESEARCH GRANT
CENTRAL FLORIDA HEALTH CARE INC 950 COUNTY RD 17A WEST AVON PARK, FL 33825	59-1404594	501(C)(3)	23,965.	0.			TOBACCO CONTROL
CENTRAL OKLAHOMA AMERICAN INDIAN HEALTH COUNCIL - 4913 W RENO AVE - OKLAHOMA CITY, OK 73127	73-0955756	501(C)(3)	25,000.	0.			CANCER CONTROL
CHAMBERS HEALTH PO BOX 398 ANAHUAC, TX 77514	76-0153629	OTHER	43,113.	0.			HPV AND CANCER CTRL
CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200 EDDYSTONE, PA 19022	23-7354899	501(C)(3)	20,250.	0.			COLORECTAL HEALTH AND EDUCATION
CHEYNEY UNIVERSITY 1837 UNIVERSITY CIRCLE CHEYNEY, PA 19319	23-7010017	501(C)(3)	8,743.	0.			TOBACCO CONTROL
CHI BAYLOR ST LUKES MEDICAL CENTER 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	25,000.	0.			TRANSPORTATION ASSISTANCE
CHI FRANCISCAN 1149 MARKET ST MS 10-04 TACOMA, WA 98402	91-0564491	501(C)(3)	20,000.	0.			HEALTH ADVOCACY EDUCATION

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CHI FRANCISCAN-HARRISON MEDICAL CENTER - 2520 CHERRY AVE - BREMERTON, WA 98310	91-0564491	501(C)(3)	8,800.	0.			PATIENT SUPPORT
CHI ST VINCENT CANCER CENTER 1455 HIGDON FERRY RD STE C HOT SPRINGS, AR 71913	71-0236913	501(C)(3)	7,500.	0.			TRANSPORTATION ASSISTANCE
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241-4413	04-2703265	501(C)(3)	18,244.	0.			EXTRAMURAL RESEARCH GRANT
CHILDRENS HOSPITAL OF PHILADELPHIA 3501 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	87,829.	0.			ACCESS TO CARE
CHILDREN'S MEDICAL CENTER OF DALLAS - 1935 MEDICAL DISTRICT DR - DALLAS, TX 75235	75-2062019	501(C)(3)	15,000.	0.			HPV AND CANCER CTRL
CHRISTUS CABRINI FOUNDATION 3330 MASONIC DR ALEXANDRIA, LA 71301	72-0998302	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
CHRISTUS CANCER TREATMENT CENTER 1453 E BERT KOUNS SHREVEPORT, LA 71105	76-0590551	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
CLINICA COLORADO 8300 ALCOTT ST, SUITE 300 WESTMINSTER, CO 80031	27-3794068	501(C)(3)	9,055.	0.			COLORECTAL HEALTH AND EDUCATION
COASTAL FAMILY HEALTH CENTER PO BOX 475 BILOXI, MS 39533	64-0592416	501(C)(3)	25,000.	0.			CANCER CONTROL

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CODMAN SQUARE HEALTH CENTER 637 WASHINGTON ST DORCHESTER, MA 02124	04-2678774	501(C)(3)	50,000.	0.			CANCER CONTROL
COLD SPRING HARBOR LABORATORY ONE BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	14,360.	0.			EXTRAMURAL RESEARCH GRANT
COLORADO STATE UNIVERSITY 601 S HOWES FORT COLLINS, CO 80523	84-6000545	501(C)(3)	13,396.	0.			EXTRAMURAL RESEARCH GRANT
COLUMBIA UNIVERSITY P O BOX 29789 NEW YORK, NY 10087-9789	13-5598083	OTHER	1,914,719.	0.			EXTRAMURAL RESEARCH GRANT
COMMUNICARE HEALTH CENTERS 3066 EAST COMMERCE ST SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	50,000.	0.			HPV AND CANCER CTRL
COMMUNITY ACTION CORPORATION OF SOUTH TEXAS - 204 E FIRST ST - ALICE, TX 78332	74-1679824	501(C)(3)	50,000.	0.			HPV AND CANCER CTRL
COMMUNITY HEALTH CARE 1148 BROADWAY STE 100 TACOMA, WA 98402	91-1349657	501(C)(3)	24,999.	0.			CANCER CONTROL
COMMUNITY HEALTH CARE SYSTEMS INC 116 SMITH ST TENNILLE, GA 31089	58-2001101	501(C)(3)	6,131.	0.			HPV AND CANCER CTRL
COMMUNITY HEALTH CENTER INC 675 MAIN STREET MIDDLETOWN, CT 06457	00-0000000	OTHER	29,325.	0.			ACCESS TO CARE

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COMMUNITY HEALTH CENTERS OF PINELLAS - 1344 22ND ST S - ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	30,250.	0.			COLORECTAL HEALTH AND EDUCATION
COMMUNITY HEALTH SERVICES INC 500 ALBANY AVE HARTFORD, CT 06120	06-0863942	501(C)(3)	7,650.	0.			COLORECTAL HEALTH AND EDUCATION
CONQUER CANCER FOUNDATION PO BOX 896076 CHARLOTTE, NC 28289-6076	31-1667995	501(C)(3)	10,000.	0.			CANCER PREVENTION, DETECTION AND TREATMENT
COOK CHILDRENS HEALTH FOUNDATION 801 7TH AVE FORT WORTH, TX 76104	75-2051649	501(C)(3)	15,000.	0.			HPV AND CANCER CTRL
COPLIN HEALTH SYSTEMS 483 COURT ST ELIZABETH, WV 26143	31-0942184	501(C)(3)	27,500.	0.			COLORECTAL HEALTH AND EDUCATION
COVENANT COMMUNITY CARE INC 559 WEST GRAND BLVD DETROIT, MI 48216	38-3533998	501(C)(3)	16,200.	0.			COLORECTAL HEALTH AND EDUCATION
COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410	20-0261172	501(C)(3)	7,500.	0.			TRANSPORTATION ASSISTANCE
CROSS LUTHERAN CHURCH 1821 N 16TH ST MILWAUKEE, WI 53205	39-0818678	501(C)(3)	35,000.	0.			TRANSPORTATION ASSISTANCE
CURATORS OF UNIV OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180-7012	26-6440629	501(C)(3)	785,633.	0.			EXTRAMURAL RESEARCH GRANT

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DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BP431C BOSTON, MA 02215	04-2263040	501(C)(3)	272,150.	0.			EXTRAMURAL RESEARCH GRANT
DENVER HEALTH & HOSPITAL AUTHORITY PO BOX 17093 DENVER, CO 80217	84-1343242	501(C)(3)	25,000.	0.			CANCER CONTROL
DENVER HEALTH AND HOSPITALS FOUNDATION - 777 BANNOCK ST MC011 - DENVER, CO 80204	84-1085196	501(C)(3)	45,607.	0.			CANCER CONTROL
DMN MEDIA PO BOX 660040 DALLAS, TX 75266-0040	26-0358790	OTHER	6,226.	0.			HPV AND CANCER CTRL
DUBOIS COUNTY HEALTH DEPT 1187 SOUTH ST CHARLES STREET JASPER, IN 47546	35-6000141	GOVT	53,500.	0.			HPV AND CANCER CTRL
DUKE UNIVERSITY BOX 104144 DURHAM, NC 27708	56-2070036	501(C)(3)	1,222,094.	0.			EXTRAMURAL RESEARCH GRANT
EAST ALABAMA MEDICAL CENTER 2501 VILLAGE PROFESSIONAL DRIVE OPELIKA, AL 36801	63-6000526	OTHER	5,000.	0.			TRANSPORTATION ASSISTANCE
EAST BOSTON NEIGHBORHOOD HEALTH CENTER - 10 GOVE ST - BOSTON, MA 02128-1920	23-7425849	501(C)(3)	50,000.	0.			CANCER CONTROL
EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BLVD STE 2900 GREENVILLE, NC 27858-4353	56-6093187	GOVT	11,525.	0.			EXTRAMURAL RESEARCH GRANT

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EAST JEFFERSON GENERAL HOSPITAL 4204 HOUME BLVD METAIRIE, LA 70006	72-0692834	501(C)(3)	15,000.	0.			TRANSPORTATION ASSISTANCE
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 77223	76-0442781	501(C)(3)	42,342.	0.			HPV AND CANCER CTRL
EL CENTRO DEL BARRIO INC DBA CENTROMED - 3750 COMMERCIAL AVE - SAN ANTONIO, TX 78221	74-1787031	501(C)(3)	5,000.	0.			HPV AND CANCER CTRL
EMORY UNIVERSITY GRANTS PO BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	1,311,184.	0.			EXTRAMURAL RESEARCH GRANT
ERIE COUNTY MEDICAL CENTER 462 GRIDER ST BUFFALO, NY 14150	83-0382654	501(C)(3)	25,000.	0.			CANCER CONTROL
ETR SERVICES LLC 732 9TH ST #653 DURHAM, NC 27705	26-1095867	OTHER	9,938.	0.			HPV AND CANCER CTRL
FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)	23,614.	0.			COLORECTAL HEALTH AND EDUCATION
FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL ROAD BALTIMORE, MD 21225	52-1118424	501(C)(3)	25,000.	0.			CANCER CONTROL
FOND DU LAC HUMAN SERVICES 927 TRETTEL LANE CLOQUET, MN 55720	41-0965719	OTHER	24,452.	0.			PATIENT SUPPORT

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FOUNDATION FOR WOMANS 100 WOMAN'S WAY BATON ROUGE, LA 70817	47-1970335	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
FRED HUTCHINSON CANCER RES CTR PO BOX 19024 SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	722,868.	0.			EXTRAMURAL RESEARCH GRANT
FRENCH HOSPITAL MEDICAL CANCER FOUNDATION - 1911 JOHNSON AVE - SAN LUIS OBISPO, CA 94301	20-3256125	501(C)(3)	10,000.	0.			CANCER CONTROL
FROEDTERT HOSPITAL FOUNDATION 9200 W WISCONSIN AVE MILWAUKEE, WI 53226	39-1431192	501(C)(3)	10,000.	0.			TRANSPORTATION ASSISTANCE
GASTON FAMILY HEALTH SERVICES 200 E SECOND AVE GASTONIA, NC 28052	58-1958398	501(C)(3)	28,000.	0.			CANCER CONTROL
GENESIS PRIMECARE 1500 W GRAND MARSHALL, TX 75671	00-0000000	OTHER	30,000.	0.			HPV AND CANCER CTRL
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-0836354	GOVT	5,000.	0.			TOBACCO CONTROL
GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW RM# 601 WASHINGTON, DC 20052	53-0196584	501(C)(3)	12,615.	0.			EXTRAMURAL RESEARCH GRANT
GEORGETOWN UNIVERSITY 2121 WISCONSIN AVE NW STE 400 WASHINGTON, DC 20007	52-2299950	501(C)(3)	1,763,830.	0.			EXTRAMURAL RESEARCH GRANT

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GOSHEN CENTER FOR CANCER CARE 200 HIGH PARK AVE GOSHEN, IN 46526	35-1974765	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
GOV JUAN F LUIS HOSPITAL 4007 ESTATE DIAMOND RUBY ST CROIX, VI 00820	31-1802333	501(C)(3)	10,000.	0.			TRANSPORTATION ASSISTANCE
GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD FL 3 BRANDYWINE, MD 20613	52-0961414	501(C)(3)	25,000.	0.			CANCER CONTROL
GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418	06-0647014	501(C)(3)	5,412.	0.			EXTRAMURAL RESEARCH GRANT
GROUNDWORK MILWAUKEE INC 648 N PLANKINTON AVE STE 425 MILWAUKEE, WI 53203	32-0182692	501(C)(3)	7,500.	0.			TRANSPORTATION ASSISTANCE
H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE RM 3024 TAMPA, FL 33612	59-2451713	501(C)(3)	54,400.	0.			EXTRAMURAL RESEARCH GRANT
HAROLD LEEVER REGIONAL CANCER CENTER - 1075 CHASE PARKWAY - WATERBURY, CT 06708	06-1548409	501(C)(3)	7,500.	0.			TRANSPORTATION ASSISTANCE
HARRIS HEALTH SYSTEM 2525 HOLLY HALL STE 270 HOUSTON, TX 77054	74-1536936	OTHER	20,000.	0.			TRANSPORTATION ASSISTANCE
HARVARD PILGRIM HEALTH CARE INC 93 WORCESTER STREET WELLESLEY, MA 02481	04-2452600	501(C)(3)	783,596.	0.			EXTRAMURAL RESEARCH GRANT

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HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD #104 OLATHE, KS 66062	48-1115529	501(C)(3)	25,000.	0.			CANCER CONTROL
HEALTHLINC INC 2401 VALLEY DR VALPARAISO, IN 46383	35-2147791	501(C)(3)	10,937.	0.			CANCER CONTROL
HEKTOEN INST FOR MEDICAL RESEARCH 2240 W OGDEN AVE FLOOR 2 CHICAGO, IL 60612-9982	36-2244897	501(C)(3)	18,694.	0.			CANCER CONTROL
HENNEPIN HEALTHCARE RESEARCH INSTITUTE - 825 SOUTH 8TH STREET, SUITE PP4.430 - MINNEAPOLIS, MN 55404	41-1677920	501(C)(3)	6,528.	0.			EXTRAMURAL RESEARCH GRANT
HENRY W GRADY HEALTH SYSTEM FOUNDATION - 191 PEACHTREE ST NE STE 820 - ATLANTA, GA 30303	58-2130437	501(C)(3)	56,250.	0.			CANCER CONTROL
HIGHLAND HEALTH PROVIDERS 1487 N HIGH ST SUITE 102 HILLSBORO, OH 45133	31-1765550	501(C)(3)	27,500.	0.			COLORECTAL HEALTH AND EDUCATION
HONORHEALTH FOUNDATION 10460 N 92ND STREET SUITE 206 SCOTTSDALE, AZ 85258	74-2355411	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
HOPEHEALTH INC 360 N IRBY ST FLORENCE, SC 29501	57-0984427	501(C)(3)	12,500.	0.			TOBACCO CONTROL
HOUSTON METHODIST HOSPITAL 6565 FANNIN ST HOUSTON, TX 77030	74-1180155	501(C)(3)	10,176.	0.			TRANSPORTATION ASSISTANCE

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HUNTSVILLE HOSPITAL FOUNDATION 101 SIVLEY ROAD HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	10,000.	0.			TRANSPORTATION ASSISTANCE
IHC HEALTH SERVICES INC PO BOX 57828 SALT LAKE CITY, UT 84157-0828	94-2854057	501(C)(3)	10,000.	0.			HEALTH ADVOCACY EDUCATION
IMMUNIZE NEVADA 427 RIDGE ST STE C RENO, NV 89501	46-2266350	501(C)(3)	10,000.	0.			HPV VACCINATION
INDIANA UNIVERSITY DEPT 78867 PO BOX 78000 DETROIT, MI 48278-0867	35-1990726	501(C)(3)	59,296.	0.			EXTRAMURAL RESEARCH GRANT
INTEGRIS CANCER INSTITUTE 5911 W MEMORIAL RD STE 100 OKLAHOMA CITY, OK 73142	73-0584411	OTHER	7,000.	0.			TRANSPORTATION ASSISTANCE
INTERMOUNTAIN HEALTHCARE FNDTN 36 SOUTH STATE ST 23RD FLOOR SALT LAKE CITY, UT 84111	80-0225150	501(C)(3)	23,914.	0.			EXTRAMURAL RESEARCH GRANT
JASON VICTOR TERK 912 BELLSTONE DRIVE KELLER, TX 76248	46-3024357	OTHER	6,000.	0.			HPV AND CANCER CTRL
JESSIE TRICE COMMUNITY HEALTH 5607 NW 27TH AVE MIAMI, FL 33142	59-1235617	501(C)(3)	25,000.	0.			CANCER CONTROL
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0591627	501(C)(3)	95,435.	0.			EXTRAMURAL RESEARCH GRANT

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JPS FOUNDATION 1500 MAIN ST FORT WORTH, TX 76104	75-2717782	501(C)(3)	37,493.	0.			TRANSPORTATION ASSISTANCE
KAISER PERMANENTE PO BOX 75508 HONOLULU, HI 96819	94-1340523	501(C)(3)	10,000.	0.			HPV AND CANCER CTRL
KEWEENAW BAY INDIAN COMMUNITY 16429 BEARTOWN RD BARAGA, MI 49908	38-1743340	OTHER	23,249.	0.			COLORECTAL HEALTH AND EDUCATION
KEYSTONE HEALTH 755 NORLAND AVE STE 200 CHAMBERSBURG, PA 17201	25-1546810	501(C)(3)	7,000.	0.			COLORECTAL HEALTH AND EDUCATION
KINGMAN REGIONAL 3269 STOCKTON HILL RD KINGMAN, AZ 86409	74-2388735	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
KIRKLAND CANCER CENTER 720 W FOREST AVE JACKSON, TN 38330	00-0000000	OTHER	5,000.	0.			TRANSPORTATION ASSISTANCE
LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)(3)	174,425.	0.			EXTRAMURAL RESEARCH GRANT
LAFAYETTE GENERAL MEDICAL CENTER 201 AUDUBON BLVD LAFAYETTE, LA 70503	72-0535375	501(C)(3)	15,000.	0.			TRANSPORTATION ASSISTANCE
LAKELAND REGIONAL HEALTH SYS 1324 LAKELAND HILLS BLVD LAKELAND, FL 33805	59-2650464	501(C)(3)	10,000.	0.			HEALTH ADVOCACY EDUCATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
LANCASTER HEALTH CENTER 304 N WATER ST LANCASTER, PA 17603	23-2160896	501(C)(3)	27,500.	0.			COLORECTAL HEALTH AND EDUCATION
LEGACY COMMUNITY HEALTH SVCS 1415 CALIFORNIA ST HOUSTON, TX 77006	76-0009637	501(C)(3)	25,000.	0.			CANCER CONTROL
LINCOLN PRIMARY CARE CENTER 7400 LYNN AVE HAMLIN, WV 25523	55-0552212	501(C)(3)	5,000.	0.			CANCER CONTROL
LONGVIEW WELLNESS CENTER 1107 E MARSHALL AVE LONGVIEW, TX 75601	75-2723993	501(C)(3)	25,000.	0.			CANCER CONTROL
LOS ANGELES COUNTY DHS/OLIVE VIEW-UCLA - 14445 OLIVE VIEW DR - SYLMAR, CA 91342	00-0000000	OTHER	10,000.	0.			HEALTH ADVOCACY EDUCATION
MAINE MEDICAL CENTER 81 RESEARCH DRIVE SCARBOROUGH, ME 04074	01-0238552	501(C)(3)	12,615.	0.			EXTRAMURAL RESEARCH GRANT
MAINEHEALTH 110 FREE STREET PORTLAND, ME 04101	01-0431680	501(C)(3)	10,000.	0.			HEALTH ADVOCACY EDUCATION
MARILLAC COMMUNITY HEALTH CENTER PO BOX 13038 NEW ORLEANS, LA 70185	27-3046997	501(C)(3)	31,250.	0.			CANCER CONTROL
MARIN COMMUNITY CLINICS 9 COMMERCIAL BLVD STE 100 NOVATO, CA 94949	94-2237120	501(C)(3)	25,000.	0.			CANCER CONTROL

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MARKEY CANCER CENTER 115 WALLER AVE STE 204 LEXINGTON, KY 40503	61-6001218	501(C)(3)	6,000.	0.			TRANSPORTATION ASSISTANCE
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE BATON ROUGE, LA 70809	22-7010520	501(C)(3)	37,500.	0.			TRANSPORTATION ASSISTANCE
MARY HITCHCOCK MEMORIAL HOSPITAL 1 MEDICAL CENER LEBANON, NH 03766	02-0222140	501(C)(3)	25,000.	0.			COLORECTAL HEALTH AND EDUCATION
MASSACHUSETTS COLLEGE OF PHARMACY & HEALTH SCIENCES - 179 LONGWOOD AVENUE - BOSTON, MA 02115	04-2104700	501(C)(3)	11,250.	0.			TOBACCO CONTROL
MASSACHUSETTS GENERAL HOSPITAL BOX 414876 BOSTON, MA 02241-4876	04-1564655	501(C)(3)	2,087,667.	0.			EXTRAMURAL RESEARCH GRANT
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	58,299.	0.			HEALTH ADVOCACY EDUCATION
MCKAY DEE HOSPITAL 4401 HARRISON BLVD SUITE #2855 OGDEN, UT 84403	87-6135827	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	243,400.	0.			EXTRAMURAL RESEARCH GRANT
MEDSTAR HEALTH RESEARCH INSTITUTE 6525 BELCREST ROAD STE 700 HYATTSVILLE, MD 20782	52-6056274	501(C)(3)	28,259.	0.			EXTRAMURAL RESEARCH GRANT

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MEMORIAL HERMANN FOUNDATION 929 GESSNER SUITE 2650 HOUSTON, TX 77024	74-1653640	501(C)(3)	52,500.	0.			TRANSPORTATION ASSISTANCE
MEMORIAL MEDICAL CENTER INC 1615 MAPLE LANE ASHLAND, WI 54806	23-7013487	501(C)(3)	6,000.	0.			TRANSPORTATION ASSISTANCE
METHODIST HEALTHCARE SYSTEM 15727 ANTHEM PARKWAY STE 600 SAN ANTONIO, TX 78249	74-2730328	501(C)(3)	10,500.	0.			TRANSPORTATION ASSISTANCE
MICHAEL E DEBAKEY VA HOSPITAL 2002 HOLCOMBE BLVD HOUSTON, TX 77030	00-0000000	OTHER	5,000.	0.			TRANSPORTATION ASSISTANCE
MILWAUKEE AREA TECHNICAL COLLEGE FOUNDATION - 700 S. STATE ST, S214 - MILWAUKEE, WI 53233	39-1341603	501(C)(3)	35,000.	0.			TRANSPORTATION ASSISTANCE
MILWAUKEE PUBLIC SCHOOLS PO BOX 05259 MILWAUKEE, WI 53205-0259	39-6003457	GOVT	5,000.	0.			TRANSPORTATION ASSISTANCE
MISSOURI BAPTIST HEALTHCARE FOUNDATION - 3015 NORTH BALLAS RD - SAINT LOUIS, MO 63131	43-1472026	501(C)(3)	18,500.	0.			TRANSPORTATION ASSISTANCE
MOUNT SINAI SCHOOL OF MEDICINE BOX 3500 NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	318,243.	0.			EXTRAMURAL RESEARCH GRANT
MOUNTAIN PARK HEALTH CENTER 3003 N CENTRAL AVENUE STE 1600 PHOENIX, AZ 85012	86-0498020	501(C)(3)	25,000.	0.			COLORECTAL HEALTH AND EDUCATION

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MOUNTAIN STATES HEALTH ALLIANCE 303 MED TECH PARKWAY SUITE 370 JOHNSON CITY, TN 37604	62-0476282	501(C)(3)	18,750.	0.			TRANSPORTATION ASSISTANCE
MOUNTAINLANDS COMMUNITY HEALTH 589 SOUTH STATE ST PROVO, UT 84606	87-0515716	501(C)(3)	61,700.	0.			COLORECTAL HEALTH AND EDUCATION
MUSLIM COMMUNITY & HEALTH CENTER 803 W LAYTON AVE MILWAUKEE, WI 53221	45-2385629	501(C)(3)	35,000.	0.			TRANSPORTATION ASSISTANCE
NACOGDOCHES AREA CANCER COALITION 4920 NE STALLINGS DR NACOGDOCHES, TX 75965	75-1299909	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
NATIONAL HEALTH COUNCIL INC 1730 M ST NW SUITE 500 WASHINGTON, DC 20036-4561	13-1624107	501(C)(3)	33,000.	0.			HEALTH ADVOCACY EDUCATION
NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVENUE N MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	22,933.	0.			CANCER CONTROL
NEVADA HEALTH CENTERS 3325 RESEARCH WAY CARSON CITY, NV 89706	94-3199117	501(C)(3)	24,580.	0.			COLORECTAL HEALTH AND EDUCATION
NEW MEXICO CANCER CENTER FNDTN 4901 LANG AVE NE ALBUQUERQUE, NM 87109	77-0591110	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
NEW YORK CITY HEALTH & HOSPITALS 227 MADISON ST NEW YORK, NY 10002	13-2655001	501(C)(3)	25,000.	0.			CANCER CONTROL

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NEW YORK UNIV 15 WASHINGTON PLACE ROOM 1H NEW YORK, NY 10003	13-5562308	SECTION 115	29,446.	0.			EXTRAMURAL RESEARCH GRANT
NEW YORK UNIV SCHL OF MEDICINE PO BOX 415026 BOSTON, MA 02241-5026	13-5562309	SECTION 115	911,808.	0.			EXTRAMURAL RESEARCH GRANT
NORTH CAROLINA COMMUNITY 4917 WATERS EDGE DR STE 165 RALEIGH, NC 27613	56-1240332	501(C)(3)	25,000.	0.			COLORECTAL HEALTH AND EDUCATION
NORTH CENTRAL TEXAS COMMUNITY HEALTH CENTER - 200 MARTIN LUTHER KING JR BLVD - WICHITA FALLS, TX 76301	75-2429644	501(C)(3)	22,500.	0.			HPV AND CANCER CTRL
NORTH COLORADO MEDICAL CENTER FOUNDATION - 1801 16TH STREET - GREELEY, CO 80631	84-0718355	501(C)(3)	10,000.	0.			TRANSPORTATION ASSISTANCE
NORTH HUDSON COMMUNITY ACTION CORPORATION - 800 31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	12,250.	0.			CANCER CONTROL
NORTH TEXAS AREA COMMUNITY HEALTH CENTER - 2332 BEVERLY HILLS DRIVE - FORT WORTH, TX 76114	54-2117989	501(C)(3)	22,500.	0.			HPV AND CANCER CTRL
NORTHLAKES COMMUNITY CLINIC 15735 US HWY 63 NORTH HAYWARD, WI 54843	35-2297925	501(C)(3)	23,456.	0.			CANCER CONTROL
NORTHWESTERN UNIVERSITY 633 CLARK ROOM G547 EVANSTON, IL 60208-1112	36-2167817	501(C)(3)	1,521,188.	0.			EXTRAMURAL RESEARCH GRANT

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NORTON HEALTHCARE FOUNDATION INC 234 E GRAY ST STE 450 LOUISVILLE, KY 40202	31-0914919	501(C)(3)	24,000.	0.			EXTRAMURAL RESEARCH GRANT
NYC DEPT OF HEALTH AND MENTAL 42-09 28TH ST ROOM 15-60 QUEENS, NY 11101	13-6400434	GOVT	6,219.	0.			EXTRAMURAL RESEARCH GRANT
OCHSNER CLINIC FOUNDATION 17000 MEDICAL CENTER DRIVE BATON ROUGE, LA 70816	72-0502505	501(C)(3)	75,000.	0.			TRANSPORTATION ASSISTANCE
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1063	31-6401599	501(C)(3)	3,263,243.	0.			EXTRAMURAL RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIV 0690 SW BANCROFT ST PORTLAND, OR 97239	93-1176109	501(C)(3)	1,398,907.	0.			EXTRAMURAL RESEARCH GRANT
PARKLAND FOUNDATION 1341 W MOCKINGBIRD LANE STE 1100E DALLAS, TX 75247	75-2089180	501(C)(3)	7,500.	0.			TRANSPORTATION ASSISTANCE
PARKTREE COMMUNITY HEALTH CTR 1450 E HOLT AVE POMONA, CA 91767	22-3914738	501(C)(3)	45,000.	0.			CANCER SCREENING & PREVENTION
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	500,000.	0.			PATIENT SUPPORT
PRESIDENT & FELLOWS OF HARVARD COLLEGE - PO BOX 415649 - BOSTON, MA 02241-5649	00-0000000	OTHER	580,498.	0.			EXTRAMURAL RESEARCH GRANT

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PREVEA CANCER CENTER AT HSHS SACRED HEART HOSPITAL - 900 W CLAIREMONT AVE - EAU CLAIRE, WI 54701	39-0807060	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
PRINCETON COMMUNITY HOSP FNDTN 122 12TH ST PRINCETON, WV 24740	55-0694209	501(C)(3)	6,500.	0.			TRANSPORTATION ASSISTANCE
PROGRESSIVE COMM HEALTH CENTER 3522 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	87,500.	0.			CANCER CONTROL
PUBLIC HEALTH MANAGEMENT CORP 1500 MARKET ST, CTR SQ E, 17TH FL PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	55,224.	0.			CANCER CONTROL
QUALITY INSIGHTS INC 3001 CHESTERFIELD AVE CHARLESTON, WV 25304	55-0539692	501(C)(3)	25,000.	0.			HPV AND CANCER CTRL
RAPIDES HEALTHCARE SYSTEM 211 4TH ST ALEXANDRIA, LA 71301	61-1267229	OTHER	10,000.	0.			TRANSPORTATION ASSISTANCE
REGENTS OF CALIFORNIA PO BOX 748872 LOS ANGELES, CA 90074-4872	94-6036493	GOVT	32,553.	0.			EXTRAMURAL RESEARCH GRANT
REGENTS OF THE UNIV OF CA IRVINE BIOSCI III, SUITE 1400 IRVINE, CA 92697-1050	95-2226406	501(C)(3)	868,205.	0.			EXTRAMURAL RESEARCH GRANT
REGENTS OF THE UNIV OF CA SAN DIEGO - 9500 GILMAN DR - LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	229,863.	0.			EXTRAMURAL RESEARCH GRANT

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REGENTS OF THE UNIV OF CA SAN FRAN 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	GOVT	644,224.	0.			EXTRAMURAL RESEARCH GRANT
REGENTS OF THE UNIV OF CA UCLA 405 HILGARD AVE LOS ANGELES, CA 90095-9000	95-6006143	501(C)(3)	616,542.	0.			EXTRAMURAL RESEARCH GRANT
REGENTS OF THE UNIV OF MICH 3003 S STATE ST RM 1054 ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	2,226,655.	0.			EXTRAMURAL RESEARCH GRANT
REGENTS OF THE UNIV OF MINN NW 5957 PO BOX 1450 MINNEAPOLIS, MN 55485-5957	41-6007513	501(C)(3)	136,481.	0.			EXTRAMURAL RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA CRUZ - 1156 HIGH STREET - SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	786,575.	0.			EXTRAMURAL RESEARCH GRANT
RESEARCH FOUNDATION OF SUNY P O BOX 9 ALBANY, NY 12201-0009	14-1368361	501(C)(3)	132,002.	0.			EXTRAMURAL RESEARCH GRANT
RIVERWEST FOOD PANTRY 2610 N DR MARTIN LUTHER KING JR DR MILWAUKEE, WI 53212	46-3422131	501(C)(3)	35,000.	0.			TRANSPORTATION ASSISTANCE
ROSALIND FRANKLIN UNIVERSITY 3333 GREEN BAY RD 1-113 NORTH CHICAGO, IL 60064-3095	36-2181973	501(C)(3)	7,352.	0.			EXTRAMURAL RESEARCH GRANT
ROSWELL PARK CANCER INSTITUTE ELM & CARLTON STREETS BUFFALO, NY 14263	00-0000000	OTHER	13,370.	0.			EXTRAMURAL RESEARCH GRANT

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RUSH FOUNDATION HOSPITAL 1314 19TH AVENUE MERIDIAN, MS 39301	47-3716882	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
SAINT FRANCIS CANCER CENTER 11212 E 48TH ST TULSA, OK 74146	73-1501972	501(C)(3)	15,000.	0.			TRANSPORTATION ASSISTANCE
SAINT JOSEPH HOSPITAL FOUNDATION 1375 EAST 19TH AVE DENVER, CO 80218	84-0735096	501(C)(3)	94,297.	0.			CANCER CONTROL
SALK INSTITUTE FOR BIOLOGICAL 10010 NORTH TORREY PINES RD. LA JOLLA, CA 92037-1099	95-2160097	501(C)(3)	788,219.	0.			EXTRAMURAL RESEARCH GRANT
SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	11,555.	0.			COLORECTAL HEALTH AND EDUCATION
SALUD PARA LA GENTE 195 AVIATION WAY WATSONVILLE, CA 95076-2059	94-2705747	501(C)(3)	22,371.	0.			CANCER CONTROL
SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	25,000.	0.			CANCER CONTROL
SAN ANTONIO REGIONAL HOSPITAL 999 SAN BERNARDINO RD UPLAND, CA 91786	95-1183919	501(C)(3)	9,800.	0.			COLORECTAL HEALTH AND EDUCATION
SAN DIEGO STATE UNIVERSITY 5250 CAMPANILE DRIVE SAN DIEGO, CA 92182-1931	95-6042721	501(C)(3)	12,615.	0.			EXTRAMURAL RESEARCH GRANT

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SANFORD BURNHAM PREBYS MEDICAL 10901 N TORREY PINES RD BLDG11 LA JOLLA, CA 92037	51-0197108	501(C)(3)	971,013.	0.			EXTRAMURAL RESEARCH GRANT
SEATTLE CHILDRENS HOSPITAL PO BOX 5371 MS-S200 SEATTLE, WA 98145-5005	91-0564748	501(C)(3)	11,964.	0.			EXTRAMURAL RESEARCH GRANT
SHAWNEE CHRISTIAN HEALTHCARE 234 AMY AVE LOUISVILLE, KY 40212	26-4345390	501(C)(3)	12,500.	0.			TOBACCO CONTROL
SITEMAN CANCER CENTER AT BARNES-JEWISH ST PETERS HOSPITAL - 4901 FOREST PARK, 8TH FLOOR - SAINT LOUIS, MO 63108-4010	23-7309937	501(C)(3)	62,500.	0.			TRANSPORTATION ASSISTANCE
SIXTEENTH STREET COMMUNITY HEALTH CENTERS - 1032 S CESAR E CHAVEZ DR - MILWAUKEE, WI 53204	39-1180475	501(C)(3)	26,250.	0.			TRANSPORTATION ASSISTANCE
SLIDELL MEMORIAL HOSPITAL REGIONAL CANCER CTR - 1120 ROBERT BLVD - SLIDELL, LA 70458	72-6014895	501(C)(3)	7,500.	0.			TRANSPORTATION ASSISTANCE
SLOAN - KETTERING INSTITUTE FOR PO BOX 026338 NEW YORK, NY 10087	13-1924236	501(C)(3)	855,102.	0.			EXTRAMURAL RESEARCH GRANT
SOUTH CAROLINA PRIMARY HEALTH CARE ASSOC - 3 TECHNOLOGY CIRCLE - COLUMBIA, SC 29203	57-0803696	501(C)(3)	20,000.	0.			COLORECTAL HEALTH AND EDUCATION
SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE SW ATLANTA, GA 30315	58-1131002	501(C)(3)	25,000.	0.			CANCER CONTROL

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SOUTHWEST TEXAS METHODIST HOSPITAL 7700 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1897401	OTHER	7,500.	0.			TRANSPORTATION ASSISTANCE
SPECIAL HEALTH RESOURCES FOR TEXAS 402 N 7TH STREET LONGVIEW, TX 75601	75-2405203	501(C)(3)	30,000.	0.			HPV AND CANCER CTRL
SPRING BRANCH COMM HLTH CTR 1615 HILLENDAHL BLVD STE 100 HOUSTON, TX 77055	30-0198705	501(C)(3)	25,000.	0.			CANCER CONTROL
SSM HEALTH FOUNDATION ST LOUIS 12312 OLIVE BLVD STE 100 SAINT LOUIS, MO 63141	43-1704972	501(C)(3)	32,500.	0.			TRANSPORTATION ASSISTANCE
ST LOUIS UNIVERSITY CANCER CENTER 3655 VISTA AVE, 3RD FLR, WEST PAVIL SAINT LOUIS, MO 63110	43-0654872	501(C)(3)	40,000.	0.			TRANSPORTATION ASSISTANCE
ST LUKES HOSPITAL CHESTERFIELD MO 232 S WOODS MIL RD CHESTERFIELD, MO 63117	43-1383477	501(C)(3)	23,000.	0.			TRANSPORTATION ASSISTANCE
ST THOMAS RADIOLOGY ASSOC 9149 ESTATE THOMAS ST THOMAS, VI 00802	66-0434472	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
ST VINCENT'S EAST CANCER TREATMENT CTR - 1130 22ND ST SOUTH - BIRMINGHAM, AL 35205	63-0868066	501(C)(3)	30,000.	0.			TRANSPORTATION ASSISTANCE
STANFORD UNIVERSITY BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	1,896,801.	0.			EXTRAMURAL RESEARCH GRANT

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STATE UNIVERSITY OF NY STONYBR HSC L3-086 STONY BROOK, NY 11794-8036	14-6013200	GOVT	5,412.	0.			EXTRAMURAL RESEARCH GRANT
STORMONT VAIL FOUNDATION 1500 SW 10TH AVE. TOPEKA, KS 66604	48-0980926	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
STOWERS INSTITUTE FOR MEDICAL RESEARCH - 1000 E 50TH STREET - KANSAS CITY, MO 64110	20-2993509	501(C)(3)	13,997.	0.			EXTRAMURAL RESEARCH GRANT
STRIDES COMMUNITY HEALTH CENTER 2255 S ONEIDA ST DENVER, CO 80224	74-2477108	501(C)(3)	36,555.	0.			CANCER CONTROL
TAKECARE INSURANCE COMPANY PO BOX 6578 TAMUNING, GU 96931	00-0000000	OTHER	10,000.	0.			COLORECTAL HEALTH AND EDUCATION
TAMPA FAMILY HEALTH CENTERS 302 WEST FLETCHER AVE TAMPA, FL 33612	59-2420282	501(C)(3)	25,000.	0.			CANCER CONTROL
TEXAS A & M RESEARCH FOUNDATION 400 HARVEY MITCHELL PARKWAY COLLEGE STATION, TX 77845	74-1238434	501(C)(3)	13,370.	0.			EXTRAMURAL RESEARCH GRANT
TEXAS A & M UNIVERSITY HEALTH SCIENCE CENTER - 400 HARVEY MITCHELL PARKWAY SOUTH - COLLEGE STATION, TX 77845	74-2907553	501(C)(3)	44,000.	0.			HPV AND CANCER CTRL
TEXAS HEALTH RESOURCES FOUNDATION PO BOX 200038 ARLINGTON, TX 76006	75-2022128	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE

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(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
TEXAS ONCOLOGY FOUNDATION INC 12221 MERIT DR SUITE 500 DALLAS, TX 75251	75-2705785	501(C)(3)	47,500.	0.			TRANSPORTATION ASSISTANCE
THE CLEVELAND CLINIC FOUNDATION P O BOX 931531 CLEVELAND, OH 44193	34-0714585	501(C)(3)	1,553,204.	0.			EXTRAMURAL RESEARCH GRANT
THE COOPER HEALTH SYSTEM 1 COOPER PLAZA CAMDEN, NJ 08103	22-2563898	501(C)(3)	10,000.	0.			HEALTH ADVOCACY EDUCATION
THE FLOATING HOSPITAL INC 41-40 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	12,500.	0.			TOBACCO CONTROL
THE HOSPITALS OF PROVIDENCE 2101 N OREGON EL PASO, TX 79902	74-2792375	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE
THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVE, 5TH FLOOR NEW YORK, NY 10035	13-3273402	501(C)(3)	25,000.	0.			COLORECTAL HEALTH AND EDUCATION
THE METHODIST HOSPITAL FOUNDATION PO BOX 4384 HOUSTON, TX 77210-4384	76-0094743	501(C)(3)	30,000.	0.			TRANSPORTATION ASSISTANCE
THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	83,271.	0.			EXTRAMURAL RESEARCH GRANT
THE PENNSYLVANIA STATE UNIV PO BOX 850 HERSHEY, PA 17033-0850	24-6000376	501(C)(3)	602,455.	0.			EXTRAMURAL RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
THE RECTOR & VISITORS OF THE UVA PO BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001795	501(C)(3)	688,858.	0.			EXTRAMURAL RESEARCH GRANT
THE RESEARCH INSTITUTE OF FOX 333 COTTMAN AVE RM C227 PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	1,629,764.	0.			EXTRAMURAL RESEARCH GRANT
THE UNIV OF TX HEALTH SCIENCE 7000 FANNIN ST STE 901 HOUSTON, TX 77030	74-6000949	501(C)(3)	25,388.	0.			EXTRAMURAL RESEARCH GRANT
THE UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	GOVT	15,471.	0.			EXTRAMURAL RESEARCH GRANT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229-3900	74-1586031	501(C)(3)	59,230.	0.			EXTRAMURAL RESEARCH GRANT
THE UNIVERSITY OF TOLEDO 2801 WEST BANCROFT ST TOLEDO, OH 43606	34-6401483	OTHER	15,955.	0.			EXTRAMURAL RESEARCH GRANT
TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET NEW ORLEANS, LA 70115	72-0423659	501(C)(3)	20,000.	0.			TRANSPORTATION ASSISTANCE
TRENTON MEDICAL CENTER INC 23343 NW COUNTY ROAD 236 HIGH SPRNGS, FL 32643	59-2871302	501(C)(3)	25,000.	0.			CANCER CONTROL
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD #6210 HANOVER, NH 03755-1404	02-0222111	501(C)(3)	10,723.	0.			EXTRAMURAL RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
TRUSTEES OF PRINCETON UNIV 701 CARNEGIE CENTER, STE 436 PRINCETON, NJ 08544	21-0634501	501(C)(3)	7,187.	0.			EXTRAMURAL RESEARCH GRANT
TRUSTEES OF TUFTS UNIVERSITY 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	21,085.	0.			EXTRAMURAL RESEARCH GRANT
TUG RIVER HEALTH ASSOCIATION 103 SUPPLY ST GARY, WV 24836	31-0889458	501(C)(3)	42,500.	0.			COLORECTAL HEALTH AND EDUCATION
TULANE CANCER CENTER 1430 TULANE AVE NEW ORLEANS, LA 70112	72-6034234	OTHER	10,000.	0.			TRANSPORTATION ASSISTANCE
TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE TYLER, TX 75702	45-2578435	501(C)(3)	22,500.	0.			HPV AND CANCER CTRL
U OF TX MD ANDERSON CANCER CTR PO BOX 4266 HOUSTON, TX 77210-4266	74-6001118	501(C)(3)	248,947.	0.			EXTRAMURAL RESEARCH GRANT
UC IRVINE FAMILY HEALTH CENTER-SANTA ANA - 120 THEORY SUITE 200 - IRVINE, CA 92697	95-2226406	501(C)(3)	9,000.	0.			HPV AND CANCER CTRL
UCHEALTH NORTHERN COLORADO FOUNDATION - 2315 E HARMONY RD STE 200 - FORT COLLINS, CO 80528	74-1894581	501(C)(3)	10,000.	0.			TRANSPORTATION ASSISTANCE
UMC FOUNDATION PO BOX 5980 LUBBOCK, TX 79408	75-1639312	501(C)(3)	17,600.	0.			TRANSPORTATION ASSISTANCE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
UNITEMKE INC 2474 N 37TH ST MILWAUKEE, WI 53210	81-4652827	501(C)(3)	7,500.	0.			TRANSPORTATION ASSISTANCE
UNIV OF COLORADO AT BOULDER PO BOX 910220 DENVER, CO 80291-0220	84-6000555	501(C)(3)	13,019.	0.			EXTRAMURAL RESEARCH GRANT
UNIV OF COLORADO DENVER PO BOX 910238 DENVER, CO 80291-0238	18-4064688	501(C)(3)	1,511,284.	0.			EXTRAMURAL RESEARCH GRANT
UNIV OF LOUISVILLE 2301 S 3RD ST LOUISVILLE, KY 40292	61-1029626	501(C)(3)	35,752.	0.			EXTRAMURAL RESEARCH GRANT
UNIV OF MARYLAND COLLEGE PARK 4101 CHESAPEAKE BUILDING COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	7,944.	0.			EXTRAMURAL RESEARCH GRANT
UNIV OF NEBRASKA MEDICAL CENTE 985100 NEBRASKA MEDICAL CENTER OMAHA, NE 68198-5100	47-4049123	501(C)(3)	17,628.	0.			EXTRAMURAL RESEARCH GRANT
UNIV OF NORTH TX HEALTH SCIENCE CENTER - 3500 CAMP BOWIE BLVD - FORT WORTH, TX 76107	75-6064033	501(C)(3)	784,054.	0.			EXTRAMURAL RESEARCH GRANT
UNIV OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST STE 102 LOS ANGELES, CA 90089-8001	95-1642394	501(C)(3)	720,600.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY COMMUNITY HEALTH SE 601 BENTON AVE NASHVILLE, TN 37204	62-1438461	501(C)(3)	25,000.	0.			CANCER CONTROL

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
UNIVERSITY HEALTH SHREVEPORT LLC 1541 KINGS HWY SHREVEPORT, LA 71103	83-1605004	501(C)(3)	15,000.	0.			TRANSPORTATION ASSISTANCE
UNIVERSITY HEALTH SYSTEM FOUNDATION - P O BOX 33038 - SAN ANTONIO, TX 78265	74-2335396	501(C)(3)	18,000.	0.			TRANSPORTATION ASSISTANCE
UNIVERSITY OF ALABAMA 3221 1ST AVENUE NORTH BIRMINGHAM, AL 35222	63-6005396	GOVT	60,000.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF ALABAMA BIRMING 701 S 20TH ST AB990 BIRMINGHAM, AL 35294-0109	63-6005396	GOVT	1,161,930.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722-3520	74-2652689	SECTION 115	26,924.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF ARKANSAS FOR 4301 WEST MARKHAM LITTLE ROCK, AR 72205	71-6003252	GOVT	785,633.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF CHICAGO 1427 E 60TH ST STE 120 CHICAGO, IL 60637	36-2177139	501(C)(3)	1,607,844.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF CINCINNATI PO BOX 210061 CINCINNATI, OH 45221-0061	31-0896555	GOVT	39,048.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT STORRS, CT 06269-1133	06-1066510	GOVT	183,496.	0.			EXTRAMURAL RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 32611-3201	59-6002052	GOVT	44,645.	0.			COLORECTAL HEALTH AND EDUCATION
UNIVERSITY OF ILLINOIS 1901 S FIRST ST STE A CHAMPAIGN, IL 61820-7406	37-6000061	GOVT	30,314.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF KANSAS 3901 RAINBOW BLV KANSAS CITY, KS 66160-7702	48-1202402	SECTION 115	5,799.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF KANSAS HEALTH SYSTEM ST. FRANCIS CAMPUS - 1700 SW 7TH ST - TOPEKA, KS 66606	82-2033863	501(C)(3)	10,000.	0.			TRANSPORTATION ASSISTANCE
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - PO BOX 931113 - CLEVELAND, OH 44193	61-6033693	501(C)(3)	18,626.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF MARYLAND BALTIM PO BOX 41428 BALTIMORE, MD 21203-6428	31-1678679	GOVT	22,242.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF MARYLAND CANCER INSTITUTE - 1224 W PIONEER PARKWAY - COLLEGE PARK, MD 20742	52-6002003	GOVT	29,000.	0.			ACCESS TO CARE
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-6014838	GOVT	31,460.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	11,835.	0.			EXTRAMURAL RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF NEW MEXICO MSC09 5225 HSSB ROOM 102 ALBUQUERQUE, NM 87131-0001	85-6000642	GOVT	536,064.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF NOTRE DAME 836 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	45,022.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 6614 CLAYTON ROAD PITTSBURGH, PA 15251-7220	25-0965591	GOVT	84,563.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF ROCHESTER 930 GENESSEE ST STE 200 ROCHESTER, NY 14611-3847	16-0743209	501(C)(3)	10,018.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST ROOM 612 CHARLOTTE, SC 29208	57-6001153	GOVT	22,383.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF TEXAS PO BOX 7518 AUSTIN, TX 78713-7518	74-6000203	GOVT	7,500.	0.			TRANSPORTATION ASSISTANCE
UNIVERSITY OF TEXAS DALLAS 800 WEST CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	GOVT	775,795.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	501(C)(3)	10,600.	0.			TRANSPORTATION ASSISTANCE
UNIVERSITY OF UTAH 302 PARK BUILDING SALT LAKE CITY, UT 84112	23-7112869	GOVT	478,792.	0.			EXTRAMURAL RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF UTAH 1901 E SOUTH CAMPUS DR SALT LAKE CITY, UT 84112-9359	87-6000525	GOVT	300,000.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF WASHINGTON BOX 358010 SEATTLE, WA 98195-8010	91-6001537	GOVT	438,097.	0.			EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF WISCONSIN HOSPITALS & CLINICS AUTH - 600 HIGHLAND AVE MAIL CODE 2464 - MADISON, WI 53792	39-1835630	OTHER	21,000.	0.			TRANSPORTATION ASSISTANCE
UNIVERSITY OF WISCONSIN MILWAUKEE MITCHELL HALL, 273 J MILWAUKEE, WI 53201-0340	39-1805963	GOVT	35,000.	0.			TRANSPORTATION ASSISTANCE
UT MEDICAL CENTER CANCER INSTITUTE 1926 ALCOA HWY SUITE 310 KNOXVILLE, TN 37920	00-0000000	GOVT	23,750.	0.			TRANSPORTATION ASSISTANCE
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284-1753	75-6042147	501(C)(3)	2,598,570.	0.			EXTRAMURAL RESEARCH GRANT
VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR WAVERLY, OH 45690	31-1072406	501(C)(3)	54,000.	0.			COLORECTAL HEALTH AND EDUCATION
VALLEYWISE HEALTH 2601 E ROOSEVELT PHOENIX, AZ 85008	86-0830701	OTHER	13,000.	0.			TRANSPORTATION ASSISTANCE
VAN ANDEL RESEARCH INSTITUTE 3600 GEORGETOWN RD GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	170,057.	0.			EXTRAMURAL RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
VANDERBILT UNIV MEDICAL CENTER PO BOX 121236 DALLAS, TX 75312-1236	35-2528741	501(C)(3)	957,240.	0.			EXTRAMURAL RESEARCH GRANT
VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 37240-1591	62-0476822	501(C)(3)	70,902.	0.			EXTRAMURAL RESEARCH GRANT
VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291	95-2769432	501(C)(3)	25,000.	0.			COLORECTAL HEALTH AND EDUCATION
VERSITI WISCONSIN INC PO BOX 2178 MILWAUKEE, WI 53201-2178	39-0807235	501(C)(3)	7,352.	0.			EXTRAMURAL RESEARCH GRANT
VIRGINIA COMMONWEALTH UNIV PO BOX 843039 RICHMOND, VA 23284-3039	54-6001758	GOVT	1,015,441.	0.			EXTRAMURAL RESEARCH GRANT
VIRGINIA COMMUNITY HEALTHCARE 3831 WESTERRE PARKWAY HENRICO, VA 23233	00-0000000	OTHER	17,850.	0.			HPV AND CANCER CTRL
VISITING NURSES ASSOCIATION OF CAPE CODE - 434 ROUTE 134 SUITE D3 - SOUTH DENNIS, MA 02660	00-0000000	OTHER	18,750.	0.			PATIENT SUPPORT
VNA HEALTH CARE 400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	25,000.	0.			CANCER CONTROL
WAKE FOREST UNIV HEALTH SCI MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	28,538.	0.			EXTRAMURAL RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
WASHINGTON UNIVERSITY CAMPUS BOX 1034 ST LOUIS, MO 63112-1408	43-6401888	501(C)(3)	55,372.	0.			EXTRAMURAL RESEARCH GRANT
WATTS HEALTHCARE CORP 10300 COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501(C)(3)	25,000.	0.			CANCER CONTROL
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE STE 13001 DETROIT, MI 48202	38-6028429	GOVT	807,966.	0.			EXTRAMURAL RESEARCH GRANT
WEBER STATE UNIVERSITY 3848 HARRISON BLVD OGDEN, UT 84408	87-6000535	GOVT	15,000.	0.			TOBACCO CONTROL
WEILL MED COLLEGE OF CORNELL U 1300 YORK AVE BXO 89 NEW YORK, NY 10065	13-1623978	501(C)(3)	126,551.	0.			EXTRAMURAL RESEARCH GRANT
WELLNESS PLAN MEDICAL CENTERS 7700 SECOND AVE DETROIT, MI 48202	27-3971570	501(C)(3)	25,000.	0.			CANCER CONTROL
WESLEY COMMUNITY CENTER INC 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	25,000.	0.			CANCER CONTROL
WEST JEFFERSON HOSPITAL FOUNDATION 1111 MEDICAL CENTER BLVD STE N-201 MARRERO, LA 70072	27-0082033	501(C)(3)	10,000.	0.			TRANSPORTATION ASSISTANCE
YUMA REGIONAL MEDICAL CENTER CANCER CTR - 2375 S RIDGEVIEW DR - YUMA, AZ 85364	86-6007596	501(C)(3)	5,000.	0.			TRANSPORTATION ASSISTANCE

Part III **Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance
GUEST ROOM PROGRAM	25012	265,008.	1,827,128.	FMV	GUEST ROOMS
TRANSPORTATION	14946	1,834,305.	0.		
WIGS	2478	237,342.	1,834,305.	FMV	WIGS
OTHER PATIENT SUPPORT ITEMS	1146	368,506.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RESEARCH GRANTS: IN ORDER TO MONITOR THE USE OF RESEARCH 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: 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:

Part IV Supplemental Information

(A) OBJECTIVE/HYPOTHESIS OF THE PROJECT,

(B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION,

(C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER,

(D) PUBLICATIONS SUBMITTED, AND

(E) A LIST OF PATENTS GRANTED IF APPLICABLE.

NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND. ANNUAL REPORTS 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 GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY. THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING:

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

REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT

Part IV Supplemental Information

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.

FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS. THE SOCIETY REQUIRES GRANTEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS. NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED. SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE SOCIETY. THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS REGULAR TELEPHONE CONFERENCES WITH GRANTEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL. FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC

Employer identification number

13-1788491

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as 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	**1b**		
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 on line 1a?	**2**		
3	Indicate which, if any, of the following the 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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LEONARD LICHTENFELD	(i)	184,489.	0.	180,754.	365,040.	482.	730,765.	7,378.
DEPUTY CHIEF MEDICAL OFCR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GARY M. REEDY	(i)	589,533.	0.	12,867.	25,606.	5,849.	633,855.	0.
CHIEF EXECUTIVE OFFICER	(ii)	64,313.	0.	1,404.	2,793.	638.	69,148.	0.
(3) JUNG H. KIM	(i)	425,935.	0.	3,506.	210,363.	13,434.	653,238.	0.
CHIEF OPERATING OFFICER	(ii)	15,489.	0.	127.	7,650.	489.	23,755.	0.
(4) WILLIAM CANCE	(i)	488,201.	0.	91,677.	16,500.	20,398.	616,776.	0.
CHIEF MEDICAL & SCIENTIFIC OFCR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL L. NEAL	(i)	372,571.	0.	3,205.	152,195.	19,430.	547,401.	0.
SENIOR EVP, FIELD OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RICHARD C. WENDER	(i)	135,338.	0.	296,234.	19,603.	6,401.	457,576.	34,133.
CHIEF CANCER CONTROL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CATHERINE E. MICKLE	(i)	38,036.	0.	357,593.	26,429.	2,886.	424,944.	28,579.
CHIEF ADMIN OFCR, OUTGOING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHARON BYERS	(i)	61,373.	0.	330,473.	8,556.	846.	401,248.	46,705.
CHIEF DEVELOPMENT & MARKET, OUTGOING	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TIMOTHY B. PHILLIPS	(i)	277,017.	0.	637.	64,246.	19,910.	361,810.	0.
CHIEF LEGAL AND RISK OFFICER	(ii)	15,110.	0.	35.	3,504.	1,086.	19,735.	0.
(10) KAEL REICIN	(i)	293,214.	22,541.	14,863.	4,774.	964.	336,356.	0.
CFO, INCOMING	(ii)	31,987.	2,459.	1,621.	521.	105.	36,693.	0.
(11) JEFF D KLAAS	(i)	310,432.	0.	24,540.	10,352.	589.	345,913.	0.
EVP, WEST REGION	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JEFFREY D. FEHLIS	(i)	281,352.	0.	1,188.	9,734.	24,702.	316,976.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) WILTON W. WHITE	(i)	299,166.	0.	1,231.	0.	9,891.	310,288.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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.

PART I, LINES 4A-B:

PART II, LINE 1B (III) LEONARD LICHTENFELD: INCLUDLES A SEVERANCE PAYMENT OF $152,167. LICHTENFELD RETIRED FROM THE SOCIETY IN 2020 AFTER SERVING IN A VARIETY OF PROFESSIONAL ROLES FOR OVER 19 YEARS.

PART II, LINE 6B (III) RICHARD C. WENDER: INCLUDES A SEVERANCE PAYMENT OF $236,806 AFTER SERVING IN SEVERAL LEADERSHIP ROLES AT THE SOCIETY.

PART II, LINE 7B (III) CATHERINE E. MICKLE: INCLUDES A SEVERANCE PAYMENT OF $310,000 AFTER SERVING IN A VARIETY OF SENIOR LEADERSHIP ROLES FOR OVER 20 YEARS AT THE SOCIETY.

PART II, LINE 8B(III) SHARON BYERS: INCLUDES A SEVERANCE PAYMENT OF $276,000 AFTER SERVING IN A PROMINENT LEADERSHIP ROLE AT THE SOCIETY.

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"), 457(B), AND 457(F) PLANS AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE

Part III Supplemental Information

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.

CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. THE ORGANIZATION RESTORES MATCHING CONTRIBUTION BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON THE FILING ORGANIZATION'S 403(B)PLAN IN THE 457(B) AND 457(F) PLANS. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP AND 457(F) BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV, LINE 15. THE SERP PLAN WAS FROZEN IN 2016, AND AS A RESULT PAYMENTS ARE NOW MADE ONLY AFTER RETIREMENT RATHER THAN IN INCREMENTAL AMOUNTS DURING THE EXECUTIVE'S SERVICE.

THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR:

RICHARD C. WENDER - $34,133

SHARON BYERS - $46,705

CATHERINE E. MICKLE - $28,579

LEONARD LICHTENFELD - $7,378

FORM 990, SCHEDULE J, PART II, COLUMN C

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AND A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE CHANGE IS CAUSED BY CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS. PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING ON WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC

Employer identification number

13-1788491

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		15,367,837.	COST/SELLING PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	215	7,081,171.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (WIGS)	X	2,325	1,881,600.	COST/SELLING PRICE
26	Other ▶ (GUEST ROOMS)	X	26,965	1,827,128.	COST/SELLING PRICE
27	Other ▶ (HOPE LODGE)	X	27	114,350.	COST/SELLING PRICE
28	Other ▶ (GOLF PASSES)	X	491	14,720.	COST/SELLING PRICE

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

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

Part II **Supplemental Information.** 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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC

Employer identification number
13-1788491

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH OUR SIX GEOGPRAHIC REGIONS, WE SAVE LIVES, CELEBRATE LIVES, AND FIGHT FOR A WORLD WITHOUT CANCER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 INCLUDED OUR COMPREHENSIVE CANCER PREVENTION STUDY (CPS-3).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

EXPENSES $ 45,095,233. INCLUDING GRANTS OF $ 8,040,890. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS USED TO REVIEW THE FORM 990

MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES

Name of the organization: AMERICAN CANCER SOCIETY, INC

Employer identification number: 13-1788491

AND REVIEWS THE FORM 990. THE DRAFT FORM 990 IS THEN 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.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY

THE AMERICAN CANCER SOCIETY, INC. 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 RESPONSE TO A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE CHIEF LEGAL OFFICER/ASSISTANT SECRETARY OF THE AMERICAN CANCER SOCIETY RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES. EMPLOYEE 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, AND UPON NOTICE OF A CONFLICT DISCLOSURE, 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.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW PROCESS

THE AMERICAN CANCER SOCIETY, INC. USES AN INDEPENDENT COMPENSATION

Name of the organization: AMERICAN CANCER SOCIETY, INC

Employer identification number: 13-1788491

COMMITTEE ('THE COMMITTEE'), ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ('CEO') AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE 'BOARD') IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ('DISQUALIFIED PERSONS'). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL:

(A) CONDUCT AN ANNUAL REVIEW (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;

(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;

Name of the organization: AMERICAN CANCER SOCIETY, INC

Employer identification number: 13-1788491

(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 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 TERMS ARE REASONABLE;

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,ME,MD,MA,MI,MN,MS MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,PR,RI,SC,SD,TN,TX,UT,VA,VI,VT,WA, WI,WV,WY

FORM 990, PART VI, SECTION C, LINE 18:

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

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.

Name of the organization: AMERICAN CANCER SOCIETY, INC

Employer identification number: 13-1788491

FORM 990, PART VI, SECTION C, LINE 19:

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

THE AMERICAN CANCER SOCIETY, INC. 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 ARE OTHERWISE PROTECTED. THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES. THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, 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 WEBSITE AT WWW.CANCER.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	15,370,810.
NET CHANGE IN PENSION LIABILITY	-1,286,535.
ROUNDING ADJUSTMENT	2.
TOTAL TO FORM 990, PART XI, LINE 9	14,084,277.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC

Employer identification number
13-1788491

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

(a) Name, address, and EIN (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
ACS BRIGHTEDGE VENTURE, LLC - 82-2597570 3380 CHASTAIN MEADOWS PKY NW NO. 200 ATLANTA, GA 30144	INVESTING	DELAWARE	2,402,722.	30,460,765.	ACS, INC.

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	(g) Section 512(b)(13) controlled entity? No
ACS CANCER ACTION NETWORK, INC. - 52-2340031 555 11TH STREET NW WASHINGTON, DC 20004	ELIMINATE CANCER	DISTRICT OF COLUMBIA	501(C)(4)		ACS, INC.		X
ACS DEVELOPMENT I, INC. - 46-5439010 3380 CHASTAIN MEADOWS PKWY, ST 200 KENNESAW, GA 30144	SUPPORT ACS	GEORGIA	501(C)(3)	LINE 12A, I	ACS, INC.	X	
ACS CAPITAL, INC. - 46-5429467 3380 CHASTAIN MEADOWS PKWY, ST 200 KENNESAW, GA 30144	SUPPORT ACS	GEORGIA	501(C)(3)	LINE 12A, I	ACS CAN		X
ACS PRODUCTS, INC. - 02-0651055 3380 CHASTAIN MEADOWS PKWY, ST 200 KENNESAW, GA 30144	SUPPORT ACS	GEORGIA	501(C)(3)	LINE 12A, I	ACS, INC.	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
AMERICAN CANCER SOCIETY, INC PUERTO RICO - 66-0321594, 566 CALLE CABO HERMOGENES ALVERIO, HATO REY, PR 00918	ELIMINATE CANCER	PUERTO RICO	501(C)(3)	LINE 7	ACS, INC.	X	
THE JOSEPH S AND JEANNETTE M SILBER FDTN - 34-1363915, KEY TOWER 127 PUBLIC SQ NO 2000, CLEVELAND, OH 44114	ELIMINATE CANCER	OHIO	501(C)(3)	LINE 12D, III-O	N/A		X
ACS DEVELOPMENT COMPANY II, INC. - 82-1993189, 3380 CHASTAIN MEADOWS PKWY, ST 200, KENNESAW, GA 30144	SUPPORT ACS	GEORGIA	501(C)(3)	LINE 12A, I	ACS, INC.	X	

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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
ISRAEL FAMILY HOLDINGS, LLC - 81-4706366, 340 S. LEMON AVENUE #2625, WALNUT, CA 91789	SUPPORT ACS	DE	N/A	RELATED	0.	873,402.		X	N/A		X	99.00%
THE BROWER-IADONE FAMILY, LLC - 47-3426422, 2360 CLAUDIA STREET, CORONA, CA 92882	SUPPORT ACS	DE	N/A	RELATED	0.	1,018,021.		X	N/A		X	99.00%

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	(i) Section 512(b)(13) controlled entity? No
CHARITABLE REMAINDER ANNUITY TRUSTS (28)	SUPPORT ACS	NY	N/A	TRUST					X
CHARITABLE REMAINDER UNITRUSTS (84)	SUPPORT ACS	NY	N/A	TRUST					X
DISCRETIONARY TRUSTS (12)	SUPPORT ACS	NY	N/A	TRUST					X
NET INC PRINCIPAL INVASION REMAINDER (119)	SUPPORT ACS	NY	N/A	TRUST					X
NET INCOME REMAINDER TRUSTS (46)	SUPPORT ACS	NY	N/A	TRUST					X

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(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	(i) Section 512(b)(13) controlled entity? No
PERPETUAL TRUSTS (69)	SUPPORT ACS	NY	N/A	TRUST					X
REVOCABLE LIVING TRUSTS (9)	SUPPORT ACS	NY	N/A	TRUST					X
CHARITABLE LEAD ANNUITY TRUSTS (2)	SUPPORT ACS	NY	N/A	TRUST					X
COMBINATION TRUSTS (4)	SUPPORT ACS	NY	N/A	TRUST					X

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

		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	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 (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ACS CANCER ACTION NETWORK, INC	Q	9,676,905.	FMV
(2)	ACS DEVELOPMENT COMPANY I, INC.	Q	100,008.	FMV
(3)	ACS PRODUCTS, INC.	Q	4,400,084.	FMV
(4)	AMERICAN CANCER SOCIETY, INC. PUERTO RICO	Q	1,860,932.	FMV
(5)	ACS CANCER ACTION NETWORK, INC	B	23,608,559.	FMV
(6)	AMERICAN CANCER SOCIETY, INC. PUERTO RICO	B	267,634.	FMV

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	THE JOSEPH AND JEANETTE SILBER FDTN	C	200,000.	FMV
(8)	ACS DEVELOPMENT COMPANY I, INC.	K	1,840,709.	FMV
(9)	ACS DEVELOPMENT COMPANY II, INC.	K	1,459,036.	FMV
(10)	ACS PRODUCTS, INC.	S	12,671,418.	FMV
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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 sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.