

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending

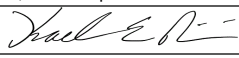
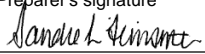
B Check if applicable:		C Name of organization AMERICAN CANCER SOCIETY, INC.			D Employer identification number 13-1788491	
<input checked="" type="checkbox"/>	Address change	Doing business as			E Telephone number 13-1788491	
<input type="checkbox"/>	Name change	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	F Telephone number (800) 227-2345	
<input type="checkbox"/>	Initial return	270 PEACHTREE ST NW		1300	G Gross receipts \$ 5,247,022,332.	
<input type="checkbox"/>	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code				
<input type="checkbox"/>	Amended return	ATLANTA, GA 30303-1246				
<input type="checkbox"/>	Application pending	F Name and address of principal officer: DR. KAREN E. KNUDSEN, PHD			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		SAME AS "C" ABOVE			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					If "No," attach a list. See instructions.	
I Tax-exempt status:		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	H(c) Group exemption number 0580
J Website: WWW.CANCER.ORG						
K Form of organization:		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other	L Year of formation: 1922 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2023 (Part V, line 2a)	5	3,300
	6 Total number of volunteers (estimate if necessary)	6	1,083,526
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,025.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	657,648,576.	642,764,423.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,536,835.	258,515.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,545,367.	17,825,861.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-8,257,849.	-4,010,684.
		674,472,929.	656,838,115.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	190,934,828.	194,769,766.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	257,889,391.	308,739,250.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,601,341.	10,816,141.
	b Total fundraising expenses (Part IX, column (D), line 25)	124,005,580.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	213,778,136.	241,947,447.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	669,203,696.	756,272,604.
19 Revenue less expenses. Subtract line 18 from line 12	5,269,233.	-99,434,489.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,780,605,245.	1,809,676,040.
	22 Net assets or fund balances. Subtract line 21 from line 20.	525,388,196.	531,311,280.
		1,255,217,049.	1,278,364,760.

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		9/17/2024			
	Signature of officer	Date			
Paid Preparer Use Only	KAEL REICIN	CFO & CSO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SANDRA L FEINSMITH		09/16/2024		P01064157
	Firm's name	BDO USA	Firm's EIN	13-5381590	
	Firm's address	421 FAYETTEVILLE STREET, SUITE 300 RALEIGH, NC 27601	Phone no.	919-278-1936	

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. AMERICAN CANCER SOCIETY, INC.	Taxpayer identification number (TIN) 13-1788491
	Number, street, and room or suite no. If a P.O. box, see instructions. 270 PEACHTREE ST NW STE 1300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303-1246	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

KAEL REICIN

The books are in the care of 270 PEACHTREE ST NW STE 1300 ATLANTA GA 30303-1246

Telephone No. 800 227-2345 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box. . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2024, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2023 or
 tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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:

IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 370,879,841. including grants of \$ 25,141,258.) (Revenue \$ 233,500.)

PATIENT SUPPORT: THE AMERICAN CANCER SOCIETY, INC. (ACS) OFFERS PROGRAMS AND SERVICES TO HELP INDIVIDUALS DURING AND AFTER CANCER TREATMENT. WE PROVIDE THE LATEST, EVIDENCE-BASED CANCER INFORMATION AND ARE AVAILABLE 24/7 TO HELP PEOPLE FACING CANCER FIND SERVICES AND RESOURCES, WHETHER THEY WANT TO UNDERSTAND THEIR DIAGNOSIS AND TREATMENT OPTIONS, LEARN HOW TO COPE WITH SIDE EFFECTS, FIND TRANSPORTATION, OR NEED LODGING WHEN TREATMENT IS FAR FROM HOME. WE PROVIDE INFORMATION AND SUPPORT TO PEOPLE WITH CANCER, CAREGIVERS, AND SURVIVORS THROUGH ONLINE COMMUNITIES AND ONE-ON-ONE SUPPORT.

4b (Code:) (Expenses \$ 187,268,536. including grants of \$ 135,582,751.) (Revenue \$ 25,015.)

DISCOVERY: ACS LAUNCHES INNOVATIVE, HIGH-IMPACT RESEARCH TO FIND MORE - AND BETTER - TREATMENTS, UNCOVER FACTORS THAT MAY CAUSE CANCER, AND IMPROVE QUALITY OF LIFE FOR PEOPLE FACING CANCER. WE FUND RESEARCH GRANTS AND CONDUCT CANCER RESEARCH STUDIES TO HELP ACCELERATE THE PACE OF PROGRESS. WE CONDUCT EQUITY-FOCUSED RESEARCH TO IDENTIFY AND UNDERSTAND ISSUES RELATED TO CANCER DISPARITIES IN AN EFFORT TO ADVANCE HEALTH EQUITY AMONG ALL COMMUNITIES.

4c (Code:) (Expenses \$ 42,605,309. including grants of \$ 34,045,757.) (Revenue \$ NONE)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 600,753,686.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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 3,300		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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)? . .		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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? 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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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? If "Yes," see the instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (22), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

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.
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 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 30303-1246
800-227-2345

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KAREN E. KNUDSEN, PHD CHIEF EXECUTIVE OFFICER	55.00 8.00			X				1,293,396.	111,499.	115,406.
(2) KAEL REICIN CHIEF FIN. & STRATEGY OFFICER	55.00 7.00			X				1,024,247.	109,741.	50,307.
(3) MICHAEL L. NEAL CHIEF OF ORG. ADVANCEMENT	55.00 3.00				X			830,990.	NONE	98,156.
(4) ANDRE C. BOKHOOR CHIEF PEOPLE OFFICER	55.00 NONE					X		796,113.	NONE	76,240.
(5) WILLIAM L. DAHUT CHIEF SCIENTIFIC OFFICER	55.00 NONE				X			810,090.	NONE	49,316.
(6) TIMOTHY B. PHILLIPS CHIEF LEGAL AND RISK OFFICER	55.00 2.00					X		588,586.	NONE	74,648.
(7) JOHN B. WOODWARD SENIOR EVP, FIELD OPERATIONS	55.00 NONE					X		552,699.	NONE	98,222.
(8) KIMBERLY MARTINEZ CHIEF MARKETING OFFICER	55.00 NONE					X		509,626.	NONE	42,421.
(9) ARIF KAMAL CHIEF PATIENT OFFICER	55.00 NONE				X			494,381.	NONE	23,738.
(10) EMILY SANDMAN SENIOR VICE PRESIDENT, PEOPLE	55.00 NONE					X		473,803.	NONE	27,118.
(11) JUNG H. KIM FORMER CHIEF OPERATING OFFICER	NONE NONE						X	128,068.	NONE	NONE
(12) CATHERINE E. MICKLE FORMER CHIEF FINANCIAL OFFICER	NONE NONE						X	106,594.	NONE	NONE
(13) BRIAN A. MARLOW, CFA BOARD CHAIR	5.00 3.00	X		X				NONE	NONE	NONE
(14) KATIE A. ECCLES, ESQ. BOARD SECRETARY/TREASURER	5.00 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARK A. GOLDBERG, MD BOARD SCIENTIFIC OFFICER	5.00 NONE	X		X				NONE	NONE	NONE
(16) MICHAEL T. MARQUARDT BOARD IMMEDIATE PAST CHAIR	5.00 3.00	X		X				NONE	NONE	NONE
(17) TERRI MCCLEMENTS BOARD VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
(18) ASIF DHAR, MD, MBA BOARD DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(19) BRUCE N. BARRON BOARD DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(20) CARMEN E. GUERRA, MD, MSCE BOARD DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(21) CONNIE LINDSEY BOARD DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(22) EDISON T. LIU, MD BOARD DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(23) JENNIFER R. CROZIER BOARD DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(24) JOSE C. BUENAGA, MBA BOARD DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(25) KAREN ETZKORN BOARD DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
1b Sub-total								7,608,593.	221,240.	655,572.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								7,608,593.	221,240.	655,572.

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 **760**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	
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	

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KATHLEEN GALLAGHER, MSN BOARD DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(27) KENNETH R. STOLL BOARD DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(28) MARGARET MCCAFFERY BOARD DIRECTOR	3.00 1.00	X					NONE	NONE	NONE	
(29) MICHAEL PELLINI, MD BOARD DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(30) MICHELLE M. LE BEAU, PHD BOARD DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(31) OTHMAN LARAKI, MS, MBA BOARD DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(32) OYEBODE TAIWO, MD, MPH BOARD DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(33) ROBERT WINN, MD BOARD DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(34) WAYNE A. I. FREDERICK, MD, MBA BOARD DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 122

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	1,984,484.				
	b	Membership dues	1b					
	c	Fundraising events	1c	166,595,495.				
	d	Related organizations	1d	2,640,763.				
	e	Government grants (contributions) . .	1e	4,446,935.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	467,096,746.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 33,528,564.				
	h	Total. Add lines 1a-1f			642,764,423.			
	Program Service Revenue				Business Code			
2a		JOURNAL ADVERTISING INCOME		541800	25,015.	25,015.		
b		CANCER SCREENING PROGRAM		900099	233,500.	233,500.		
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f			258,515.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			32,028,288.	10.	32,028,278.	
	4	Income from investment of tax-exempt bond proceeds . . .		NONE				
	5	Royalties			2,436,250.		2,436,250.	
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					123,601.			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	123,601.	NONE			
	d	Net rental income or (loss)			123,601.		123,601.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					4,493,464,413.	380,779.		
	b	Less: cost or other basis and sales expenses . .	7b	4,507,903,042.	144,577.			
	c	Gain or (loss)	7c	-14,438,629.	236,202.			
d	Net gain or (loss)			-14,202,427.		-14,202,427.		
8a	Gross income from fundraising events (not including \$ 166,595,495. of contributions reported on line 1c). See Part IV, line 18	8a						
				36,611,367.				
					33,622,800.			
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			2,988,567.		2,988,567.		
9a	Gross income from gaming activities. See Part IV, line 19	9a						
				1,247,814.				
					661,620.			
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities			586,194.		586,194.		
10a	Gross sales of inventory, less returns and allowances	10a						
				29,619,291.				
					47,852,178.			
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			-18,232,887.		-18,232,887.		
Miscellaneous Revenue				Business Code				
	11a	GRANT REFUND/RESIGNATIONS		900099	7,804,937.		7,804,937.	
	b	MISCELLANEOUS INCOME		900099	282,654.		282,654.	
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			8,087,591.				
12	Total revenue. See instructions				656,838,115.	233,500.	25,025.	13,815,167.

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	189,809,842.	189,809,842.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,266,935.	3,266,935.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,692,989.	1,692,989.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	4,882,045.	3,256,351.	812,841.	812,853.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,551,037.	825,711.	506,646.	218,680.
7 Other salaries and wages	239,545,963.	177,945,260.	6,431,546.	55,169,157.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,561,074.	13,083,314.	575,844.	3,901,916.
9 Other employee benefits	26,870,034.	19,979,876.	940,236.	5,949,922.
10 Payroll taxes	18,329,097.	13,366,499.	775,342.	4,187,256.
11 Fees for services (nonemployees):				
a Management	2,472,422.	1,878,800.	74,133.	519,489.
b Legal	11,515,638.	1,074,703.	10,224,023.	216,912.
c Accounting	627,034.		627,034.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	10,816,141.			10,816,141.
f Investment management fees	539,306.		539,306.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	17,968,845.	13,234,460.	885,611.	3,848,774.
12 Advertising and promotion	47,058,334.	36,027,754.	1,260,092.	9,770,488.
13 Office expenses	25,993,503.	17,728,743.	3,098,744.	5,166,016.
14 Information technology	49,438,737.	40,562,164.	1,507,968.	7,368,605.
15 Royalties	NONE			
16 Occupancy	30,875,760.	25,726,178.	191,470.	4,958,112.
17 Travel	12,372,762.	8,906,405.	468,451.	2,997,906.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	6,645,829.	4,351,522.	141,029.	2,153,278.
20 Interest	713,323.	689,572.	9,188.	14,563.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	14,943,886.	13,899,963.	298,487.	745,436.
23 Insurance	3,404,474.	1,429,617.	1,668,424.	306,433.
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 & FUND.	17,602,930.	12,944,359.	452,737.	4,205,834.
b HONORARIUMS	533,636.	510,406.	400.	22,830.
c MEDALS/RECOGNITION	369,647.	258,419.	8,030.	103,198.
d MULTI-YEAR GRANT DISCOUNT	-2,726,407.	-2,726,407.	NONE	NONE
e All other expenses _____	1,597,788.	1,030,251.	15,756.	551,781.
25 Total functional expenses. Add lines 1 through 24e	756,272,604.	600,753,686.	31,513,338.	124,005,580.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	107,244,211.	74,336,919.	3,606,646.	29,300,646.

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	NONE	1	NONE
	2 Savings and temporary cash investments	41,852,584.	2	45,244,598.
	3 Pledges and grants receivable, net	79,397,794.	3	93,073,054.
	4 Accounts receivable, net	4,971,170.	4	5,685,014.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	9,084,298.	7	NONE
	8 Inventories for sale or use	5,241,198.	8	5,133,678.
	9 Prepaid expenses and deferred charges	11,717,872.	9	12,893,160.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 416,900,762.		
	b Less: accumulated depreciation	10b 185,018,412.	232,940,198.	10c 231,882,350.
	11 Investments - publicly traded securities	880,786,434.	11	872,484,154.
	12 Investments - other securities. See Part IV, line 11	30,117,214.	12	42,844,699.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	484,496,483.	15	500,435,333.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,780,605,245.	16	1,809,676,040.	
Liabilities	17 Accounts payable and accrued expenses	197,504,560.	17	186,883,950.
	18 Grants payable	227,547,283.	18	250,975,867.
	19 Deferred revenue	4,018,613.	19	4,428,943.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	31,852,304.	23	23,608,169.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	64,465,436.	25	65,414,351.
	26 Total liabilities. Add lines 17 through 25	525,388,196.	26	531,311,280.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	570,740,825.	27	527,258,622.
	28 Net assets with donor restrictions	684,476,224.	28	751,106,138.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	1,255,217,049.	32	1,278,364,760.
33 Total liabilities and net assets/fund balances	1,780,605,245.	33	1,809,676,040.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	656,838,115.
2	Total expenses (must equal Part IX, column (A), line 25)	2	756,272,604.
3	Revenue less expenses. Subtract line 2 from line 1	3	-99,434,489.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,255,217,049.
5	Net unrealized gains (losses) on investments	5	70,196,098.
6	Donated services and use of facilities	6	645,002.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	51,741,100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,278,364,760.

Part XII Financial Statements and Reporting

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

- 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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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?
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2023)

**SCHEDULE A
(Form 990)**

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

2023

**Open to Public
Inspection**

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

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (95.75%); 15 Public support percentage from 2022 Schedule A, Part II, line 14 (95.97%); 16a 33 1/3% support test - 2023 (checked); 16b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; 17b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 3 columns: Description, 2023, 2022. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2023, 2022. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. 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.

19b 33 1/3% support tests - 2022. 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 on line 12 of 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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? <i>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.</i>			
b Did the activities described on 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? <i>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.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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 (<i>explain in detail in Part VI</i>):		
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization <p style="text-align: center;">AMERICAN CANCER SOCIETY, INC.</p>	Employer identification number <p style="text-align: center;">13-1788491</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 15,154,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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.

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 AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

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

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

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

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

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

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

Schedule C (Form 990) 2023

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No														

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 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).

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

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

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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.

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1:

DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY:

RECOGNIZING THE POWER OF LEGISLATIVE CHANGE TO ACCOMPLISH ITS MISSION, ACS SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO ITS SECTION 501(C)(4) AFFILIATE, ACS CAN, TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATION SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM.

ACS CAN IS CONTRACTUALLY OBLIGATED TO USE FUNDS FROM ACS SOLELY IN A MANNER CONSISTENT WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE GOVERNING 501(C)(3) ORGANIZATIONS. FUNDS ARE PROHIBITED FROM BEING EXPENDED FOR ELECTION PURPOSES, INCLUDING CONTRIBUTIONS TO ANY CANDIDATE OR POLITICAL ORGANIZATION, OR TO INFLUENCE ANY ELECTION TO PUBLIC OFFICE.

ACS ALSO PAYS DUES TO CERTAIN ORGANIZATIONS RELATED TO THE INDUSTRY WHICH HAVE LOBBYING EXPENSES. THE AMOUNT INCLUDED IN THE TOTAL IS THE PERCENTAGE OF THE DUES PAID THAT WERE USED FOR LOBBYING.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 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., 1b 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.

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

Schedule D (Form 990) 2023

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 in 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	127,888,547.	151,345,168.	142,586,713.	106,990,454.	95,773,353.
b Contributions	5,057,932.	4,103,488.	3,450,426.	23,157,501.	1,401,610.
c Net investment earnings, gains, and losses	19,194,145.	-24,011,457.	11,855,700.	16,901,576.	14,365,545.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,575,895.	3,548,652.	6,547,671.	4,462,818.	4,550,054.
f Administrative expenses					
g End of year balance	146,564,729.	127,888,547.	151,345,168.	142,586,713.	106,990,454.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment NONE %
 - b Permanent endowment 100.0000 %
 - c Term endowment NONE %
- 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		15,946,283.		15,946,283.
b Buildings		276,545,296.	117,824,466.	158,720,830.
c Leasehold improvements		62,960,477.	31,676,451.	31,284,026.
d Equipment		23,442,326.	20,219,993.	3,222,333.
e Other		38,006,380.	15,297,502.	22,708,878.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				231,882,350.

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. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

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. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

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) BENEFICIAL INTERESTS IN TRUSTS	362,478,048.
(2) PLANNED GIVING ASSETS	102,104,912.
(3) RIGHT OF USE LEASES	29,233,177.
(4) OTHER RECEIVABLES	6,302,336.
(5) DUE FROM AFFILIATES	316,860.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	500,435,333.

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) RIGHT OF USE LEASES	29,807,182.
(3) INVESTMENTS HELD FOR AFFILIATES	25,545,766.
(4) GIFT ANNUITY LIABILITY	8,717,843.
(5) FINANCE LEASE LIABILITIES	1,343,560.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	65,414,351.

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	865,725,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	70,196,098.
b	Donated services and use of facilities	2b	47,669,182.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	91,561,117.
e	Add lines 2a through 2d	2e	209,426,397.
3	Subtract line 2e from line 1	3	656,298,809.
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	539,306.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	539,306.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	656,838,115.

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	817,753,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	47,024,180.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	14,996,477.
e	Add lines 2a through 2d	2e	62,020,657.
3	Subtract line 2e from line 1	3	755,733,298.
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	539,306.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	539,306.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	756,272,604.

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS:

THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY. DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.

SCHEDULE D, PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE:

ACS DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022. ACS BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 2D:

REVENUE OF AFFILIATES	\$51,900,963
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	\$42,662,534
WRITE-OFFS	\$4,802,557
GRANT REFUNDS/RESIGNATIONS	\$(7,804,937)

TOTAL TO PART XI, LINE 2D	\$91,561,117

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D:

EXPENSES OF AFFILIATES	\$22,801,414
GRANT REFUNDS/RESIGNATIONS	\$(7,804,937)

TOTAL TO PART XII, LINE 2D	\$14,996,477

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

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? **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
(1) EUROPE	NONE	NONE	PROGRAM SERVICES	ACCESS TO CARE	15,262.
(2) EUROPE	NONE	NONE	PROGRAM SERVICES	HPV VAX INITIATIVES	31,693.
(3) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	ACCESS TO CARE	2,000.
(4) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	HPV VAX INITIATIVES	78,198.
(5) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	ACCESS TO CARE	132,275.
(6) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	HEALTH EQUITY INIT.	1,055.
(7) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	HPV VAX INITIATIVES	8,574.
(8) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	OTHER INITIATIVES	935,648.
(9) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	PAIN INITIATIVES	99,480.
(10) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING	ACCESS TO CARE	30,000.
(11) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING	SCREENING INITIATIVES	15,000.
(12) EUROPE	NONE	NONE	GRANTMAKING	SCREENING INITIATIVES	170,607.
(13) EUROPE	NONE	NONE	GRANTMAKING	CANCER PREVENTION	50,000.
(14) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING	ACCESS TO CARE	30,000.
(15) SOUTH AMERICA	NONE	NONE	GRANTMAKING	ACCESS TO CARE	30,000.
(16) SOUTH ASIA	NONE	NONE	GRANTMAKING	HPV VAX INITIATIVES	202,334.
(17) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	ACCESS TO CARE	202,941.
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2023

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	HEALTH EQUITY INIT.	158,369.
(2) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	HPV VAX INITIATIVES	39,929.
(3) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	INTRAMURAL RESEARCH	86,429.
(4) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	OTHER INITIATIVES	512,556.
(5) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	PAIN INITIATIVES	164,824.
(6) EUROPE	NONE	1	PROGRAM SERVICES	FOREIGN EMPLOYEE	136,897.
(7) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	GLOBAL INITIATIVES	15,398.
(8) EUROPE	NONE	NONE	PROGRAM SERVICES	GLOBAL INITIATIVES	131,542.
(9) EUROPE	NONE	NONE	PROGRAM SERVICES	PATIENT SUPPORT	12,060.
(10) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	GLOBAL INITIATIVES	3,180.
(11) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	GLOBAL INITIATIVES	1,275.
(12) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	RESEARCH	191,018.
(13) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	GLOBAL INITIATIVES	3,200.
(14) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	GLOBAL INITIATIVES	2,540.
(15) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	GLOBAL INITIATIVES	1,950.
(16) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		103,624,507.
(17)					
3a Subtotal	NONE	NONE			2,035,067.
b Total from continuation sheets to Part I	NONE	1.			105,085,674.
c Totals (add lines 3a and 3b)	NONE	1.			107,120,741.

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

Schedule F (Form 990) 2023

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)
(1)			SUB-SAHARAN AFRICA	INTRAMURAL RESEARCH	104,261.	WIRE			
(2)			SUB-SAHARAN AFRICA	HPV VAX INIT	12,500.	WIRE			
(3)			SUB-SAHARAN AFRICA	OTHER INIT.	54,500.	WIRE			
(4)			MIDDLE EAST & NORTH AFRI	CARE ACCESS	30,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	CARE ACCESS	15,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	OTHER INIT.	17,994.	WIRE			
(7)			SOUTH ASIA	HPV VAX INIT	69,084.	WIRE			
(8)			SUB-SAHARAN AFRICA	OTHER INIT.	55,000.	WIRE			
(9)			SOUTH ASIA	HPV VAX INIT	93,250.	WIRE			
(10)			EUROPE (INCLUDING ICELAN	SCREENING	50,000.	WIRE			
(11)			SUB-SAHARAN AFRICA	PAIN INIT.	55,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	OTHER INIT.	17,932.	WIRE			
(13)			SUB-SAHARAN AFRICA	OTHER INIT.	17,467.	WIRE			
(14)			SUB-SAHARAN AFRICA	OTHER INIT.	17,985.	WIRE			
(15)			SUB-SAHARAN AFRICA	OTHER INIT.	17,975.	WIRE			
(16)			SOUTH ASIA	HPV VAX INIT	20,000.	WIRE			

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 37

3 Enter total number of other organizations or entities 3

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)
(1)			EAST ASIA & THE PACIFIC	CARE ACCESS	15,000.	WIRE			
(2)			SOUTH AMERICA	CARE ACCESS	30,000.	WIRE			
(3)			EUROPE (INCLUDING ICELAN	CANCER PREV.	50,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	OTHER INIT.	17,932.	WIRE			
(5)			SUB-SAHARAN AFRICA	PAIN INIT.	89,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	HLTH EQUITY	77,304.	WIRE			
(7)			SUB-SAHARAN AFRICA	CARE ACCESS	94,441.	WIRE			
(8)			SUB-SAHARAN AFRICA	HPV VAX INIT	14,929.	WIRE			
(9)			SUB-SAHARAN AFRICA	OTHER INIT.	18,000.	WIRE			
(10)			EAST ASIA & THE PACIFIC	CARE ACCESS	15,000.	WIRE			
(11)			SUB-SAHARAN AFRICA	OTHER INIT.	18,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	OTHER INIT.	18,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	PAIN INIT.	87,500.	WIRE			
(14)			SUB-SAHARAN AFRICA	PAIN INIT.	45,648.	WIRE			
(15)			EUROPE (INCLUDING ICELAN	SCREENING	120,607.	WIRE			
(16)			EAST ASIA & THE PACIFIC	SCREENING	15,000.	WIRE			

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

3 Enter total number of other organizations or entities

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" 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)
(1)			SOUTH ASIA	HPV VAX INIT	20,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	OTHER INIT.	55,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	CARE ACCESS	96,486.	WIRE			
(4)			SUB-SAHARAN AFRICA	HLTH EQUITY	81,065.	WIRE			
(5)			SUB-SAHARAN AFRICA	OTHER INIT.	18,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	OTHER INIT.	17,939.	WIRE			
(7)			SUB-SAHARAN AFRICA	OTHER INIT.	17,690.	WIRE			
(8)			SUB-SAHARAN AFRICA	HPV VAX INIT	12,500.	WIRE			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 _____

3 Enter total number of other organizations or entities _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* 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).

SCHEDULE F, PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS:

ACS MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF ACS TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY ACS RECEIVING BENCHMARKING GRANT REPORTS. ACS ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES. ALL GRANTS ARE DOCUMENTED VIA WRITTEN GRANT AGREEMENTS SIGNED BY BOTH PARTIES. GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES: (1) INTERIM REPORTS AT THE MIDPOINT OF THE GRANT; AND (2) FINAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT. TO THE EXTENT PAID OUT IN INSTALLMENTS, THE SECOND PAYMENT GENERALLY MAY NOT BE RELEASED UNTIL RECEIPT OF THE INTERIM NARRATIVE AND FINANCIAL REPORTS AND CONFIRMATION OF SATISFACTORY PROGRESS OF GRANT OBJECTIVES. ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS

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).

AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR.

SCHEDULE F, PART I, LINE 3:

METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS:

EAST ASIA AND THE PACIFIC -ACCRUAL

EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL

MIDDLE EAST AND NORTH AFRICA -ACCRUAL

NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL

SOUTH AMERICA -ACCRUAL

SOUTH ASIA -ACCRUAL

SUB-SAHARAN AFRICA -ACCRUAL

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).

SCHEDULE F, PART II, LINE 1:

METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS:

EAST ASIA AND THE PACIFIC -ACCRUAL

EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL

MIDDLE EAST AND NORTH AFRICA -ACCRUAL

SOUTH AMERICA -ACCRUAL

SOUTH ASIA -ACCRUAL

SUB-SAHARAN AFRICA -ACCRUAL

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				55,228,671.	10,816,141.	44,412,530.

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, MS, MO, 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	(b) Event #2	(c) Other events	(d) Total events		
		RELAY FOR LIFE (event type)	MSABC (event type)	404 (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	64,256,861.	41,515,650.	97,434,351.	203,206,862.	
	2	Less: Contributions	60,425,815.	37,128,048.	69,041,632.	166,595,495.	
	3	Gross income (line 1 minus line 2)	3,831,046.	4,387,602.	28,392,719.	36,611,367.	
Direct Expenses	4	Cash prizes	13,389.	582.	26,801.	40,772.	
	5	Noncash prizes	1,199,892.	309,921.	204,771.	1,714,584.	
	6	Rent/facility costs	1,278,797.	2,071,630.	11,636,757.	14,987,184.	
	7	Food and beverages	126,992.	110,246.	3,826,135.	4,063,373.	
	8	Entertainment	327,165.	147,937.	3,216,090.	3,691,192.	
	9	Other direct expenses	1,551,511.	1,791,221.	5,782,963.	9,125,695.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					33,622,800.
	11	Net income summary. Subtract line 10 from line 3, column (d)					2,988,567.

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	76,822.	1,170,992.
Direct Expenses	2	Cash prizes	2,869.	76,042.	78,911.	
	3	Noncash prizes	2,538.	382,187.	384,725.	
	4	Rent/facility costs	5,666.	86,365.	92,031.	
	5	Other direct expenses	6,523.	99,430.	105,953.	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				661,620.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				586,194.

9 Enter the state(s) in which the organization conducts gaming activities: SEE SUPPLEMENT PAGE

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

b If "No," explain: SEE SUPPLEMENT PAGE

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

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|--------------------------------------|------------|----------|---|
| a The organization's facility | 13a | NONE | % |
| b An outside facility | 13b | 100.0000 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ANNETTA MARTIN

Address ▶ 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 30303-1246

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ KAEL REICIN, CHIEF FINANCE & STRATEGY OFFICER

Gaming manager compensation ▶ \$ NONE

Description of services provided ▶ DIRECTOR/OFFICER

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 586,194.

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

SCHEDULE G, PART I, LINE 2B:

- ACS HAS ENGAGED CASWELL ZACHRY GRIZZARD LLC TO PROVIDE PROFESSIONAL FUNDRAISING SERVICES. UNDER THIS ARRANGEMENT, \$554,420 WAS ALSO PAID TO THEM FOR RELATED PRINTING AND POSTAGE SERVICES. THE INVOICES RECEIVED FROM CASWELL ZACHRY GRIZZARD LLC DISTINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING SERVICE FEE AMOUNTS VERSUS THE GENERAL FUNDRAISING EXPENSES AND THE CONTRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES.

- ACS HAS ENGAGED COMMUNITY COUNSELING SERVICE CO LLC TO PROVIDE PROFESSIONAL FUNDRAISING SERVICES. UNDER THIS ARRANGEMENT, \$52,390 WAS

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

ALSO PAID TO THEM FOR RELATED EXPENSE REIMBURSEMENT. THE INVOICES RECEIVED FROM COMMUNITY COUNSELING SERVICE CO LLC DISTINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING SERVICE FEE AMOUNTS VERSUS THE GENERAL FUNDRAISING EXPENSES AND THE CONTRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES. ACS ALSO ENGAGES COMMUNITY COUNSELING SERVICE CO LLC TO PERFORM CONSULTING SERVICES OUTSIDE OF THIS PROFESSIONAL FUNDRAISING ARRANGEMENT.

- ACS HAS ENGAGED M+R STRATEGIC SERVICES TO PROVIDE PROFESSIONAL FUNDRAISING SERVICES. UNDER THIS ARRANGEMENT, \$1,874 WAS ALSO PAID TO THEM FOR RELATED EXPENSE REIMBURSEMENT. THE INVOICES RECEIVED FROM M+R STRATEGIC SERVICES DISTINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SERVICE FEE AMOUNTS VERSUS THE GENERAL FUNDRAISING EXPENSES AND THE CONTRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES.

- ACS HAS ENGAGED MERKLE INC TO PROVIDE PROFESSIONAL FUNDRAISING SERVICES. UNDER THESE ARRANGEMENTS, \$7,954,016 WAS ALSO PAID TO THEM FOR RELATED PRINTING SERVICES AND EXPENSE REIMBURSEMENT. THE INVOICES RECEIVED FROM MERKLE INC DISTINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING SERVICE FEE AMOUNTS VERSUS THE GENERAL FUNDRAISING EXPENSES AND THE CONTRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES.

- ACS HAS ENGAGED PMX AGENCY LLC TO PROVIDE PROFESSIONAL FUNDRAISING SERVICES. UNDER THIS ARRANGEMENT, \$1,515,163 WAS ALSO PAID TO THEM FOR

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

RELATED PRINTING SERVICES. THE INVOICES RECEIVED FROM PMX AGENCY LLC DISTINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING SERVICE FEE AMOUNTS VERSUS THE GENERAL FUNDRAISING EXPENSES AND THE CONTRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES.

SCHEDULE G, PART II - COLUMN A:

RELAY FOR LIFE BRINGS TOGETHER PASSIONATE SUPPORTERS WHO EMBODY ACS' VISION TO END CANCER AS WE KNOW IT, FOR EVERYONE. THIS VOLUNTEER-LED EXPERIENCE UNITES COMMUNITIES TO CELEBRATE CANCER SURVIVORS, REMEMBER LOVED ONES LOST TO CANCER, AND RAISE FUNDS TO IMPROVE THE LIVES OF PEOPLE

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER. EVERY RELAY FOR LIFE EXPERIENCE HAS THE SAME FOUR SIGNATURE ELEMENTS: A CELEBRATION OF CANCER SURVIVORS, A CELEBRATION OF CAREGIVERS, A LUMINARIA CEREMONY TO HONOR AND REMEMBER LOVED ONES, AND THE OPPORTUNITY TO FIGHT BACK AGAINST CANCER.

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SCHEDULE G, PART II - COLUMN B:

MAKING STRIDES AGAINST BREAST CANCER IS A CELEBRATION OF COURAGE AND HOPE, A MOVEMENT UNITING COMMUNITIES TO END BREAST CANCER AS WE KNOW IT, FOR EVERYONE.

-WE ARE THE MOVEMENT. OVER THE PAST THREE DECADES, OUR 3- TO 5-MILE NONCOMPETITIVE WALKS HAVE COLLECTIVELY GROWN INTO THE NATION'S LARGEST AND MOST IMPACTFUL BREAST CANCER MOVEMENT - PROVIDING A SUPPORTIVE COMMUNITY FOR COURAGEOUS BREAST CANCER SURVIVORS AND METASTATIC BREAST CANCER THRIVERS, CAREGIVERS, AND FAMILIES ALIKE.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

-WE ARE THE HOPE. SINCE 1993, THE AMERICAN CANCER SOCIETY MAKING STRIDES AGAINST BREAST CANCER CAMPAIGN HAS UNITED COMMUNITIES, COMPANIES, AND INDIVIDUALS WITH A COLLECTIVE GOAL TO END BREAST CANCER AS WE KNOW IT, FOR EVERYONE. CELEBRATING SURVIVORS AND THRIVERS IS A KEY COMPONENT OF THE MAKING STRIDES EXPERIENCE.

-WE ARE THE FUTURE. MAKING STRIDES AGAINST BREAST CANCER FUNDS LIFESAVING BREAST CANCER RESEARCH AND IS COMMITTED TO ADVANCING HEALTH EQUITY THROUGH ESSENTIAL PROGRAMS AND SERVICES, BELIEVING THAT ALL PEOPLE HAVE A FAIR AND JUST OPPORTUNITY TO LIVE A LONGER, HEALTHIER LIFE FREE FROM BREAST CANCER.

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SCHEDULE G, PART III, LINE 17B:

ACS CONDUCTS GAMING ACTIVITIES IN MULTIPLE STATES (SEE DISCLOSURE IN SCHEDULE G, PART III, LINE 9). THE MINIMUM AMOUNT REQUIRED TO BE DISTRIBUTED UNDER STATE LAW VARIES FROM STATE TO STATE. ACS USES ALL ITS GAMING INCOME TOWARD ITS EXEMPT PURPOSE, THEREBY MEETING OR EXCEEDING ANY REQUIRED MINIMUM BY EACH STATE.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

ADVANCED REMARKETING SVCS

ADDRESS:

116 JOHNNY CAKE HILL
MIDDLETOWN, RI 02842

ACTIVITY :

AUTO DONATIONS

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY :	1,981,080.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	318,425.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	1,662,655.

NAME:

CASWELL ZACHRY GRIZZARD LLC

ADDRESS:

6301 GASTON AVENUE, SUITE 715
DALLAS, TX 75214

ACTIVITY :

PLANNED GIVING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	NONE
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	353,000.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-353,000.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

COMMUNITY COUNSELING SVCS

ADDRESS:

527 MADISON AVENUE, 5TH FLOOR
NEW YORK, NY 10022

ACTIVITY :

FUNDRAISING COUNSEL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	3,000,000.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	3,343,000.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-343,000.

NAME:

DIGITAL MEDIA SOLUTIONS

ADDRESS:

4800 14TH AVE NORTH, SUITE 101
CLEARWATER, FL 33762

ACTIVITY :

DIRECT MARKETING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	1,390,302.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	1,680,600.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-290,298.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

GOODUNITED

ADDRESS:

796 MEETING STREET
CHARLESTON, SC 29403

ACTIVITY :

FUNDRAISING COUNSEL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	205,632.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	470,000.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-264,368.

NAME:

M+R STRATEGIC SERVICES

ADDRESS:

2120 L STREET NW, SIXTH FLOOR
WASHINGTON, DC 20037

ACTIVITY :

FUNDRAISING COUNSEL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	2,261,789.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	254,917.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	2,006,872.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

MERKLE INC.

ADDRESS:

P.O. BOX 64897
BALTIMORE, MD 21264-4897

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	46,389,868.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	4,351,511.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	42,038,357.

NAME:

PMX AGENCY LLC

ADDRESS:

ONE WORLD TRADE CENTER; 63RD FLOOR
NEW YORK, NY 10007

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	NONE
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	10,000.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-10,000.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

VERITUS GROUP

ADDRESS:

P.O. BOX 18294
ASHEVILLE, NC 28814

ACTIVITY :

MAJOR GIFTS

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 34,688.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -34,688.

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

PART III - STATES IN WHICH THE ORG. CONDUCTS GAMING ACTIVITIES
=====

AL, AR, CA, DC, FL, GA, HI, IL,
KS, KY, LA, MD, MA, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, OH,
OK, OR, PA, PR, TX, VA, WA,

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SCHEDULE G, PART III, LINE 9B EXPLANATION
=====

SOME STATES DO NOT REQUIRE LICENSES. REVIEWS OF GAMING ACTIVITIES ARE CONDUCTED PERIODICALLY TO MONITOR COMPLIANCE WITH STATE LICENSING REQUIREMENTS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFRICAN METHODIST EPISCOPAL CHURCH P.O. BOX 1485 PALMETTO, GA 30268	52-1108379	501(C)(3)	15,000.				PATIENT SUPPORT
(2) ABOVE AND BEYOND CANCER 1305 50TH STREET WEST DES MOINES, IA 50233	45-3951308	501(C)(3)	20,000.				PATIENT SUPPORT
(3) ABRAMSON CANCER CTR AT PENNSYLVANIA HOSP. 800 SPRUCE STREET PHILADELPHIA, PA 19107	31-1538725	501(C)(3)	15,000.				PATIENT SUPPORT
(4) ACCESS/ARAB COMMUNITY CTR FOR ECONOMIC 2651 SAULINO COURT DEARBORN, MI 48126	23-7444497	501(C)(3)	20,000.				PATIENT SUPPORT
(5) ADELANTE HEALTHCARE INC 3001 N CENTRAL AVE PHOENIX, AZ 85012	86-0377821	501(C)(3)	30,000.				PATIENT SUPPORT
(6) ADULT AND CHILD MENTAL HEALTH CENTER 222 E OHIO ST INDIANAPOLIS, IN 46204	35-1534713	501(C)(3)	6,375.				PATIENT SUPPORT
(7) ADVANCED IMAGING LLC 4411 THE 25 WAY NE ALBUQUERQUE, NM 87109	54-2154946		10,000.				PATIENT SUPPORT
(8) ADVENT HEALTH SYSTEM/SUNBELT INC 4416 SUN N LAKE BLVD SEBRING, FL 33872	59-0725553	501(C)(3)	10,000.				PATIENT SUPPORT
(9) ADVENTHEALTH 2501 N ORANGE AVE ORLANDO, FL 32804	59-2219301	501(C)(3)	10,000.				PATIENT SUPPORT
(10) ADVENTHEALTH TAMPA 14055 RIVEREDGE DRIVE TAMPA, FL 33637	59-1113901	501(C)(3)	20,000.				PATIENT SUPPORT
(11) ADVOCATE HEALTH/AURORA HEALTH 3075 HIGHLAND PKWY DOWNERS GROVE, IL 60515	36-2167779	501(C)(3)	54,000.				PATIENT SUPPORT
(12) AFFINIA HEALTHCARE PO BOX 551 SAINT LOUIS, MO 63188-0551	43-0817642	501(C)(3)	62,970.				PATIENT SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 644

3 Enter total number of other organizations listed in the line 1 table 43

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGAPE COMMUNITY HEALTH CENTER 120 KING ST JACKSONVILLE, FL 32202	16-1660966	501(C)(3)	10,000.				PATIENT SUPPORT
(2) ALABAMA CANCER CARE 509 ENERGY CENTER BLVD NORTHPORT, AL 35473	27-2458311		10,000.				PATIENT SUPPORT
(3) ALABAMA ONCOLOGY FOUNDATION 500 OFFICE PARK DRIVE BIRMINGHAM, AL 35223	85-2608911	501(C)(3)	20,000.				PATIENT SUPPORT
(4) ALABAMA STATE UNIVERSITY 915 S JACKSON STREET MONTGOMERY, AL 36104	63-6001101	GOVT	84,000.				EXTRAMURAL RESEARCH
(5) ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK OGAWA PLAZA OAKLAND, CA 94612	94-3103136	501(C)(3)	25,000.				PATIENT SUPPORT
(6) ALASKA MEDICAL CENTER 3760 PIPER STREET ANCHORAGE, AK 99508	92-0093565	501(C)(3)	40,000.				PATIENT SUPPORT
(7) ALBANY AREA PRIMARY HEALTH CARE INC 204 N WESTOVER BLVD ALBANY, GA 31707-2983	58-1344015	501(C)(3)	10,000.				PATIENT SUPPORT
(8) ALBANY MED 43 NEW SCOTLAND AVE ALBANY, NY 12208	14-6023119	501(C)(3)	50,000.				PATIENT SUPPORT
(9) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK BRONX, NY 10461	47-2209056	501(C)(3)	1,537,500.				SUPPORT/RESEARCH
(10) ALLEGHENY HEALTH NETWORK 4818 LIBERTY AVE PITTSBURGH, PA 15224	45-3674924	501(C)(3)	110,000.				PATIENT SUPPORT
(11) ALPHA PHI ALPHA FRATERNITY INC 2313 SAINT PAUL STREET BALTIMORE, MD 21218	36-2105176	501(C)(7)	25,000.				SPON. NATL CONV 2023
(12) ALTRU HEALTH FOUNDATION 2501 DEMERS AVE GRAND FORKS, ND 58206-6002	45-0368330	501(C)(3)	7,500.				PATIENT SUPPORT

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN ASSOC FOR CANCER RSRC 143 WEST STREET NEW MILFORD, CT 06776	23-6251648	501(C)(3)	20,000.				AWARD FOR RESEARCH
(2) ACS CANCER ACTION NETWORK 655 15TH STREET NW WASHINGTON, DC 20005	52-2340031	501(C)(4)	34,045,757.				PROGRAM SUPPORT
(3) AMERICAN COLLEGE OF SURGEONS PO BOX 92425 CHICAGO, IL 60675-2425	36-2192800	501(C)(3)	1,021,500.				PATIENT SUPPORT
(4) ANCHORAGE RADIATION ONCOLOGY CENTER 188 W NORTH. LIGHTS AVE ANCHORAGE, AK 99503	88-1950708	501(C)(3)	10,000.				PATIENT SUPPORT
(5) ANMED HEALTH FOUNDATION 800 NORTH FANT ST ANDERSON, SC 29621	38-3886017	501(C)(3)	10,000.				PATIENT SUPPORT
(6) ANN ARBOR VA HEALTHCARE SYSTEM 2215 FULLER RD ANN ARBOR, MI 48105	38-3149486	GOVT	10,000.				PATIENT SUPPORT
(7) APPALACHIAN STATE UNIVERSITY ASU BOX 32043 BOONE, NC 28608	56-1176030	GOVT	792,000.				EXTRAMURAL RESEARCH
(8) ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT RD TUCSON, AZ 85712	27-4035615	501(C)(3)	10,000.				PATIENT SUPPORT
(9) ASANTE FOUNDATION 229 N BARTLETT ST MEDFORD, OR 97501	93-6087366	501(C)(3)	20,000.				PATIENT SUPPORT
(10) ASCENSION SACRED HEART CANCER CENTER 1545 AIRPORT BLVD #3000 PENSACOLA, FL 32504	59-0634434	501(C)(3)	90,000.				PATIENT SUPPORT
(11) ASCENSION ST VINCENTS EAST CANCER CENTER 1130 22ND ST S BIRMINGHAM, AL 35205	63-0578923	501(C)(3)	13,000.				PATIENT SUPPORT
(12) ASCENSION WISCONSIN FOUNDATION INC 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1494981	501(C)(3)	20,000.				PATIENT SUPPORT

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASPEN CANCER CONFERENCE INC 419 MEADOW COURT BASALT, CO 81621	52-1746776	501(C)(3)	50,000.				CANCER CONF. SPONSOR
(2) ASPIRUS REGIONAL CANCER CENTER 215 N 28TH AVENUE WAUSAU, WI 54401	39-1138241	501(C)(3)	25,000.				PATIENT SUPPORT
(3) ASSIST FLATHEAD 1280 BURNS WAY LOW. LVL KALISPELL, MT 59901	46-2669324	501(C)(3)	25,000.				PATIENT SUPPORT
(4) ASSOCIATION OF AMERICAN CANCER INSTITUTES 3708 5TH AVE PITTSBURGH, PA 15213	23-7410581	501(C)(3)	19,462.				DEI SUMMIT SPONSOR.
(5) ATLANTIC HEALTH SYSTEMS NEWTON MEDICAL CTR 175 HIGH STREET NEWTON, NJ 07860	22-3820288	501(C)(3)	15,000.				PATIENT SUPPORT
(6) ATRIUM HEALTH FLOYD MEDICAL CENTER 304 TURNER MCCALL BLVD ROME, GA 30165	58-1973570	501(C)(3)	20,000.				PATIENT SUPPORT
(7) ATRIUM HEALTH FOUNDATION 208 EAST BLVD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	142,500.				PATIENT SUPPORT
(8) AUBURN UNIVERSITY 208 M WHITE SMITH HALL AUBURN UNI, AL 36849	63-6000724	GOVT	50,000.				EXTRAMURAL RESEARCH
(9) AURORA HEALTH CARE INC 950 N 12TH ST MILWAUKEE, WI 53233	39-1442285	501(C)(3)	10,000.				PATIENT SUPPORT
(10) AVERA MCKENNAN 1000 E 23RD ST SIOUX FALLS, SD 57105	46-0224743	501(C)(3)	40,000.				PATIENT SUPPORT
(11) BAD RIVER HEALTH & WELLNESS 53585 NOKOMIS RD ASHLAND, WI 54806	39-1178897	TRIBAL GOVT	10,000.				PATIENT SUPPORT
(12) BALTIMORE MEDICAL SYSTEM INC 3501 SINCLAIR LN BALTIMORE, MD 21213	52-1358241	501(C)(3)	20,000.				PATIENT SUPPORT

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

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

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BANNER HEALTH 2901 N CENTRAL AVE PHOENIX, AZ 85012	94-2545356	501(C)(3)	86,447.				PATIENT SUPPORT
(2) BAPTIST CANCER CENTER - NORTH MISSISSIPPI 504 AZALEA DR OXFORD, MS 38655	64-0772726	501(C)(3)	15,000.				PATIENT SUPPORT
(3) BAPTIST HEALTH CARE FOUNDATION 301 BROWN SPRINGS ROAD MONTGOMERY, AL 36117	23-7281996	501(C)(3)	8,000.				PATIENT SUPPORT
(4) BAPTIST HEALTH SOUTH FLORIDA FDN. INC PO BOX 748853 ATLANTA, GA 30374-8853	59-1923401	501(C)(3)	60,000.				PATIENT SUPPORT
(5) BAPTIST HOSPITALS OF SOUTHEAST TEXAS 3070 COLLEGE ST, STE 401 BEAUMONT, TX 77701	61-1557670	501(C)(3)	50,000.				PATIENT SUPPORT
(6) BAPTIST MEMORIAL HEALTH CARE FDN. 350 N HUMPHREYS BLVD MEMPHIS, TN 38120	58-1544781	501(C)(3)	15,000.				PATIENT SUPPORT
(7) BAPTIST MEMORIAL HOSPITAL - GOLDEN TRIANGLE 2520 5TH STREET NORTH COLUMBUS, MS 39705	64-0682302	501(C)(3)	10,000.				PATIENT SUPPORT
(8) BARTLETT REGION HOSP/BARTLETT MED ONCOLOGY 3260 HOSPITAL DRIVE JUNEAU, AK 99801	92-0118538		35,000.				PATIENT SUPPORT
(9) BATON ROUGE GENERAL PENNINGTON CANCER CTR 8595 PICARDY AVE BATON ROUGE, LA 70809	72-1025017	501(C)(3)	20,000.				PATIENT SUPPORT
(10) BAY AREA COMMUNITY HEALTH 40910 FREMONT BLVD FREMONT, CA 94538	23-7255435	501(C)(3)	32,500.				PATIENT SUPPORT
(11) BAYLOR COLLEGE OF MEDICINE 6227 GLENLIVET DR HOUSTON, TX 77030	76-0481211	501(C)(3)	1,734,000.				EXTRAMURAL RESEARCH
(12) BEAUMONT FARMINGTON HILLS CANCER CENTER 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033	38-1426919	501(C)(3)	10,000.				PATIENT SUPPORT

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BECKMAN RESEARCH INST. OF THE CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010-3000	95-3432210	501(C)(3)	474,000.				SUPPORT/RESEARCH
(2) BELLIN HEALTH 744 S WEBSTER AVE GREEN BAY, WI 54305-3400	39-1809171	501(C)(3)	100,000.				PATIENT SUPPORT
(3) BENEFIS HEALTH SYSTEM FOUNDATION PO BOX 7008 GREAT FALLS, MT 59406	81-0480587	501(C)(3)	10,000.				PATIENT SUPPORT
(4) BETH ISRAEL DEACONESS MED CTR 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	822,600.				EXTRAMURAL RESEARCH
(5) BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107-1031	81-0407289	501(C)(3)	75,000.				PATIENT SUPPORT
(6) BLACK HEALTH MATTERS INC 412 HEIGHTS DRIVE HALEDON, NJ 07508	47-5446921	501(C)(3)	17,500.				HEALTH SUMMIT SPON.
(7) BOARD OF REGENTS ON THE UNIV 21 NORTH PARK ST MADISON, WI 53715-1218	39-0743975	501(C)(3)	2,244,500.				EXTRAMURAL RESEARCH
(8) BOB PERKS CANCER ASSISTANCE FUND PO BOX 313 STATE COLLEGE, PA 16804	20-4220990	501(C)(3)	50,275.				PATIENT SUPPORT
(9) BON SECOURS MERCY HEALTH ST FRANCIS CANCER 104 INNOVATION DRIVE GREENVILLE, SC 29607	58-2504528	501(C)(3)	10,000.				PATIENT SUPPORT
(10) BORINQUEN MEDICAL CENTERS 3883 BISCAYNE BLVD MIAMI, FL 33137	59-1417397	501(C)(3)	10,000.				PATIENT SUPPORT
(11) BOSTON MEDICAL CENTER CORPORATION 820 HARRISON AVE, 3RD FL BOSTON, MA 02118	04-3314093	501(C)(3)	120,000.				PATIENT SUPPORT
(12) BOZEMAN DEACONESS FOUNDATION 875 S COTTONWOOD RD BOZEMAN, MT 59715	84-1407943	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	04-2103552	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(2) BRIGHAM AND WOMENS HOSPITAL PO BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	1,532,833.				EXTRAMURAL RESEARCH
(3) BRIGHAM YOUNG UNIVERSITY A-153 ASB PROVO, UT 84602	87-0217280	501(C)(3)	39,000.				PATIENT SUPPORT
(4) BROWARD HEALTH 1608 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)	20,000.				PATIENT SUPPORT
(5) BROWN UNIVERSITY 69 BROWN ST, BOX 1911 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	385,000.				EXTRAMURAL RESEARCH
(6) BROWNSVILLE COMMUNITY DEVELOPMENT CORP. 592 ROCKAWAY AVE BROOKLYN, NY 11212	11-2544630	501(C)(3)	10,000.				PATIENT SUPPORT
(7) BRYAN MEDICAL CENTER/BRYAN HEALTH 1600 S 48TH ST LINCOLN, NE 68506	47-0376552	501(C)(3)	20,000.				PATIENT SUPPORT
(8) BSA HARRINGTON CANCER CENTER 1500 WALLACE BLVD AMARILLO, TX 79106	30-0754305		7,500.				PATIENT SUPPORT
(9) BUTLER HEALTH SYSTEM FOUNDATION ONE HOSPITAL WAY BUTLER, PA 16001	26-1543883	501(C)(3)	147,166.				PATIENT SUPPORT
(10) CALIFORNIA INSTITUTE OF TECH 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	267,500.				EXTRAMURAL RESEARCH
(11) CAMC HEALTH EDUCATION & RESRCH PO BOX 45760 BALTIMORE, MD 21297-5760	55-0753754	501(C)(3)	12,500.				PATIENT SUPPORT
(12) CAMDEN ON GAULEY MEDICAL CENTER INC PO BOX 69 CAMDEN ON GAULEY, WV 26208	55-0592596	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) CANCER ACTION COALITION OF VIRGINIA PO BOX 31658 RICHMOND, VA 23294	45-3531497	501(C)(3)	20,000.				PATIENT SUPPORT
(2) CANCER PARTNERS OF NEBRASKA 201 S 68TH ST PL LINCOLN, NE 68510	91-1862785		10,000.				PATIENT SUPPORT
(3) CANCER SUPPORT COMMUNITY MONTANA 102 SOUTH 11TH AVENUE BOZEMAN, MT 59715	81-0542266	501(C)(3)	28,000.				PATIENT SUPPORT
(4) CANCER SUPPORT COMMUNITY OF GTR. ANN ARBOR 2010 HOGBACK RD, STE 3 ANN ARBOR, MI 48105	05-0597871	501(C)(3)	10,000.				PATIENT SUPPORT
(5) CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	58-1974410	501(C)(3)	50,000.				PATIENT SUPPORT
(6) CAPE FEAR VALLEY MEDICAL FOUNDATION INC 101 ROBESON ST FAYETTEVILLE, NC 28301	56-1947017	501(C)(3)	10,000.				PATIENT SUPPORT
(7) CAPITOL CITY FAMILY HEALTH CENTER 3140 FLORIDA ST BATON ROUGE, LA 70806	72-1395500	501(C)(3)	10,000.				PATIENT SUPPORT
(8) CARE RING INC 601 E 5TH STREET CHARLOTTE, NC 28202	56-0621073	501(C)(3)	12,500.				PATIENT SUPPORT
(9) CARESTL HEALTH 5471 MARTIN L KING DR SAINT LOUIS, MO 63112	43-0917230	501(C)(3)	37,500.				PATIENT SUPPORT
(10) CARILION MEDICAL CENTER 213 S JEFFERSON ST ROANOKE, VA 24011	54-0506332	501(C)(3)	10,000.				PATIENT SUPPORT
(11) CARLDEN INC 6701 DEMOCRACY BLVD BETHESDA, MD 20817	26-4721147		10,000.				BEAUTIFUL WOMEN 10K
(12) CAROLINAEAST FOUNDATION 2007-B NEUSE BLVD NEW BERN, NC 28560	56-1991164	501(C)(3)	22,500.				PATIENT SUPPORT

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(1) CAROMONT HEALTH INC 2525 COURT DR GASTONIA, NC 28054	59-1636959	501(C)(3)	10,000.				PATIENT SUPPORT
(2) CARSON TAHOE HEALTH 1600 MEDICAL PARKWAY CARSON CITY, NV 89702	88-0502320	501(C)(3)	25,000.				PATIENT SUPPORT
(3) CARTI FOUNDATION INC PO BOX 55011 LITTLE ROCK, AR 72215	71-0589907	501(C)(3)	100,000.				PATIENT SUPPORT
(4) CASA ESPERANZA INC 1005 YALE NE ALBUQUERQUE, NM 87106	85-0356946	501(C)(3)	31,000.				PATIENT SUPPORT
(5) CASA GUADALUPE EDUCATION CENTER 419 ROOSEVELT DR WEST BEND, WI 53090	20-4483105	501(C)(3)	30,000.				PATIENT SUPPORT
(6) CASE WESTERN RESERVE UNIV 10900 EUCLID AVE CLEVELAND, OH 44106-7006	34-1018992	501(C)(3)	1,152,589.				EXTRAMURAL RESEARCH
(7) CATHOLIC HEALTH INITIATIVES - IOWA CORP 411 LAUREL ST STE 3300 DES MOINES, IA 50314	42-0680448	501(C)(3)	10,000.				PATIENT SUPPORT
(8) CATHOLIC MEDICAL CENTER 9 WASHINGTON PL, STE 203 BEDFORD, NH 03110	02-0315693	501(C)(3)	10,000.				PATIENT SUPPORT
(9) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	2,424,270.				SUPPORT/RESEARCH
(10) CENTRA FOUNDATION 1920 ATHERHOLT RD LYNCHBURG, VA 24501	54-0715569	501(C)(3)	15,000.				PATIENT SUPPORT
(11) CENTRACARE HEALTH SYSTEM 1406 6TH AVE N SAINT CLOUD, MN 56303	41-1813221	501(C)(3)	20,000.				PATIENT SUPPORT
(12) CENTRAL FLORIDA HEALTH CARE INC 950 COUNTY RD 17A WEST AVON PARK, FL 33825	59-1404594	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) CENTRAL OZARKS MEDICAL CENTER PO BOX 777 RICHLAND, MO 65556	43-1183442	501(C)(3)	10,500.				PATIENT SUPPORT
(2) CHARLES R DREW UNIV. OF MED & SCIENCE 1731 E 120TH STREET LOS ANGELES, CA 90059	95-6151774	501(C)(3)	52,500.				EXTRAMURAL RESEARCH
(3) CHARTER OAK HEALTH CENTER 21 GRAND STREET HARTFORD, CT 06106	06-0986747	501(C)(3)	10,000.				PATIENT SUPPORT
(4) CHEROKEE INDIAN HOSPITAL AUTHORITY 1 HOSPITAL RD CHEROKEE, NC 28719	05-0524222	TRIBAL GOVT	7,500.				PATIENT SUPPORT
(5) CHESAPEAKE REGIONAL HEALTHCARE 736 BATTLEFIELD BLVD N CHESAPEAKE, VA 23320	54-1693739	501(C)(3)	10,000.				PATIENT SUPPORT
(6) CHESPENN HEALTH SERVICES 1510 CHESTER PIKE EDDYSTONE, PA 19022	23-7354899	501(C)(3)	20,000.				PATIENT SUPPORT
(7) CHEYENNE REGIONAL MEDICAL CENTER FDN. 214 E 23RD ST CHEYENNE, WY 82001	83-0236858	501(C)(3)	15,000.				PATIENT SUPPORT
(8) CHI HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154	36-3233121	501(C)(3)	12,000.				PATIENT SUPPORT
(9) CHI ST ALEXIUS HEALTH 900 EAST BROADWAY AVE BISMARCK, ND 58501	45-0226711	501(C)(3)	33,000.				PATIENT SUPPORT
(10) CHI ST VINCENT HOSPITAL HOT SPRINGS 1455 HIGDON FERRY RD HOT SPRINGS, AR 71913	71-0236913	501(C)(3)	17,500.				PATIENT SUPPORT
(11) CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVE CHICAGO, IL 60617	36-2893854	501(C)(3)	48,750.				PATIENT SUPPORT
(12) CHILDHOOD CANCER FDN. OF S. CALIFORNIA, INC 11155 MT. VIEW AVE LOMA LINDA, CA 92354	33-0536599	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) CHILDRENS HOSPITAL & MEDICAL CENTER FDN. 8200 DODGE STREET OMAHA, NE 68114	47-6105603	501(C)(3)	10,000.				PATIENT SUPPORT
(2) CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241-4413	04-2703265	501(C)(3)	361,200.				EXTRAMURAL RESEARCH
(3) CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)(3)	36,000.				SUPPORT/RESEARCH
(4) CHILDRENS HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	327,500.				SUPPORT/RESEARCH
(5) CHILDREN'S MEDICAL CENTER OF DALLAS 1935 MEDICAL DISTRICT DR DALLAS, TX 75235	75-2062019	501(C)(3)	7,500.				PATIENT SUPPORT
(6) CHILDREN'S RESEARCH INSTITUTE 1 INVENTA PL SILVER SPRING, MD 20910	52-1654453	501(C)(3)	6,000.				PATIENT SUPPORT
(7) CHOC FOUNDATION 1201 WEST LA VETA AVE ORANGE, CA 92868	95-6097416	501(C)(3)	6,000.				PATIENT SUPPORT
(8) CHRISTIANA CARE HLTH SERVICES 200 HYGEIA DR, STE 2400 NEWARK, DE 19713	51-0103684	501(C)(3)	15,000.				PATIENT SUPPORT
(9) CHRISTUS CABRINI FOUNDATION 3330 MASONIC DR ALEXANDRIA, LA 71301	72-0998302	501(C)(3)	20,000.				PATIENT SUPPORT
(10) CHRISTUS SPOHN HEALTH SYSTEM FOUNDATION 613 ELIZABETH ST CORPUS CHRISTI, TX 78404	74-1109836	501(C)(3)	10,000.				PATIENT SUPPORT
(11) CHS SERVICES INC 992 N VILLAGE AVE ROCKVILLE CTR, NY 11570	11-3555766	501(C)(3)	15,000.				PATIENT SUPPORT
(12) CITIZENS MEDICAL CENTER 2701 HOSPITAL DR VICTORIA, TX 77901	74-1698143	501(C)(3)	14,000.				PATIENT SUPPORT

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(1) CLEMSON UNIVERSITY 391 COLLEGE AVE SUITE 301 CLEMSON, SC 29634	13-5598093	GOVT	350,000.				EXTRAMURAL RESEARCH
(2) CLEVELAND CLINIC 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	50,000.				PATIENT SUPPORT
(3) CLEVELAND CLINIC MARTIN HEALTH FOUNDATION PO BOX 9010 STUART, FL 34995	59-0637874	501(C)(3)	10,000.				PATIENT SUPPORT
(4) CLINICA COLORADO 8300 ALCOTT ST WESTMINSTER, CO 80031	27-3794068	501(C)(3)	10,000.				PATIENT SUPPORT
(5) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE STE 400 BOSTON, MA 02127	27-1414646	501(C)(3)	638,520.				PATIENT SUPPORT
(6) COLD SPRING HARBOR LABORATORY ONE BUNG TOWN COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	435,000.				EXTRAMURAL RESEARCH
(7) COLLIER HEALTH SERVICES INC 1454 MADISON AVENUE W IMMOKALEE, FL 34142	59-1741277	501(C)(3)	100,000.				PATIENT SUPPORT
(8) COLUMBIA MEMORIAL HOSPITAL 1905 EXCHANGE ST ASTORIA, OR 97103	93-0583856	501(C)(3)	15,000.				PATIENT SUPPORT
(9) COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087-9789	54-2147165	501(C)(3)	3,532,784.				EXTRAMURAL RESEARCH
(10) COMMUNITY FOUNDATION OF NORTHWEST INDIANA 10010 DONALD S POWERS DR MUNSTER, IN 46321	31-1128781	501(C)(3)	10,000.				PATIENT SUPPORT
(11) COMMUNITY HEALTH CARE 1148 BROADWAY, STE 100 TACOMA, WA 98402	91-1349657	501(C)(3)	10,000.				PATIENT SUPPORT
(12) COMMUNITY HEALTH CENTER OF LUBBOCK INC 1610 5TH STREET LUBBOCK, TX 79401	75-2424925	501(C)(3)	30,000.				PATIENT SUPPORT

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(1) COMMUNITY HEALTH CTRS OF CENTRAL WYOMING 5000 BLACKMORE RD CASPER, WY 82609	83-0326307	501(C)(3)	15,000.				PATIENT SUPPORT
(2) COMMUNITY HEALTH CTRS OF GREATER DAYTON 1323 W 3RD ST DAYTON, OH 45402	26-1253235	501(C)(3)	12,500.				PATIENT SUPPORT
(3) COMMUNITY HEALTH CTRS OF PINELLAS 1344 22ND ST S ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	10,000.				PATIENT SUPPORT
(4) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX PO BOX 1890 GONZALES, TX 78629	74-1548089	501(C)(3)	37,500.				PATIENT SUPPORT
(5) COMMUNITY HEALTH NETWORK FOUNDATION INC 7330 SHADELAND STA. INDIANAPOLIS, IN 46256	51-0181688	501(C)(3)	25,000.				PATIENT SUPPORT
(6) COMMUNITY HEALTHCARE NETWORK 60 MADISON AVE NEW YORK, NY 10010	84-3909175	501(C)(3)	10,000.				PATIENT SUPPORT
(7) COMMUNITY HOSPITAL FOUNDATION 2351 G ROAD GRAND JUNCTION, CO 81505	74-2576856	501(C)(3)	15,000.				PATIENT SUPPORT
(8) COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DR STOCKTON, CA 95210	94-2437106	501(C)(3)	20,000.				PATIENT SUPPORT
(9) CONE HEALTH CANCER CENTER 2400 W FRIENDLY AVENUE GREENSBORO, NC 27403	58-1588823	501(C)(3)	43,000.				PATIENT SUPPORT
(10) CONGRESO DE LATINOS UNIDOS INC 216 W SOMERSET ST PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	10,000.				PATIENT SUPPORT
(11) CONQUER CANCER FOUNDATION 2318 MILL RD #800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	6,500.				CANCER PREV. AWARD
(12) COPLIN HEALTH SYSTEMS 483 COURT ST ELIZABETH, WV 26143	31-0942184	501(C)(3)	27,500.				PATIENT SUPPORT

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

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) CORE EL CENTRO 130 W BRUCE ST, 3RD FL MILWAUKEE, WI 53204	39-2042797	501(C)(3)	30,000.				PATIENT SUPPORT
(2) CORNELL SCOTT-HILL HEALTH CENTER 400 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0870990	501(C)(3)	10,000.				PATIENT SUPPORT
(3) CORNERSTONE FAMILY HEALTHCARE 2570 US HIGHWAY 9W CORNWALL, NY 12518	06-1036715	501(C)(3)	10,000.				PATIENT SUPPORT
(4) COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410	20-0261172	501(C)(3)	13,000.				PATIENT SUPPORT
(5) COXHEALTH FOUNDATION 3525 S NATIONAL AVE SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	20,000.				PATIENT SUPPORT
(6) CREEK VALLEY HEALTH CLINIC PO BOX 418 COLORADO CITY, AZ 86021	83-3039533	501(C)(3)	15,000.				PATIENT SUPPORT
(7) CROSS LUTHERAN CHURCH 1821 N 16TH ST MILWAUKEE, WI 53205	39-0818678	501(C)(3)	30,000.				PATIENT SUPPORT
(8) CURATORS OF UNIV OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180-7012	26-6440629	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(9) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501(C)(3)	3,669,000.				SUPPORT/RESEARCH
(10) DARTMOUTH HEALTH DARTMOUTH CANCER CENTER 1 MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222140	501(C)(3)	63,000.				PATIENT SUPPORT
(11) DEACONESS HOSPITAL FOUNDATION 600 MARY ST EVANSVILLE, IN 47747	35-0593390	501(C)(3)	7,500.				PATIENT SUPPORT
(12) DELTA SIGMA THETA SORORITY INC PO BOX 33759 WASHINGTON, DC 20033-0759	53-0215218	501(C)(7)	25,000.				SPON. NATL CONV 2023

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(1) DENVER HEALTH & HOSPITAL AUTHORITY PO BOX 17093 DENVER, CO 80217	84-1343242	GOVT	10,000.				PATIENT SUPPORT
(2) DEPARTMENT OF VETERAN AFFAIRS 5000 S 5TH AVE HINES, IL 60141	70-8202253	GOVT	20,000.				PATIENT SUPPORT
(3) DESERT SAGE HEALTH CENTERS 2280 AMERICAN LEGION BLVD MT HOME, ID 83647	82-0372009	501(C)(3)	15,000.				PATIENT SUPPORT
(4) DHHS/NIH/NCI/OD/OM/DCCPS 9609 MEDICAL CTR DRIVE ROCKVILLE, MD 20850	52-0821668	GOVT	25,000.				PATIENT SUPPORT
(5) DIGITAL MEDICINE SOCIETY INC 90 CANAL ST 4TH FLOOR BOSTON, MA 02114	83-4205470	501(C)(3)	10,000.				PATIENT SUPPORT
(6) DISTRICT CLINIC HOLDINGS, INC. 902 CLINT MOORE RD BOCA RATON, FL 33487	45-5591655	GOVT	7,500.				PATIENT SUPPORT
(7) DIVINE INTERVENTION FITNESS LLC 8917 W GRANTOSA DR MILWAUKEE, WI 53225	86-1639506		30,000.				PATIENT SUPPORT
(8) DOMINICAN HOSPITAL FOUNDATION 1555 SOQUEL DR SANTA CRUZ, CA 95065	94-2450442	501(C)(3)	20,000.				PATIENT SUPPORT
(9) DREXEL UNIVERSITY PO BOX 95000-1090 PHILADELPHIA, PA 19195	23-1352630	501(C)(3)	1,364,000.				EXTRAMURAL RESEARCH
(10) DUKE UNIVERSITY HEALTH SYSTEM 324 BLACKWELL STREET DURHAM, NC 27701	56-2070036	501(C)(3)	669,833.				SUPPORT/RESEARCH
(11) EA LINKS INCORPORATED 1200 MASSACHUSETTS AVE WASHINGTON, DC 20005	52-2311914	501(C)(4)	20,000.				CONFERENCE SPONSOR.
(12) EAST CAROLINA UNIVERSITY 2200 S. CHARLES BLVD GREENVILLE, NC 27858	56-6093187	501(C)(3)	50,000.				EXTRAMURAL RESEARCH

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Schedule I (Form 990) 2023

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(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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13-1788491

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(1) EL RIO HEALTH PO BOX 1231 TUCSON, AZ 85702	86-0285857	501(C)(3)	20,000.				PATIENT SUPPORT
(2) EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501(C)(3)	623,200.				SUPPORT/RESEARCH
(3) ESKENAZI HEALTH 720 ESKENAZI AVE INDIANAPOLIS, IN 46202	35-6005697	501(C)(3)	41,000.				PATIENT SUPPORT
(4) ESPERANZA HEALTH CENTERS 1940 S WESTERN AVE CHICAGO, IL 60608	32-0115907	501(C)(3)	10,000.				PATIENT SUPPORT
(5) ESSENTIA HEALTH 502 E 2ND ST DULUTH, MN 55805	20-0360007	501(C)(3)	69,950.				PATIENT SUPPORT
(6) EVERGREENHEALTH FOUNDATION 12040 NE 128TH STREET KIRKLAND, WA 98034	91-1519430	501(C)(3)	10,000.				PATIENT SUPPORT
(7) FAITH REGIONAL HEALTH SERVICES FDN. 2700 W NORFOLK AVE NORFOLK, NE 68701	91-1772474	501(C)(3)	10,000.				PATIENT SUPPORT
(8) FAMILIES FIRST PEDIATRICS 1320 S JORDAN PKWY SOUTH JORDAN, UT 84095	99-9999999		15,000.				PATIENT SUPPORT
(9) FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVE SAINT LOUIS, MO 63111	23-7076112	501(C)(3)	39,356.				PATIENT SUPPORT
(10) FAMILY HEALTH CTR OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	10,000.				PATIENT SUPPORT
(11) FAMILY REACH 142 BERKELEY ST, STE 310 BOSTON, MA 02116	91-2192211	501(C)(3)	440,000.				PATIENT SUPPORT
(12) FLORIDA HEALTH SCIENCE CENTER 1 TAMPA GENERAL CIRCLE TAMPA, FL 33606	23-7354477	501(C)(3)	55,000.				PATIENT SUPPORT

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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(1) FOREMOST FAMILY HEALTH CENTERS PO BOX 150128 DALLAS, TX 75315	75-2098992	501(C)(3)	47,500.				PATIENT SUPPORT
(2) FORREST GENERAL HOSPITAL PO BOX 6051 HATTIESBURG, MS 39401	64-6001587	501(C)(3)	20,000.				PATIENT SUPPORT
(3) FORT SANDERS FOUNDATION 280 FORT SANDERS W BLVD KNOXVILLE, TN 37922	62-1748601	501(C)(3)	12,500.				PATIENT SUPPORT
(4) FOUNDATION FOR WOMAN'S 100 WOMAN'S WAY BATON ROUGE, LA 70817	47-1970335	501(C)(3)	20,000.				PATIENT SUPPORT
(5) FRANCISCAN HEALTH FOUNDATION 3510 PARK PLACE WEST MISHAWAKA, IN 46545	35-1955283	501(C)(3)	45,000.				PATIENT SUPPORT
(6) FRED HUTCHINSON CANCER CENTER PO BOX 19024 SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	1,207,500.				EXTRAMURAL RESEARCH
(7) FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024 SEATTLE, WA 98109-1024	91-1935159	501(C)(3)	140,000.				PATIENT SUPPORT
(8) FREEMAN HEALTH SYSTEM CORNELL-BESHORE 3415 MCINTOSH CIRCLE JOPLIN, MO 64804	43-1704371	501(C)(3)	13,000.				PATIENT SUPPORT
(9) FRENCH HOSPITAL MEDICAL CANCER FDN. 1911 JOHNSON AVE SAN LUIS OBISPO, CA 94301	20-3256125	501(C)(3)	7,500.				PATIENT SUPPORT
(10) FROEDTERT HOSPITAL FOUNDATION 9200 W WISCONSIN AVE MILWAUKEE, WI 53226	39-1431192	501(C)(3)	13,000.				PATIENT SUPPORT
(11) FULL ACCESS AND COORDINATED TRANSPORTATION 516 CIVIC CENTER DRIVE OCEANSIDE, CA 92054	32-0173841	501(C)(3)	10,000.				PATIENT SUPPORT
(12) GARDNER HEALTH SERVICES 160 E VIRGINIA STREET SAN JOSE, CA 95112	94-1743078	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) GASTRO ONE 65 GERMANTOWN CT, STE 300 CORDOVA, TN 38018	62-1094933		15,000.				PATIENT SUPPORT
(2) GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CT 10121 PINE AVENUE TRUCKEE, CA 96161	94-3047869	501(C)(3)	20,000.				PATIENT SUPPORT
(3) GENERAL HEALTH SYSTEM FOUNDATION 8585 PICARDY AVE BATON ROUGE, LA 70809	74-0801335	501(C)(3)	35,000.				PATIENT SUPPORT
(4) GENESIS FOUNDATION 1401 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-1418847	501(C)(3)	12,865.				PATIENT SUPPORT
(5) GENESIS HEALTHCARE SYSTEM 2951 MAPLE AVE ZANESVILLE, OH 43701	31-1480941	501(C)(3)	7,500.				PATIENT SUPPORT
(6) GENNESARET FREE CLINIC 615 N ALABAMA ST INDIANAPOLIS, IN 46204	35-1776518	501(C)(3)	38,750.				PATIENT SUPPORT
(7) GEORGETOWN UNIVERSITY 2121 WISCONSIN AVE NW WASHINGTON, DC 20007	53-0196603	501(C)(3)	590,000.				EXTRAMURAL RESEARCH
(8) GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302-3999	58-1845423	501(C)(3)	75,000.				EXTRAMURAL RESEARCH
(9) GERALD L IGNACE INDIAN HEALTH 930 W HIST MITCHELL ST MILWAUKEE, WI 53204	39-1958089	501(C)(3)	15,000.				PATIENT SUPPORT
(10) GOOD SAMARITAN FDN. FOR BETTER HEALTH 255 LAFAYETTE AVENUE SUFFERN, NY 10901	13-3400353	501(C)(3)	10,000.				PATIENT SUPPORT
(11) GOSHEN MEDICAL CENTER INC 412 SW CENTER ST FAISON, NC 28341	56-1209062	501(C)(3)	20,000.				PATIENT SUPPORT
(12) GRANDVIEW MEDICAL CENTER AUXILARY 3670 GRANDVIEW PRKWAY BIRMINGHAM, AL 35243	63-0789572	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD, 3RD FL BRANDYWINE, MD 20613	52-0961414	501(C)(3)	20,000.				PATIENT SUPPORT
(2) H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612-9497	59-3238634	501(C)(3)	1,340,533.				EXTRAMURAL RESEARCH
(3) HACKENSACK UNIVERSITY MEDICAL CENTER FDN. 92 SECOND STREET HACKENSACK, NJ 07601	22-2339534	501(C)(3)	40,000.				PATIENT SUPPORT
(4) HALIFAX HEALTH FOUNDATION 303 N CLYDE MORRIS DAYTONA BEACH, FL 32114	59-2893051	501(C)(3)	10,000.				PATIENT SUPPORT
(5) HAMILTON MEDICAL CENTER 1200 MEMORIAL DRIVE DALTON, GA 30720	58-1519911	501(C)(3)	10,000.				PATIENT SUPPORT
(6) HANNIBAL REGIONAL FOUNDATION 175 SHINN LANE HANNIBAL, MO 63401	43-1658744	501(C)(3)	10,000.				PATIENT SUPPORT
(7) HARRIS HEALTH SYSTEM 4800 FOURNACE PLACE BELLAIRE, TX 77401	74-1536936	170(C)(1)	158,000.				PATIENT SUPPORT
(8) HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102	06-0646668	501(C)(3)	10,000.				PATIENT SUPPORT
(9) HAWAII PACIFIC HEALTH CANCER CENTERS 55 MERCHANT STREET HONOLULU, HI 96813	99-0246363	501(C)(3)	18,908.				PATIENT SUPPORT
(10) HCA HOUSTON HEALTHCARE NORTH CYPRESS 21216 NORTHWEST FREEWAY CYPRESS, TX 77429	62-1619857		8,000.				PATIENT SUPPORT
(11) HCA MEMORIAL UNIVERSITY 4700 WATERS AVE SAVANNAH, GA 31404	82-1969974		15,000.				PATIENT SUPPORT
(12) HCC NETWORK 819 S BUSINESS HWY 13 LEXINGTON, MO 64067	30-0349221	501(C)(3)	21,100.				PATIENT SUPPORT

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(1) HEALTH CARE FDN. OF NORTH MISSISSIPPI 830 SOUTH GLOSTER STREET TUPELO, MS 38801	64-0914704	501(C)(3)	15,000.				PATIENT SUPPORT
(2) HEALTH CHOICE NETWORK INC 9064 NW 13TH TERRACE MIAMI, FL 33172	65-0504316	501(C)(3)	60,000.				PATIENT SUPPORT
(3) HEALTHLINC INC 2401 VALLEY DR VALPARAISO, IN 46383	35-2147791	501(C)(3)	10,000.				PATIENT SUPPORT
(4) HEARTLAND COMMUNITY HEALTH CLINIC 2214 N UNIVERSITY PEORIA, IL 61604	37-1270794	501(C)(3)	10,000.				PATIENT SUPPORT
(5) HEMOTOLOGY ONCOLOGY 8585 PICARDY AVE BATON ROUGE, LA 70809	82-4681345		7,500.				PATIENT SUPPORT
(6) HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVENUE MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	15,569.				PATIENT SUPPORT
(7) HENRY FORD HEALTH CANCER INSTITUTE ONE FORD PLACE 5A DETROIT, MI 48202	38-1357020	501(C)(3)	100,000.				PATIENT SUPPORT
(8) HENRY W GRADY HEALTH SYSTEM FOUNDATION 191 PEACHTREE ST NE ATLANTA, GA 30303	58-2130437	501(C)(3)	112,500.				PATIENT SUPPORT
(9) HERITAGE HEALTH 7400 N MINERAL DR COEUR D ALENE, ID 83815	94-3036820	501(C)(3)	15,000.				PATIENT SUPPORT
(10) HHM HEALTH 8515 GREENVILLE AVE DALLAS, TX 75243	65-1259379	501(C)(3)	70,000.				PATIENT SUPPORT
(11) HIGHLAND HEALTH PROVIDERS 1487 N HIGH ST, STE 102 HILLSBORO, OH 45133	31-1765550	501(C)(3)	27,500.				PATIENT SUPPORT
(12) HIGHLAND MEDICAL CENTER 120 JACKSON RIVER RD MONTEREY, VA 24465	54-1652356	501(C)(3)	10,000.				PATIENT SUPPORT

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

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

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HIMA SAN PABLO CAGUAS PO BOX 4980 CAGUAS, PR 00726	66-0805404	501(C)(3)	100,000.				PATIENT SUPPORT
(2) HOLY CROSS HOSPITAL 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308	59-0791028	501(C)(3)	10,000.				PATIENT SUPPORT
(3) HOLYOKE HEALTH CENTER 230 MAPLE STREET HOLYOKE, MA 01040	04-2492730	501(C)(3)	10,000.				PATIENT SUPPORT
(4) HONORHEALTH FDN VIRGINIA G PIPER CANCER CTR 10460 N 92ND STREET SCOTTSDALE, AZ 85258	74-2355411	501(C)(3)	15,000.				PATIENT SUPPORT
(5) HOPE CANCER RESOURCES 2300 S WALTON BLVD BENTONVILLE, AR 72712	71-0595593	501(C)(3)	100,000.				PATIENT SUPPORT
(6) HOPE CLINIC 7001 CORPORATE DR STE 120 HOUSTON, TX 77036	20-5200746	501(C)(3)	70,000.				PATIENT SUPPORT
(7) HOSPITAL ASSOCIATION OF RHODE ISLAND 405 PROMENADE STREET PROVIDENCE, RI 02908	05-0275206	501(C)(6)	8,250.				PATIENT SUPPORT
(8) HOSPITAL SISTERS OF ST FRANCIS FDN. INC 800 E CARPENTER ST SPRINGFIELD, IL 62769	37-1186514	501(C)(3)	20,000.				PATIENT SUPPORT
(9) HOUSTON METHODIST HOSPITAL 6565 FANNIN ST HOUSTON, TX 77030	74-1180155	501(C)(3)	1,072,000.				SUPPORT/RESEARCH
(10) HOUSTON METHODIST HOSPITAL FOUNDATION 1707 SUNSET BLVD HOUSTON, TX 77005	76-0094743	501(C)(3)	17,416.				EXTRAMURAL RESEARCH
(11) HOWARD UNIV. MEDICINE AND CANCER CENTER PO BOX 23122 NEW YORK, NY 10087-3122	53-0204707	501(C)(3)	52,500.				EXTRAMURAL RESEARCH
(12) HUNTSVILLE HOSP. FDN DR JEANNE SHEPHERD FD 101 SIVLEY ROAD HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	8,000.				PATIENT SUPPORT

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OMB No. 1545-0047

2023

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(1) ICAHN SCHL OF MED AT MT SINAI ONE GUSTAVE L. LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	3,632,000.				SUPPORT/RESEARCH
(2) IMD GUEST HOUSE FOUNDATION 1933 WEST POLK ST CHICAGO, IL 60601	36-4284387	501(C)(3)	70,000.				PATIENT SUPPORT
(3) IN TIME OF NEED FOUNDATION 1839 E INDEPEND. ST SPRINGFIELD, MO 65804	82-3114198	501(C)(3)	10,000.				PATIENT SUPPORT
(4) INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	35-1990726	501(C)(3)	1,650,919.				EXTRAMURAL RESEARCH
(5) INFIRMARY CANCER CARE 5 MOBILE INFIRMARY CIRCLE MOBILE, AL 36607	63-0891904	501(C)(3)	40,000.				PATIENT SUPPORT
(6) INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042	54-0620889	501(C)(3)	10,000.				PATIENT SUPPORT
(7) INTEGRIS HEALTH 5911 W MEMORIAL RD OKLAHOMA CITY, OK 73142	73-1034824	501(C)(3)	20,000.				PATIENT SUPPORT
(8) INTERMOUNTAIN HEALTHCARE FOUNDATION 36 SOUTH STATE ST SALT LAKE CITY, UT 84111	80-0225150	501(C)(3)	35,000.				PATIENT SUPPORT
(9) IOWA HEALTH FOUNDATION 1415 WOODLAND AVE DES MOINES, IA 50309	42-1467682	501(C)(3)	20,000.				PATIENT SUPPORT
(10) J.B.R. ENTERTAINMENT CORP 8249 NW 36 ST, STE 202 MIAMI, FL 33166	84-4564201		10,000.				HISPANIC CELEBRITIES
(11) JEN'S FRIENDS CANCER FOUNDATION PO BOX 1842 NORTH CONWAY, NH 03860	02-0501295	501(C)(3)	10,262.				PATIENT SUPPORT
(12) JOE DIMAGGIO CHILDRENS HOSPITAL FDN. INC 3329 JOHNSON ST HOLLYWOOD, FL 33028	65-0492343	501(C)(3)	6,000.				PATIENT SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Employer identification number

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13-1788491

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(1) JOHN MUIR HEALTH FOUNDATION 1400 TREAT BOULEVARD WALNUT CREEK, CA 94597	94-2650855	501(C)(3)	20,000.				PATIENT SUPPORT
(2) JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CTR DR CHICAGO, IL 60693	52-0591627	501(C)(3)	1,839,333.				EXTRAMURAL RESEARCH
(3) JPS FOUNDATION 1500 MAIN ST FORT WORTH, TX 76104	75-2717782	501(C)(3)	120,000.				PATIENT SUPPORT
(4) KAISER FDN. HEALTH PLAN OF WASHINGTON 2706 MEDIA CENTER DR LOS ANGELES, CA 90065	91-0511770	501(C)(3)	20,000.				PATIENT SUPPORT
(5) KAIZEN HEALTH 33 N LASALLE ST CHICAGO, IL 60602	83-3594048	501(C)(3)	40,000.				PATIENT SUPPORT
(6) KALEIDA HEALTH 115 FLINT ROAD WILLIAMSBURG, NY 14221	16-1533232	501(C)(3)	25,000.				PATIENT SUPPORT
(7) KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	38-1613280	501(C)(3)	20,000.				PATIENT SUPPORT
(8) KENOSHA YMCA 7101 53RD ST KENOSHA, WI 53144	39-0826296	501(C)(3)	30,000.				PATIENT SUPPORT
(9) KERN COUNTY CANCER FOUNDATION 6501 TRUXTUN AVE BAKERSFIELD, CA 93309	85-3730553	501(C)(3)	6,000.				PATIENT SUPPORT
(10) KERN MEDICAL FOUNDATION 3511 UNION AVE BAKERSFIELD, CA 93305	36-4642420	501(C)(3)	7,000.				PATIENT SUPPORT
(11) KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD KETTERING, OH 45429	23-7419897	501(C)(3)	15,000.				PATIENT SUPPORT
(12) KINGMAN REGIONAL KRMC CANCER CENTER 3269 STOCKTON HILL RD KINGMAN, AZ 86409	74-2388735	501(C)(3)	30,000.				PATIENT SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
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Department of the Treasury
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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KOMAL DESAI MD INC 4500 MORNING DR BAKERSFIELD, CA 93306	86-3078979		10,000.				PATIENT SUPPORT
(2) LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	501(C)(3)	14,000.				EXTRAMURAL RESEARCH
(3) LAKE CHARLES 1701 OAK PARK BLVD LAKE CHARLES, LA 70601	72-0551963	501(C)(3)	10,807.				PATIENT SUPPORT
(4) LAKELAND REGIONAL HEALTH SYS 1324 LAKELAND HILLS BLVD LAKELAND, FL 33805	59-2650464	501(C)(3)	20,000.				PATIENT SUPPORT
(5) LAMBDA UPSILON LAMBDA FRATERNITY 511 AVE OF THE AMERICAS NEW YORK, NY 10011	03-0496719	501(C)(7)	10,000.				HEALTH EQ AMBASSADOR
(6) LAWDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE CHICAGO, IL 60623	36-3308953	501(C)(3)	37,500.				PATIENT SUPPORT
(7) LEE MEMORIAL HLTH SYST FNDTN REG CANCER CTR 8931 COLONIAL CTR FORT MYERS, FL 33905	59-0714812	501(C)(3)	120,000.				PATIENT SUPPORT
(8) LEGACY COMMUNITY HEALTH SVCS 1415 CALIFORNIA ST HOUSTON, TX 77006	76-0009637	501(C)(3)	30,000.				PATIENT SUPPORT
(9) LEGACY HEALTH FOUNDATION PO BOX 4500 UNIT 96 PORTLAND, OR 97208	46-5562403	501(C)(3)	10,000.				PATIENT SUPPORT
(10) LEHIGH VALLEY HOSPITAL INC 2100 MACK BLVD, 4TH FL ALLENTOWN, PA 18103	23-1689692	501(C)(3)	15,000.				PATIENT SUPPORT
(11) LEXINGTON MEDICAL CENTER FOUNDATION 110 E MEDICAL LANE WEST COLUMBIA, SC 29169	57-0906045	501(C)(3)	15,000.				PATIENT SUPPORT
(12) LIFELONG MEDICAL CARE 2344 SIXTH ST BERKELEY, CA 94710	94-2502308	501(C)(3)	20,000.				PATIENT SUPPORT

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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13-1788491

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(1) LIFESPRING HEALTH SYSTEMS 460 SPRINT ST JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)	30,000.				PATIENT SUPPORT
(2) LONE STAR FAMILY HEALTH CENTER 605 S CONROE MEDICAL DR CONROE, TX 77304	30-0038860	501(C)(3)	10,000.				PATIENT SUPPORT
(3) LONGVIEW WELLNESS CENTER 1107 E MARSHALL AVE LONGVIEW, TX 75601	75-2723993	501(C)(3)	7,500.				PATIENT SUPPORT
(4) LOUISIANA STATE UNIVERSITY 204 THOMAS BOYD HALL BATON ROUGE, LA 70803	72-6000848	501(C)(3)	1,200,000.				EXTRAMURAL RESEARCH
(5) LOWER LIGHTS CHRISTIAN HEALTH CENTER 1160 W BROAD ST COLUMBUS, OH 43222	31-1810355	501(C)(3)	10,000.				PATIENT SUPPORT
(6) LOYOLA UNIV CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)(3)	503,471.				EXTRAMURAL RESEARCH
(7) LUNDQUIST INST. FOR BIOMEDICAL INNOVATION 1124 W CARSON STREET TORRANCE, CA 90502	95-2138184	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(8) LUTHERAN HOSPITAL OF INDIANA 7910 W JEFFERSON BLVD FORT WAYNE, IN 46804	62-1762363		8,000.				PATIENT SUPPORT
(9) MAINEGENERAL MEDICAL CENTER 35 MEDICAL CENTER PARKWAY AUGUSTA, ME 04330	04-3369653	501(C)(3)	10,000.				PATIENT SUPPORT
(10) MAINEHEALTH 22 BRAMHALL STREET PORTLAND, ME 04102	01-0431680	501(C)(3)	18,000.				PATIENT SUPPORT
(11) MARIAS HEALTHCARE SERVICES INC 670 PARK AVE SHELBY, MT 59474	81-0370945	501(C)(3)	15,000.				PATIENT SUPPORT
(12) MARIPOSA COMMUNITY HEALTH CENTER 825 N GRAND AVE, STE 100 NOGALES, AZ 85621	86-0524321	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) MARSHALL FDN. FOR COMMUNITY HEALTH PO BOX 1996 PLACERVILLE, CA 95667	23-7419011	501(C)(3)	25,000.				PATIENT SUPPORT
(2) MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE BATON ROUGE, LA 70809	23-7010520	501(C)(3)	71,598.				PATIENT SUPPORT
(3) MARY GREELEY MEDICAL CENTER 1111 DUFF AVENUE AMES, IA 50010	42-1347891		10,000.				PATIENT SUPPORT
(4) MARY'S CTR FOR MATERNAL & CHILD CARE INC 2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	10,000.				PATIENT SUPPORT
(5) MASS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	1,009,500.				EXTRAMURAL RESEARCH
(6) MASSACHUSETTS GENERAL HOSPITAL BOX 414876 BOSTON, MA 02241-4876	04-1564655	501(C)(3)	4,275,000.				EXTRAMURAL RESEARCH
(7) MAYO CLINIC PO BOX 860334 MINNEAPOLIS, MN 55486-0334	41-0944601	501(C)(3)	1,600,000.				SUPPORT/RESEARCH
(8) MCLEOD HEALTH FOUNDATION PO BOX 100551 FLORENCE, SC 29502-0551	57-0818672	501(C)(3)	22,500.				PATIENT SUPPORT
(9) MEDCURA HEALTH 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	12,500.				PATIENT SUPPORT
(10) MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	56,250.				PATIENT SUPPORT
(11) MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVENUE CHARLESTON, SC 29425	57-6000722	501(C)(3)	582,347.				EXTRAMURAL RESEARCH
(12) MEDICAL UNIVERSITY OF SOUTH CAROLINA FDN. 18 BEE STREET CHARLESTON, SC 29425	57-6028985	501(C)(3)	40,000.				PATIENT SUPPORT

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(1) MEDSTAR FRANKLIN SQUARE MEDICAL CENTER 9103 FRANKLIN SQUARE DR BALTIMORE, MD 21237	52-0608007	501(C)(3)	30,000.				PATIENT SUPPORT
(2) MEHARRY MEDICAL COLLEGE 1005 DR D B TODD BLVD NASHVILLE, TN 37208	62-0488046	501(C)(3)	52,500.				EXTRAMURAL RESEARCH
(3) MEMORIAL FOUNDATION, INC. 3329 JOHNSON STREET HOLLYWOOD, FL 33028	59-2082218	501(C)(3)	80,000.				PATIENT SUPPORT
(4) MEMORIAL HEALTH CARE SYSTEM FOUNDATION 2525 DE SALES AVE CHATTANOOGA, TN 37404	62-1839548	501(C)(3)	20,000.				PATIENT SUPPORT
(5) MEMORIAL HEALTH SYSTEM 701 N FIRST STREET SPRINGFIELD, IL 62781	37-1110690	501(C)(3)	7,500.				PATIENT SUPPORT
(6) MEMORIAL HERMANN FOUNDATION 929 GESSNER, SUITE 2650 HOUSTON, TX 77024	74-1653640	501(C)(3)	97,500.				PATIENT SUPPORT
(7) MEMORIAL HOSPITAL AT GULFPORT 4500 13TH ST GULFPORT, MS 39502	20-4535203	501(C)(3)	15,000.				PATIENT SUPPORT
(8) MEMORIAL MEDICAL CENTER INC 1615 MAPLE LANE ASHLAND, WI 54806	23-7013487	501(C)(3)	30,000.				PATIENT SUPPORT
(9) MEMORIAL SLOAN KETTERING 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501(C)(3)	75,000.				PATIENT SUPPORT
(10) MEMPHIS HEALTH CENTER 360 E EH CRUMP BLVD MEMPHIS, TN 38126	62-0818892	501(C)(3)	47,500.				PATIENT SUPPORT
(11) MERCY CLINIC 775 W BOWIE FORT WORTH, TX 76110	45-3841621	501(C)(3)	10,000.				PATIENT SUPPORT
(12) MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	23-7072762	501(C)(3)	20,000.				PATIENT SUPPORT

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

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

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MERCY HEALTH FOUNDATION JEFFERSON 1400 HWY 61 SOUTH FESTUS, MO 63028	46-2797051	501(C)(3)	7,500.				PATIENT SUPPORT
(2) MERCY HEALTH FOUNDATION JOPLIN 100 MERCY WAY JOPLIN, MO 64804	27-0906136	501(C)(3)	20,000.				PATIENT SUPPORT
(3) MERCY HEALTH FOUNDATION SPRINGFIELD 3265 SOUTH NATIONAL SPRINGFIELD, MO 65807	32-0195818	501(C)(3)	56,000.				PATIENT SUPPORT
(4) MERCY HEALTH FOUNDATION ST LOUIS 615 S NEW BALLAS ROAD SAINT LOUIS, MO 63141	56-2410020	501(C)(3)	35,000.				PATIENT SUPPORT
(5) MERCY HOSPITAL OKLAHOMA CITY 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120	46-3184231	501(C)(3)	10,000.				PATIENT SUPPORT
(6) MERCY MEDICAL CENTER FOUNDATION 701 10TH STREET CEDAR RAPIDS, IA 52403	51-0233180	501(C)(3)	15,000.				PATIENT SUPPORT
(7) MERCYONE CANCER CENTER 411 LAUREL STREET DES MOINES, IA 50314	85-4003657	501(C)(3)	10,000.				PATIENT SUPPORT
(8) METHODIST HEALTHCARE SYSTEM 15727 ANTHEM PRKWY SAN ANTONIO, TX 78249	74-2730328	501(C)(3)	68,725.				PATIENT SUPPORT
(9) METHODIST MEDICAL CENTER OF ILLINOIS 221 NE GLEN OAK AVE PEORIA, IL 61636	37-0661223	501(C)(3)	10,000.				PATIENT SUPPORT
(10) MIAMI CHILDRENS HEALTH SYSTEM INC 3100 SW 62ND AVE MIAMI, FL 33155	45-3481327	501(C)(3)	10,000.				PATIENT SUPPORT
(11) MICHAEL E DEBAKEY VA HOSPITAL 2002 HOLCOMBE BLVD HOUSTON, TX 77030	76-0418077	GOVT	27,500.				PATIENT SUPPORT
(12) MICHIGAN STATE UNIV 426 AUDITORIUM RD EAST LANSING, MI 48824	38-6005984	501(C)(3)	1,059,500.				EXTRAMURAL RESEARCH

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(1) MIDTOWN COMMUNITY HEALTH CENTER 2240 ADAMS AVE OGDEN, UT 84401-1511	87-0540039	501(C)(3)	15,000.				PATIENT SUPPORT
(2) MILWAUKEE CATHOLIC HOME 2462 N PROSPECT AVENUE MILWAUKEE, WI 53211	39-0806215	501(C)(3)	30,000.				PATIENT SUPPORT
(3) MILWAUKEE CONSORTIUM FOR HMONG HEALTH INC 1802 WEST WALNUT STREET MILWAUKEE, WI 53205	83-3737298	501(C)(3)	30,000.				PATIENT SUPPORT
(4) MISSION EAST DALLAS 4550 GUS THOMASSON RD MESQUITE, TX 75150	72-2935803	501(C)(3)	30,000.				PATIENT SUPPORT
(5) MISSISSIPPI BAPTIST MEDICAL CENTER 1225 N STATE ST JACKSON, MS 39202	64-0881013	501(C)(3)	10,000.				PATIENT SUPPORT
(6) MISSOURI BAPTIST MEDICAL CENTER 3015 N BALLAS ROAD SAINT LOUIS, MO 63131	43-0652656	501(C)(3)	25,000.				PATIENT SUPPORT
(7) MONCRIEF CANCER INSTITUTE 400 W MAGNOLIA AVE FORT WORTH, TX 76104	75-2655008	501(C)(3)	15,000.				PATIENT SUPPORT
(8) MONTAGE HEALTH FOUNDATION 40 RYAN COURT SUITE 200 MONTEREY, CA 93940	81-2889645	501(C)(3)	7,500.				PATIENT SUPPORT
(9) MONUMENT HEALTH CANCER INSTITUTE 353 FAIRMONT BLVD RAPID CITY, SD 57701	46-0319070	501(C)(3)	40,000.				PATIENT SUPPORT
(10) MOREHOUSE SCHOOL OF MEDICINE NATL CENTER 720 WESTVIEW DR SW ATLANTA, GA 30303-1495	58-1438873	501(C)(3)	52,500.				EXTRAMURAL RESEARCH
(11) MORGRIDGE INSTITUTE FOR RESEARCH INC 330 NORTH ORCHARD MADISON, WI 53715	20-8325570	501(C)(3)	49,000.				EXTRAMURAL RESEARCH
(12) MOUNT SINAI MEDICAL CENTER OF FLORIDA 4306 ALTON RD, 2ND FL MIAMI BEACH, FL 33140	59-0624424	501(C)(3)	50,000.				PATIENT SUPPORT

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(1) MOUNTAIN AREA HEALTH EDUCATION CENTER PO BOX 100136 COLUMBIA, SC 29202	56-1071426	501(C)(3)	7,500.				PATIENT SUPPORT
(2) MOUNTAIN PARK HEALTH CENTER 3003 N CENTRAL AVE PHOENIX, AZ 85012	86-0498020	501(C)(3)	10,000.				PATIENT SUPPORT
(3) MOUNTAIN STATES HEALTH ALLIANCE 1905 AMERICAN WAY KINGSPORT, TN 37660	62-0476282	501(C)(3)	20,000.				PATIENT SUPPORT
(4) MUNSON HEALTHCARE 1105 SIXTH STREET TRAVERSE CITY, MI 49684	38-1362830	501(C)(3)	20,000.				PATIENT SUPPORT
(5) N.E.W. COMMUNITY CLINIC LTD 610 NORTH BROADWAY ST GREEN BAY, WI 54301	39-1200636	501(C)(3)	60,000.				PATIENT SUPPORT
(6) NACOGDOCHES AREA CANCER COALITION 4920 NE STALLINGS DR NACOGDOCHES, TX 75965	75-1299909	501(C)(3)	6,000.				PATIENT SUPPORT
(7) NASHVILLE GENERAL HOSPITAL FOUNDATION 1818 ALBION ST NASHVILLE, TN 37208	62-1383977	501(C)(3)	10,000.				PATIENT SUPPORT
(8) NATIONAL BASKETBALL PLAYERS ASSOCIATION FDN 1133 AVE OF THE AMERICAS NEW YORK, NY 10036	13-3894132	501(C)(3)	10,000.				BUSINESS OF GIVING
(9) NATIONAL COMP CANCER NETWORK 3025 CHEMICAL RD PLYMOUTH MEETING, PA 19462	23-2818395	501(C)(3)	13,424.				PATIENT SUPPORT
(10) NATIONAL COUNCIL OF NEGRO WOMEN 633 PENNSYLVANIA AVE WASHINGTON, DC 20004	53-0173054	501(C)(3)	12,000.				EVENT SPONSORSHIP
(11) NATIONAL JEWISH HEALTH 1400 JACKSON STREET M215 DENVER, CO 80206	74-2044647	501(C)(3)	20,000.				PATIENT SUPPORT
(12) NATIONAL MEDICAL ASSOCIATION 8403 COLESVILLE RD SILVER SPRING, MD 20910	53-6010805	501(C)(3)	30,000.				CONVENTION SPONSOR.

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(1) NATIVE HEALTH 4041 N CENTRAL AVE BLDG C PHOENIX, AZ 85012	94-2540194	501(C)(3)	15,171.				PATIENT SUPPORT
(2) NATL. ACA. OF SCIENCES ENGINEERING AND MED 500 FIFTH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	10,000.				PATIENT SUPPORT
(3) NEA BAPTIST CHARITABLE FOUNDATION PO BOX 1960 JONESBORO, AR 72403	26-1214372	501(C)(3)	17,500.				PATIENT SUPPORT
(4) NEBRASKA METHODIST HOSPITAL FOUNDATION 8303 DODGE ST OMAHA, NE 68114	47-0595345	501(C)(3)	60,000.				PATIENT SUPPORT
(5) NEIGHBORCARE HEALTH 1200 12TH AVE S STE 901 SEATTLE, WA 98144	91-0893287	501(C)(3)	20,000.				PATIENT SUPPORT
(6) NEIGHBORHOOD FAMILY PRACTICE 4115 BRIDGE AVE STE 300 CLEVELAND, OH 44113	34-1300581	501(C)(3)	10,000.				PATIENT SUPPORT
(7) NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	20,000.				PATIENT SUPPORT
(8) NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVE N MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	10,000.				PATIENT SUPPORT
(9) NEIGHBORHOOD OUTREACH ACCESS TO HEALTH 7500 N DREAMY DRAW DRIVE PHOENIX, AZ 85020	27-3188239	501(C)(3)	10,000.				PATIENT SUPPORT
(10) NEVADA HEALTH CENTERS 3325 RESEARCH WAY CARSON CITY, NV 89706	94-3199117	501(C)(3)	20,000.				PATIENT SUPPORT
(11) NEW MEXICO CANCER CENTER FNDTN 4901 LANG AVE NE ALBUQUERQUE, NM 87109	77-0591110	501(C)(3)	15,000.				PATIENT SUPPORT
(12) NEW YORK CITY HEALTH & HOSPITALS 1400 PELHAM PARKWAY SOUTH BRONX, NY 10461	13-2655001	501(C)(3)	7,500.				PATIENT SUPPORT

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(1) NEW YORK UNIV 15 WASHINGTON PLACE NEW YORK, NY 10003	13-5562308	501(C)(3)	80,600.				EXTRAMURAL RESEARCH
(2) NEW YORK UNIV SCHL OF MEDICINE PO BOX 415026 BOSTON, MA 02241-5026	13-5562309	SECTION 115	89,933.				EXTRAMURAL RESEARCH
(3) NEW YORK-PRESBYTERIAN FUND INC 506 6TH STREET BROOKLYN, NY 11215	13-3160356	501(C)(3)	10,000.				PATIENT SUPPORT
(4) NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ 07112	22-3452311	501(C)(3)	35,000.				PATIENT SUPPORT
(5) NEW YORK-PRESBYTERIAN QUEENS 56-45 MAIN STREET FLUSHING, NY 11360	11-1839362	501(C)(3)	10,000.				PATIENT SUPPORT
(6) NORTH CENTRAL TEXAS COMMUNITY HEALTH CTR 200 MLK JR BLVD WICHITA FALLS, TX 76301	75-2429644	501(C)(3)	40,000.				PATIENT SUPPORT
(7) NORTH HUDSON COMMUNITY ACTION CORPORATION 800 31ST STREET UNION CITY, NJ 07087	22-1818699	501(C)(3)	20,000.				PATIENT SUPPORT
(8) NORTH TEXAS AREA COMMUNITY HEALTH CTR 2332 BEVERLY HILLS DR FORT WORTH, TX 76114	54-2117989	501(C)(3)	50,000.				PATIENT SUPPORT
(9) NORTHEAST GEORGIA MEDICAL CTR 743 SPRING ST GAINESVILLE, GA 30501	58-1694098	501(C)(3)	10,000.				PATIENT SUPPORT
(10) NORTHERN LIGHT HEALTH FOUNDATION 931 UNION ST 3RD FLOOR BANGOR, ME 04401	22-2514163	501(C)(3)	25,011.				PATIENT SUPPORT
(11) NORTHERN NEVADA HOPES 580 W 5TH ST RENO, NV 89503	86-0865357	501(C)(3)	15,000.				PATIENT SUPPORT
(12) NORTHPOINT HEALTH & WELLNESS CENTER INC 1256 PENN AVE NORTH MINNEAPOLIS, MN 55411	20-0898277	501(C)(3)	20,000.				PATIENT SUPPORT

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(1) NORTHSIDE HOSPITAL INC 1000 JOHNSON FERRY RD NE ATLANTA, GA 30342	58-1954432	501(C)(3)	150,000.				PATIENT SUPPORT
(2) NORTHWELL FAMILY HEALTH CTR AT HUNTINGTON 284 PULASKI RD, STE 1 GREENLAWN, NY 11740	11-3368503	501(C)(3)	10,000.				PATIENT SUPPORT
(3) NORTHWELL HEALTH CANCER INSTITUTE 1111 MARCUS AVE LAKE SUCESS, NY 11042	85-3920020	501(C)(3)	30,000.				PATIENT SUPPORT
(4) NORTHWESTERN MEMORIAL FOUNDATION 541 NORTH FAIRBANKS COURT CHICAGO, IL 60611	36-3155315	501(C)(3)	15,000.				PATIENT SUPPORT
(5) NORTHWESTERN UNIVERSITY 633 CLARK ROOM G547 EVANSTON, IL 60208	36-2167817	501(C)(3)	2,771,279.				EXTRAMURAL RESEARCH
(6) NORTON CHILDREN'S HOSPITAL FOUNDATION 4965 US HIGHWAY 42 LOUISVILLE, KY 40222	61-6027530	501(C)(3)	6,000.				PATIENT SUPPORT
(7) NOVANT HEALTH NEW HANOVER REGIONAL MED. CTR 2507 DELANEY AVE WILMINGTON, NC 28403	85-3777599	501(C)(3)	27,500.				PATIENT SUPPORT
(8) NOVANT HEALTH PRESBYTERIAN MEDICAL CTR FDN. 200 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1413074	501(C)(3)	77,500.				PATIENT SUPPORT
(9) NYU LANGONE HOSPITALS 550 FIRST AVENUE NEW YORK, NY 10016	13-3971298	501(C)(3)	15,000.				PATIENT SUPPORT
(10) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	235,000.				PATIENT SUPPORT
(11) OHIO STATE UNIVERSITY 241 11TH AVE, STE 6100 COLUMBUS, OH 43210	31-6401599	501(C)(3)	3,271,500.				EXTRAMURAL RESEARCH
(12) OHIOHEALTH CORPORATION C/O OHIOHEALTH FDN. 3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202	23-7446919	501(C)(3)	7,500.				PATIENT SUPPORT

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(1) OLATHE HEALTH CHARITABLE FOUNDATION 20375 W 151ST ST OLATHE, KS 66061-5350	48-1136010	501(C)(3)	20,000.				PATIENT SUPPORT
(2) ONCOLOGY HEMATOLOGY WEST PC 17445 ARBOR ST SUITE 310 OMAHA, NE 68030	47-0754790		20,000.				PATIENT SUPPORT
(3) OREGON HEALTH & SCIENCE UNIVERSITY FDN. PO BOX 29017 PORTLAND, OR 97296	23-7083114	501(C)(3)	10,000.				PATIENT SUPPORT
(4) OREGON HEALTH & SCIENCE UNIV 0690 SW BANCROFT ST PORTLAND, OR 97239	93-1176109	GOVT	715,000.				EXTRAMURAL RESEARCH
(5) ORLANDO HEALTH CANCER INSTITUTE 1414 KUHL AVENUE ORLANDO, FL 32806	59-1726273	501(C)(3)	25,000.				PATIENT SUPPORT
(6) ORLANDO VA HEALTHCARE SYSTEM 13800 VETERANS WAY ORLANDO, FL 32827	41-2223518	GOVT	10,000.				PATIENT SUPPORT
(7) OSF HEALTHCARE SYSTEM 124 SW ADAMS PEORIA, IL 61602	37-0813229	501(C)(3)	40,000.				PATIENT SUPPORT
(8) OUR LADY OF THE LAKE FOUNDATION 5000 HENNESSY BLVD BATON ROUGE, LA 70809	72-1014324	501(C)(3)	12,500.				PATIENT SUPPORT
(9) PACIFIC CANCER FOUNDATION 95 MAHALANI STREET #8 WAILUKU, HI 96793	51-0548338	501(C)(3)	17,500.				PATIENT SUPPORT
(10) PALI MOMI FOUNDATION 55 MERCHANT ST, STE 2600 HONOLULU, HI 96813	38-3840327	501(C)(3)	20,000.				PATIENT SUPPORT
(11) PALOMAR HEALTH FOUNDATION 2125 CITRACADO PARKWAY ESCONDIDO, CA 92029	93-3573154	501(C)(3)	10,000.				PATIENT SUPPORT
(12) PARK WEST HEALTH SYSTEM 3319 WEST BELVEDERE BALTIMORE, MD 21215	52-0976937	501(C)(3)	10,000.				PATIENT SUPPORT

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- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PARKLAND FOUNDATION 1341 W MOCKINGBIRD LN DALLAS, TX 75247	75-2089180	501(C)(3)	100,160.				PATIENT SUPPORT
(2) PARKVIEW HOSPITAL INC PO BOX 5600 FORT WAYNE, IN 46835	35-0868085	501(C)(3)	7,500.				PATIENT SUPPORT
(3) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	531,250.				PATIENT SUPPORT
(4) PEAK VISTA COMMUNITY HEALTH CENTERS 3205 N ACADEMY COLORADO SPRINGS, CO 80917	84-0617567	501(C)(3)	10,000.				PATIENT SUPPORT
(5) PENN MEDICINE CHESTER COUNTY HOSPITAL 701 EAST MARSHALL ST WEST CHESTER, PA 19380	23-0469150	501(C)(3)	15,000.				PATIENT SUPPORT
(6) PENN MEDICINE LANCASTER GENERAL 555 NORTH DUKE ST LANCASTER, PA 17604-3555	23-1365353	501(C)(3)	15,000.				PATIENT SUPPORT
(7) PENN STATE HEALTH PO BOX 853 HERSHEY, PA 17033	25-1854772	501(C)(3)	110,000.				PATIENT SUPPORT
(8) PENNYROYAL HEALTHCARE SERVICES INC PO BOX 151 PRINCETON, KY 42445	27-3618164	501(C)(3)	25,000.				PATIENT SUPPORT
(9) PERSEVERANCE HEALTH & WELLNESS COACHING LLC PO BOX 12279 MILWAUKEE, WI 53212	83-1113401		30,000.				PATIENT SUPPORT
(10) PHELPS COUNTY REGIONAL MEDICAL CENTER 1000 WEST 10TH STREET ROLLA, MO 65401	43-6004435	501(C)(3)	56,250.				PATIENT SUPPORT
(11) PHI BETA SIGMA FRATERNITY INC 145 KENNEDY ST NW WASHINGTON, DC 20011	11-1709989	501(C)(10)	15,000.				CONVENTION SPONSOR.
(12) PHOEBE PUTNEY MEMORIAL HOSPITAL INC 427 W THIRD AVE SUITE 100 ALBANY, GA 31701	58-1928247	501(C)(3)	52,500.				PATIENT SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

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(1) PINK-4-EVER ENDING DISPARITIES 3901 W 86TH ST INDIANAPOLIS, IN 46268	26-2994557	501(C)(3)	65,500.				PATIENT SUPPORT
(2) PRESIDENT & FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	949,000.				EXTRAMURAL RESEARCH
(3) PREVEA CANCER CTR AT HSHS SACRED HEART HOSP 900 W CLAIREMONT AVE EAU CLAIRE, WI 54701	39-0807060	501(C)(3)	10,000.				PATIENT SUPPORT
(4) PRIMARY HEALTH SOLUTIONS 300 HIGH STREET 4TH FL HAMILTON, OH 45011	31-1694200	501(C)(3)	10,000.				PATIENT SUPPORT
(5) PRISMA HEALTH 877 W FARIS ROAD GREENVILLE, SC 29605	82-2595551	501(C)(3)	20,000.				PATIENT SUPPORT
(6) PROSTATE CANCER FOUNDATION 1250 FOURTH ST SANTA MONICA, CA 90401	95-4418411	501(C)(3)	150,000.				PATIENT SUPPORT
(7) PROVIDENCE COMMUNITY HEALTH CTRS INC 375 ALLENS AVE PROVIDENCE, RI 02905	05-0368134	501(C)(3)	20,000.				PATIENT SUPPORT
(8) PROVIDENCE GENERAL FOUNDATION PO BOX 1067 EVERETT, WA 98206	91-1041617	501(C)(3)	20,000.				PATIENT SUPPORT
(9) PROVIDENCE HEALTHCARE FDN. EASTERN WA 101 W 8TH AVE SPOKANE, WA 99204	32-0014330	501(C)(3)	20,000.				PATIENT SUPPORT
(10) PROVIDENCE MONTANA HEALTH FOUNDATION 502 W SPRUCE STREET MISSOULA, MT 59802	23-7056976	501(C)(3)	10,000.				PATIENT SUPPORT
(11) PROVIDENCE ST JOSEPH EUREKA PO BOX 511428 LOS ANGELES, CA 90051-7983	94-1156596	501(C)(3)	30,000.				PATIENT SUPPORT
(12) PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY FL 1611 NW 12TH AVENUE MIAMI, FL 33136-1005	59-1713947	501(C)(3)	60,000.				PATIENT SUPPORT

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(1) PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	917,000.				EXTRAMURAL RESEARCH
(2) RALPH H JOHNSON VA MEDICAL CENTER 109 BEE ST CHARLESTON, SC 29401	57-0720016	GOVT	10,000.				PATIENT SUPPORT
(3) RAPIDES GEN. HOSPITAL AUXILIARY CANCER FUND 211 4TH STREET ALEXANDRIA, LA 71301	23-7186204	501(C)(3)	10,000.				PATIENT SUPPORT
(4) RED CLIFF HEALTH SERVICES 88385 PIKE RD BAYFIELD, WI 54814	39-1178866	501(C)(3)	10,000.				PATIENT SUPPORT
(5) REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY STE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	10,000.				PATIENT SUPPORT
(6) REGENTS OF THE UNIV OF CA 9500 GILMAN DR LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	1,604,500.				SUPPORT/RESEARCH
(7) REGENTS OF THE UNIV OF CA UCLA BOX 951432 LOS ANGELES, CA 90095	94-1539563	501(C)(3)	3,477,925.				EXTRAMURAL RESEARCH
(8) REGENTS OF THE UNIV OF CALIFOR BIOSCI III, STE 1400 IRVINE, CA 92697	95-2226406	501(C)(3)	628,000.				EXTRAMURAL RESEARCH
(9) REGENTS OF THE UNIV OF MICH 3003 S STATE ST ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	937,968.				EXTRAMURAL RESEARCH
(10) REGENTS OF THE UNIV OF MINN 200 OAK STREET SE MINNEAPOLIS, MN 55455	41-6007513	GOVT	819,333.				EXTRAMURAL RESEARCH
(11) REGIONS HOSPITAL FOUNDATION 640 JACKSON ST SAINT PAUL, MN 55101	41-1888902	501(C)(3)	30,000.				PATIENT SUPPORT
(12) RENAISSANCE CANCER FOUNDATION PO BOX 3293 MCALLEN, TX 78502	26-3342668	501(C)(3)	6,000.				PATIENT SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2023

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Name of the organization

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Employer identification number

13-1788491

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(1) RENOWN HEALTH FOUNDATION 245 E LIBERTY STREET STE 400 RENO, NV 89501	94-2972749	501(C)(3)	25,000.				PATIENT SUPPORT
(2) RESEARCH FDN. OF CUNY BROOKLYN COLLEGE 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	205,000.				EXTRAMURAL RESEARCH
(3) RESEARCH INS. AT NATIONWIDE CHILDREN'S HOSP 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(4) RIDEOUT MEMORIAL HOSPITAL 989 PLUMAS STREET YUBA CITY, CA 95991	94-1387866	501(C)(3)	15,000.				PATIENT SUPPORT
(5) RIVERSIDE HEALTH FOUNDATION 701 TOWN CENTER DR NEWPORT NEWS, VA 23606	52-1241835	501(C)(3)	70,000.				PATIENT SUPPORT
(6) RIVERSIDE MEDICAL CENTER 350 NORTH WALL STREET KANKAKEE, IL 60901	36-2414944	501(C)(3)	9,000.				PATIENT SUPPORT
(7) RIVERSTONE HEALTH 123 SOUTH 27TH ST BILLINGS, MT 59101	35-2332179	501(C)(3)	15,000.				PATIENT SUPPORT
(8) ROANOKE CHOWAN COMMUNITY HEALTH CENTER 120 HEALTH CENTER DR AHOSSKIE, NC 27910	42-1638714	501(C)(3)	10,000.				PATIENT SUPPORT
(9) ROCHESTER REGIONAL HEALTH 1425 PORTLAND AVE ROCHESTER, NY 14621	47-1234999	501(C)(3)	15,000.				PATIENT SUPPORT
(10) ROOTS COMMUNITY HEALTH CENTER 7272 MAC ARTHUR BLVD OAKLAND, CA 94605	26-2583954	501(C)(3)	10,000.				PATIENT SUPPORT
(11) ROSWELL PARK CANCER INSTITUTE ELM & CARLTON STREETS BUFFALO, NY 14263	14-1402155	501(C)(3)	275,000.				SUPPORT/RESEARCH
(12) RUNNING REBELS 225 W CAPITOL DRIVE MILWAUKEE, WI 53212	39-3910464	501(C)(3)	30,000.				PATIENT SUPPORT

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(1) RURAL HEALTH SERVICES INC 1000 CLYBURN PLACE AIKEN, SC 29801	23-7085643	501(C)(3)	7,500.				PATIENT SUPPORT
(2) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN ST CHICAGO, IL 60612	36-2174823	501(C)(3)	100,055.				PATIENT SUPPORT
(3) RUTGERS THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	1,298,626.				SUPPORT/RESEARCH
(4) SAINT AGNES FOUNDATION 900 S CATON AVE BALTIMORE, MD 21229	52-1415083	501(C)(3)	10,000.				PATIENT SUPPORT
(5) SAINT FRANCIS HEALTH SYSTEM 6600 S YALE AVE SUITE 1200 TULSA, OK 74136	73-1501972	501(C)(3)	30,000.				PATIENT SUPPORT
(6) SAINT JOSEPH MERCY HEALTH SYSTEM 5305 E HURON RIVER DR ANN ARBOR, MI 48106	38-2113393	501(C)(3)	15,000.				PATIENT SUPPORT
(7) SAINT PETERS UNIVERSITY HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	22-1487330	501(C)(3)	17,500.				PATIENT SUPPORT
(8) SALK INSTITUTE FOR BIOLOGICAL 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	125,833.				EXTRAMURAL RESEARCH
(9) SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	40,000.				PATIENT SUPPORT
(10) SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	20,500.				PATIENT SUPPORT
(11) SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM 170 CAPP ST SUITE C SAN FRANCISCO, CA 94110	94-2897258	501(C)(3)	6,000.				PATIENT SUPPORT
(12) SANFORD BURNHAM PREBYS MEDICAL DISCOVERY 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	300,000.				EXTRAMURAL RESEARCH

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(1) SANFORD RESEARCH PO BOX 5064 SIOUX FALLS, SD 57104	46-0450378	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(2) SANFORD USD MEDICAL CENTER PO BOX 5064 SIOUX FALLS, SD 57104	31-1527032	501(C)(3)	125,000.				PATIENT SUPPORT
(3) SARASOTA MEMORIAL HOSPITAL 1700 S TAMiami TRAIL SARASOTA, FL 34239	59-6012500	GOVT	20,000.				PATIENT SUPPORT
(4) SARATOGA HOSPITAL RADIATION ONCOLOGY CTR 211 CHURCH ST SARATOGA SPRING, NY 12866	14-1338547	501(C)(3)	10,000.				PATIENT SUPPORT
(5) SCOTLAND MEMORIAL HOSPITAL INC 500 LAUCHWOOD DRIVE LAURINBURG, NC 28352	56-0583151	501(C)(3)	10,000.				PATIENT SUPPORT
(6) SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	28,000.				EXTRAMURAL RESEARCH
(7) SEATTLE CHILDRENS HOSPITAL FOUNDATION PO BOX 5371 SEATTLE, WA 98145-5005	91-0564748	501(C)(3)	729,000.				EXTRAMURAL RESEARCH
(8) SEBASTICOOK FAMILY DOCTORS 118 MOOSEHEAD TRAIL STE 5 NEWPORT, ME 04953	01-0546327	501(C)(3)	10,000.				PATIENT SUPPORT
(9) SEBY B JONES REGIONAL CANCER CENTER 336 DEERFIELD RD BOONE, NC 28607	56-0510824	501(C)(3)	15,000.				PATIENT SUPPORT
(10) SENTARA HEALTHCARE SYSTEMS 1300 SENTARA PARK 1ST FL VA BEACH, VA 23464	52-1271901	501(C)(3)	60,000.				PATIENT SUPPORT
(11) SHANDS JACKSONVILLE 655 W 8TH ST JACKSONVILLE, FL 32209	59-2142859	501(C)(3)	25,000.				PATIENT SUPPORT
(12) SHANDS TEACHING HOSPITAL AND CLINICS INC PO BOX 100386 GAINESVILLE, FL 32610	59-1943502	501(C)(3)	160,000.				PATIENT SUPPORT

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(1) SHENANDOAH MEDICAL CENTER 300 PERSHING AVE SHENANDOAH, IA 51601	42-1101835	501(C)(3)	10,000.				PATIENT SUPPORT
(2) SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016	45-0562642	501(C)(3)	45,000.				PATIENT SUPPORT
(3) SIDNEY KIMMEL COMPREHENSIVE CANCER CTR 401 N BROADWAY BALTIMORE, MD 21231	52-0595110	501(C)(3)	30,000.				PATIENT SUPPORT
(4) SINAI HEALTH SYSTEM 1500 S FAIRFLD AVE F-125 CHICAGO, IL 60608	36-3166895	501(C)(3)	30,000.				PATIENT SUPPORT
(5) SINAI HOSPITAL OF BALTIMORE 2401 W BELVEDERE AVE BALTIMORE, MD 21215	52-0486540	501(C)(3)	15,000.				PATIENT SUPPORT
(6) SINGING RIVER HEALTH SYSTEM CANCER CTR 2809 DENNY AVE PASCAGOULA, MS 39581	64-6000515	501(C)(3)	12,000.				PATIENT SUPPORT
(7) SIXTEENTH STREET COMMUNITY HEALTH CTRS 1032 S CESAR E CHAVEZ DR MILWAUKE, WI 53204	39-1180475	501(C)(3)	30,000.				PATIENT SUPPORT
(8) SKAGGS FOUNDATION 101 SKAGGS ROAD, STE 404 BRANSON, MO 65616	30-0107007	501(C)(3)	16,000.				PATIENT SUPPORT
(9) SLOAN - KETTERING INS. FOR CANCER RESEARCH PO BOX 026338 NEW YORK, NY 10087	13-1624182	501(C)(3)	1,979,500.				EXTRAMURAL RESEARCH
(10) SOCIETY OF SURGICAL ONCOLOGY PO BOX 33425 CHICAGO, IL 60694	13-6161070	501(C)(3)	15,000.				DEI LECTURE COMMIT.
(11) SOUTH CAROLINA CANCER ALLIANCE 1800 SAINT JULIAN PL COLUMBIA, SC 29204	58-2304781	501(C)(3)	20,000.				PATIENT SUPPORT
(12) SOUTHEAST GEORGIA HLTH SYS CANCER CARE CTR 2415 PARKWOOD DRIVE BRUNSWICK, GA 31520	58-1911751	501(C)(3)	45,000.				PATIENT SUPPORT

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(1) SOUTHEAST LA VETERANS HEALTHCARE SYSTEM 2400 CANAL ST NEW ORLEANS, LA 70119	72-0417354	501(C)(3)	10,000.				PATIENT SUPPORT
(2) SOUTHEAST MISSOURI HEALTH NETWORK 6738 STATE HWY 77 BENTON, MO 63736	43-1253101	501(C)(3)	10,500.				PATIENT SUPPORT
(3) SOUTHEAST RADIATION ONCOLOGY FOUNDATION 1701 SALMON CREEK LANE JUNEAU, AK 99801	83-1440683	501(C)(3)	10,000.				PATIENT SUPPORT
(4) SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD DAPHNE, AL 36526	20-8097639		15,000.				PATIENT SUPPORT
(5) SOUTHERN NEVADA HEALTH DISTRICT 280 S DECATUR BLVD LAS VEGAS, NV 89107	88-0151573	GOVT	15,000.				PATIENT SUPPORT
(6) SOUTHSIDE COMMUNITY HEALTH SERVICES 4243 4TH AVE SOUTH MINNEAPOLIS, MN 55409	23-7113799	501(C)(3)	20,000.				PATIENT SUPPORT
(7) SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE SW ATLANTA, GA 30315	58-1131002	501(C)(3)	12,500.				PATIENT SUPPORT
(8) SOUTHWEST MISSISSIPPI REGIONAL MEDICAL CTR 1501 ASTON AVENUE MCCOMB, MS 39648	64-0468873		6,000.				PATIENT SUPPORT
(9) SPARTANBURG REGIONAL HEALTH 101 EAST WOOD STREET SPARTANBURG, SC 29303	57-0937166	501(C)(3)	20,000.				PATIENT SUPPORT
(10) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	45,000.				PATIENT SUPPORT
(11) SPIRIT OF CHARITY FOUNDATION 2000 CANAL STREET NEW ORLEANS, LA 70112	72-1251751	501(C)(3)	8,000.				PATIENT SUPPORT
(12) SPRING BRANCH COMM HLTH CTR 1615 HILLENDahl BLVD HOUSTON, TX 77055	30-0198705	501(C)(3)	10,000.				PATIENT SUPPORT

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

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SSM HEALTH FOUNDATION ST LOUIS 12312 OLIVE BLVD ST LOUIS, MO 63141	43-1552945	501(C)(3)	10,500.				PATIENT SUPPORT
(2) ST BERNARDS FOUNDATION 225 EAST JACKSON JONESBORO, AR 72401	71-0290019	501(C)(3)	17,500.				PATIENT SUPPORT
(3) ST DOMINIC CANCER CENTER 2969 CURRAN DR SUITE 100 JACKSON, MS 39216	64-0303091	501(C)(3)	7,000.				PATIENT SUPPORT
(4) ST ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510	47-0625523	501(C)(3)	24,000.				PATIENT SUPPORT
(5) ST ELIZABETH MEDICAL CENTER INC 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	61-0445850	501(C)(3)	13,000.				PATIENT SUPPORT
(6) ST FRANCIS FOUNDATION 211 ST FRANCIS DR CAPE GIRARDEAU, MO 63703	43-1111276	501(C)(3)	25,000.				PATIENT SUPPORT
(7) ST JOHN'S COMMUNITY HEALTH 808 W 58TH ST LOS ANGELES, CA 90037	95-4067758	501(C)(3)	20,000.				PATIENT SUPPORT
(8) ST JOSEPH HOSPITAL OF NASHUA NH 172 KNISLEY STREET NASHUA, NH 03060	02-0222215	501(C)(3)	12,500.				PATIENT SUPPORT
(9) ST JOSEPHS/CANDLER 5353 REYNOLDS STREET SAVANNAH, GA 31405	58-2288758	501(C)(3)	15,000.				PATIENT SUPPORT
(10) ST JUDE CHILDREN'S RESRCH HOSP 262 DANNY THOMAS PLACE MEMPHIS, TN 38148	62-0646012	501(C)(3)	1,833,000.				EXTRAMURAL RESEARCH
(11) ST LUKES EPISCOPAL-PRESBYTERIAN HOSPITALS 232 S WOODS MILL RD CHESTERFIELD, MO 63017	43-0652680	501(C)(3)	15,000.				PATIENT SUPPORT
(12) ST LUKE'S FOUNDATION 1000 E FIRST ST, STE 102 DULUTH, MN 55805	41-1448118	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) ST LUKES HEALTH CARE FOUNDATION 855 A AVENUE NE CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	30,000.				PATIENT SUPPORT
(2) ST MARYS HOSPITAL JEFFERSON CITY MO FDN. 2505 MISSION DRIVE JEFFERSON CITY, MO 65109	43-1575307	501(C)(3)	10,000.				PATIENT SUPPORT
(3) ST PETERS HEALTH PARTNERS 317 S MANNING BLVD STE 100 ALBANY, NY 12208	45-3570715	501(C)(3)	10,000.				PATIENT SUPPORT
(4) ST PETER'S HOSPITAL FOUNDATION INC 310 SOUTH MANNING BLVD ALBANY, NY 12208	22-2262982	501(C)(3)	15,000.				PATIENT SUPPORT
(5) ST TAMMANY HOSPITAL FOUNDATION 1127 SOUTH TYLER STREET COVINGTON, LA 70433	37-1458857	501(C)(3)	20,000.				PATIENT SUPPORT
(6) ST TERESA OF KOLKATA CATHOLIC CHURCH 3445 MAYNARDVILLE HY MAYNARDVILLE, TN 37807	45-3854765	501(C)(3)	15,000.				PATIENT SUPPORT
(7) ST THOMAS RADIOLOGY ASSOC 9149 ESTATE THOMAS ST THOMAS, VI 00802	66-0434472	501(C)(3)	7,500.				PATIENT SUPPORT
(8) ST VINCENT CANCER CENTERS OF MONTANA 1106 N 30TH ST BILLINGS, MT 59101	81-0232124	501(C)(3)	30,000.				PATIENT SUPPORT
(9) ST VINCENT HOSPITAL FOUNDATION INC 300 FIFTH AVENUE PITTSBURGH, PA 15222	35-6088862	501(C)(3)	20,000.				PATIENT SUPPORT
(10) ST VINCENT'S BRUNO CANCER CENTER 1130 22ND ST SOUTH BIRMINGHAM, AL 35205	63-0868066	501(C)(3)	20,000.				PATIENT SUPPORT
(11) STANFORD HEALTH CARE 300 PASTEUR DR MC 5554 STANFORD, CA 94305	94-6174066	501(C)(3)	20,000.				PATIENT SUPPORT
(12) STANFORD HEALTH CARE - VALLEYCARE 5555 W LAS POSITAS BLVD PLEASNTON, CA 94588	94-2172862	501(C)(3)	20,000.				PATIENT SUPPORT

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**Grants and Other Assistance to Organizations,
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(1) STANFORD UNIVERSITY 485 BRDWAY UNIV. HALL REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	2,197,499.				SUPPORT/RESEARCH
(2) STONY BROOK FOUNDATION 230 ADMINISTRATION STONY BROOK, NY 11794	11-6077945	501(C)(3)	20,000.				PATIENT SUPPORT
(3) STRATEGY GROUP, LLC. PO BOX 941356 ATLANTA, GA 31141	75-2720985		7,200.				HEALTH EQ AMBASSADOR
(4) SUMMA HEALTH SYSTEM 1077 GORGE BLVD AKRON, OH 44310	34-1624766	501(C)(3)	10,000.				PATIENT SUPPORT
(5) SUNRISE COMMUNITY HEALTH CTR 2930 11TH AVE EVANS, CO 80620	84-0613289	501(C)(3)	20,000.				PATIENT SUPPORT
(6) SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	6,000.				PATIENT SUPPORT
(7) SWEDISH MEDICAL CENTER 747 BROADWAY SEATTLE, WA 98122	91-0983214	501(C)(3)	45,000.				PATIENT SUPPORT
(8) TEMPLE UNIVERSITY HOSPITAL INC 2450 W HUNTING PARK PHILADELPHIA, PA 19129	23-2825878	501(C)(3)	34,595.				PATIENT SUPPORT
(9) TEMPLE UNIVERSITY RESEARCH PO BOX 22432 NEW YORK, NY 10087-2432	23-1365971	501(C)(3)	600,000.				EXTRAMURAL RESEARCH
(10) TENET - THE HOSPITALS OF PROVIDENCE 2001 N OREGON ST EL PASO, TX 79902	74-2792375	501(C)(3)	10,000.				PATIENT SUPPORT
(11) TEXAS CANCER SPECIALISTS FORT WORTH 5801 OAKBEND TRAIL FORT WORTH, TX 76132	83-2235275		8,000.				PATIENT SUPPORT
(12) TEXAS CHILDRENS CANCER AND HEMATOLOGY CTR 6701 FANNIN STE 1510 HOUSTON, TX 77030	74-1100555	501(C)(3)	96,000.				SUPPORT/RESEARCH

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Schedule I (Form 990) 2023

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

OMB No. 1545-0047

2023

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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(1) TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BLVD ARLINGTON, TX 76011	75-2022128	501(C)(3)	6,000.				PATIENT SUPPORT
(2) TEXAS ONCOLOGY 12221 MERIT DR SUITE 500 DALLAS, TX 75251	75-2131429		56,250.				PATIENT SUPPORT
(3) TEXAS ONCOLOGY FOUNDATION INC 12221 MERIT DR SUITE 500 DALLAS, TX 75251	75-2705785	501(C)(3)	205,500.				PATIENT SUPPORT
(4) TEXAS TECH UNIV HLTH SCIENCES CTR EL PASO 5001 EL PASO DRIVE EL PASO, TX 79905	75-2668018	GOVT	791,000.				EXTRAMURAL RESEARCH
(5) THE UNIVERSITY OF KANSAS HOSPITAL AUTHORITY 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1202402	GOVT	45,000.				SUPPORT/RESEARCH
(6) THE UNIV. OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	2,891,252.				SUPPORT/RESEARCH
(7) THE UNIVERSITY OF TEXAS HEALTH 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1586031	GOVT	1,783,800.				SUPPORT/RESEARCH
(8) THE AMERICAN ONCOLOGIC HOSPITAL FOX CHASE 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-1352156	501(C)(3)	30,000.				PATIENT SUPPORT
(9) THE CHAUTAUQUA CENTER INC 75 EAST THIRD STREET DUNKIRK, NY 14048	27-3512018	501(C)(3)	10,000.				PATIENT SUPPORT
(10) THE CHRIST HOSPITAL HEALTH NETWORK 2123 AUBURN AVENUE CINCINNATI, OH 45219	31-0538525	501(C)(3)	10,000.				PATIENT SUPPORT
(11) THE CENTER FOR CANCER AND BLOOD 800 W MAGNOLIA FORT WORTH, TX 76104	75-2512142		7,500.				PATIENT SUPPORT
(12) THE EAST ALABAMA HEALTH CARE AUTHORITY 2000 PEPPERELL PARKWAY OPELIKA, AL 36801	27-3711818	501(C)(3)	10,000.				PATIENT SUPPORT

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(1) THE FDN. AT LAKE CHARLES MEMORIAL HOSPITAL 1701 OAK PARK BLVD LAKE CHARLES, LA 70601	72-1103249	501(C)(3)	15,000.				PATIENT SUPPORT
(2) THE FEINSTEIN INSTITUTES FOR MED. RESEARCH 125 COMMUNITY DR GREAT NECK, NY 11021	11-2673595	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(3) THE GEORGE WASHINGTON UNIVERSITY PO BOX 829896 PHILADELPHIA, PA 19182-9896	53-0196584	501(C)(3)	9,000.				PATIENT SUPPORT
(4) THE LAKES COMMUNITY HEALTH CENTER 15954 RIVERS EDGE DR HAYWARD, WI 54843	35-2297925	501(C)(3)	20,000.				PATIENT SUPPORT
(5) THE LINKS FOUNDATION INC 1200 MASSACHUSETTS AVE WASHINGTON, DC 20005	52-1170830	501(C)(3)	25,000.				BLACK FAMILY WELL.
(6) THE LYMPHOLOGY ASSOCIATION OF NORTH AMERICA PO BOX 16183 SAINT LOUIS, MO 63105	91-2052404	501(C)(6)	75,000.				PATIENT SUPPORT
(7) THE MCCOURT FOUNDATION 871 FIGUEROA TERRACE LOS ANGELES, CA 90012	90-0623963	501(C)(3)	5,935.				RACE SUPPORT & PART.
(8) THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695	501(C)(3)	125,021.				SUPPORT/RESEARCH
(9) THE MOUNT SINAI HOSPITAL ONE GUSTAVE L LEVY PL NEW YORK, NY 10029	13-1624096	501(C)(3)	30,000.				PATIENT SUPPORT
(10) THE OHIO STATE UNIVERSITY 650 ACKERMAN ROAD COLUMBUS, OH 43202	31-6025986	501(C)(1)	57,500.				PATIENT SUPPORT
(11) THE QUEENS HEALTH SYSTEM MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813	99-0301698	501(C)(3)	20,000.				PATIENT SUPPORT
(12) THE RECTOR AND VISITORS OF THE UNIV. OF VA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	168,000.				PATIENT SUPPORT

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(1) THE REGENTS OF UNIV. OF CALIFORNIA DAVIS 1 SHIELDS AVE DAVIS, CA 95616	94-6036494	501(C)(3)	123,010.				PATIENT SUPPORT
(2) THE REGIONAL MEDICAL CENTER AT MEMPHIS FDN. 877 JEFFERSON AVE MEMPHIS, TN 38103	58-1737037	501(C)(3)	7,000.				PATIENT SUPPORT
(3) THE RESEARCH INST. OF FOX CHASE CANCER CTR 333 COTTMAN AVE PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	1,492,000.				EXTRAMURAL RESEARCH
(4) THE ROCKEFELLER UNIVERSITY 1230 YORK AVE, BOX 259 NEW YORK, NY 10065	13-1624158	501(C)(3)	435,000.				EXTRAMURAL RESEARCH
(5) THEDACARE FAMILY OF FOUNDATIONS 1818 N MEADE STREET APPLETON, WI 54911	46-4112255	501(C)(3)	30,000.				PATIENT SUPPORT
(6) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	124,810.				PATIENT SUPPORT
(7) TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET NEW ORLEANS, LA 70115	72-1169939	501(C)(3)	40,000.				PATIENT SUPPORT
(8) TRAVELERS AID SOCIETY OF SAN DIEGO INC 2615 CAMINO DEL RIO SAN DIEGO, CA 92108	95-1727674	501(C)(3)	10,000.				PATIENT SUPPORT
(9) TRI STATE COMMUNITY HEALTH 4041 KNIGHT ARNOLD RD MEMPHIS, TN 38118	46-5140089	501(C)(3)	37,500.				PATIENT SUPPORT
(10) TRIAGE CANCER PO BOX 4552 CULVER CITY, CA 90231	45-5132661	501(C)(3)	105,000.				PATIENT SUPPORT
(11) TRICIA'S TROOPS INC 2410 MILWAUKEE ST DELAFIELD, WI 53018	27-3779727	501(C)(3)	30,000.				PATIENT SUPPORT
(12) TRIHEALTH CANCER INSTITUTE 5520 CHEVIOT ROAD CINCINNATI, OH 45247	27-2413974		15,000.				PATIENT SUPPORT

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(1) TRINITY HEALTH FOUNDATION 1250 21ST AVENUE SE MINOT, ND 58701	45-0215346	501(C)(3)	30,000.				PATIENT SUPPORT
(2) TRUSTEES OF BOSTON UNIV BUMC 25 BUICK ST BOSTON, MA 02215	04-2103547	501(C)(3)	2,052,000.				EXTRAMURAL RESEARCH
(3) TRUSTEES OF THE UNIV OF PENN 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,128,167.				SUPPORT/RESEARCH
(4) TRUSTEES OF TUFTS UNIVERSITY 169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(C)(3)	807,000.				SUPPORT/RESEARCH
(5) TULANE UNIV. HEALTH SCIENCES CENTER 1430 TULANE AVE SL-79 NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	50,000.				EXTRAMURAL RESEARCH
(6) TURNER HOUSE CLINIC INC 21 N 12TH STREET #300 KANSAS CITY, KS 66102	48-1151382	501(C)(3)	10,000.				PATIENT SUPPORT
(7) TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE TYLER, TX 75702	45-2578435	501(C)(3)	10,000.				PATIENT SUPPORT
(8) UAMS AUXILIARY 4301 W MARKHAM LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	30,000.				PATIENT SUPPORT
(9) UBIQUITOUS WOMEN'S EXPO 7466 NEW RIDGE RD HANOVER, MD 21076	52-1669671		10,000.				EXPO SPONSORSHIP
(10) UCLA FOUNDATION PO BOX 7145 PASADENA, CA 91109-9903	95-2250801	501(C)(3)	50,000.				PATIENT SUPPORT
(11) UF HEALTH JACKSONVILLE 655 W 8TH STREET JACKSONVILLE, FL 32209	59-2274759	501(C)(3)	56,250.				PATIENT SUPPORT
(12) UMC FOUNDATION 602 INDIANA AVE LUBBOCK, TX 79415	75-1639312	501(C)(3)	10,000.				PATIENT SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVE NASHVILLE, TN 37210	62-1032792	501(C)(3)	10,000.				PATIENT SUPPORT
(2) UNITYPOINT HEALTH 1415 WOODLAND AVE DES MOINES, IA 50309	42-0680452	501(C)(3)	10,000.				PATIENT SUPPORT
(3) UNITYPOINT HEALTH - CENTRAL ILLINOIS FDN. 5409 N KNOXVILLE AVE PEORIA, IL 61614	51-0186460	501(C)(3)	17,500.				PATIENT SUPPORT
(4) UNIV OF COLORADO 1800 GRANT ST, STE 200 DENVER, CO 80203	84-6000555	501(C)(3)	3,430,000.				SUPPORT/RESEARCH
(5) UNIV OF MARYLAND BALTIMORE PO 41428 BALTIMORE, MD 21203-6428	52-6002033	GOV'T	132,000.				EXTRAMURAL RESEARCH
(6) UNIV OF VT & STATE AG COLLEGE 85 S PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	360,000.				EXTRAMURAL RESEARCH
(7) UNIVERSITY HEALTH SYSTEMS 1926 ALCOA HWY, STE 310 KNOXVILLE, TN 37920	31-1626179	501(C)(3)	20,000.				PATIENT SUPPORT
(8) UNIVERSITY HOSPITALS 11100 EUCLID AVE CLEVELAND, OH 44106	34-0714775	501(C)(3)	6,000.				PATIENT SUPPORT
(9) UNIVERSITY OF ARIZONA 1303 E UNIVERISTY BLVD TUCSON, AZ 85719	74-2652689	SECTION 115	388,000.				EXTRAMURAL RESEARCH
(10) UNIVERSITY OF CHICAGO 6054 S DREXEL AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	200,000.				SUPPORT/RESEARCH
(11) UNIVERSITY OF CINCINNATI PO BOX 210061 CINCINNATI, OH 45221-0061	31-6000989	GOV'T	1,089,000.				EXTRAMURAL RESEARCH
(12) UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	60,000.				SUPPORT/RESEARCH

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(1) UNIVERSITY OF HAWAII 245 N KUKUI ST #201 HONOLULU, HI 96817	99-6000354	GOVT	949,136.				EXTRAMURAL RESEARCH
(2) UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001-0988	74-6001399	GOVT	792,000.				EXTRAMURAL RESEARCH
(3) UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD, IL 62708-0787	37-6000511	501(C)(3)	11,250.				PATIENT SUPPORT
(4) UNIVERSITY OF KANSAS 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(5) UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	1,548,716.				SUPPORT/RESEARCH
(6) UNIVERSITY OF MISSISSIPPI 113 FALKNER UNIVERSITY, MS 38677	64-6001159	501(C)(3)	32,500.				PATIENT SUPPORT
(7) UNIVERSITY OF NEW MEXICO MESA VISTA HALL ALBUQUERQUE, NM 87131	85-6000642	GOVT	448,370.				SUPPORT/RESEARCH
(8) UNIVERSITY OF NOTRE DAME 724 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	519,230.				SUPPORT/RESEARCH
(9) UNIVERSITY OF PITTSBURGH 6614 CLAYTON ROAD PITTSBURGH, PA 15251	25-0965591	501(C)(3)	841,787.				EXTRAMURAL RESEARCH
(10) UNIVERSITY OF ROCHESTER 910 GENESEE ST, STE 200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	1,790,200.				SUPPORT/RESEARCH
(11) UNIVERSITY OF UTAH 302 PARK BUILDING SALT LAKE CITY, UT 84112	23-7112869	501(C)(3)	1,691,231.				SUPPORT/RESEARCH
(12) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY SEATTLE, WA 98195	91-6001537	GOVT	85,000.				EXTRAMURAL RESEARCH

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(1) UNIVERSITY OF WISCONSIN WARF 370 610 WALNUT ST MADISON, WI 53705	39-1805963	GOVT	164,993.				PATIENT SUPPORT
(2) UNIVERSITY COMMUNITY HEALTH SE 601 BENTON AVE NASHVILLE, TN 37204	62-1438461	501(C)(3)	10,000.				PATIENT SUPPORT
(3) UNIVERSITY HEALTH FOUNDATION 2310 HOLMES, STE 735 KANSAS CITY, MO 64108	43-1194064	501(C)(3)	10,000.				PATIENT SUPPORT
(4) UNIVERSITY HEALTH SYSTEM FOUNDATION 4502 MEDICAL DR SAN ANTONIO, TX 78229	74-2335396	501(C)(3)	13,000.				PATIENT SUPPORT
(5) UNIVERSITY HOSPITAL CANCER CENTER 205 S ORANGE AVE NEWARK, NJ 07101	47-1686351	501(C)(3)	47,500.				PATIENT SUPPORT
(6) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CTR 11100 EUCLID AVE AVON, OH 44011	34-1567805	501(C)(3)	1,240,214.				SUPPORT/RESEARCH
(7) UNIVERSITY MEDICAL CENTER FOUNDATION 1400 HARDAWAY, SUITE 220 EL PASO, TX 79903	74-2540513	501(C)(3)	7,500.				PATIENT SUPPORT
(8) UNIV. OF ALABAMA AT BIRMINGHAM EDU. FDN. 1717 11TH AVENUE S BIRMINGHAM, AL 35205	63-6155094	501(C)(3)	10,000.				PATIENT SUPPORT
(9) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	1,305,600.				SUPPORT/RESEARCH
(10) UNIVERSITY OF ARKANSAS FOR 4301 WEST MARKHAM LITTLE ROCK, AR 72205	71-6003252	GOVT	104,065.				EXTRAMURAL RESEARCH
(11) UNIVERSITY OF CALIFORNIA BERKELEY FDN. 1995 UNIVERSITY AVE BERKELEY, CA 94720	94-6090626	501(C)(3)	100,000.				BAKAR BIOENGINUITY
(12) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	1,347,522.				SUPPORT/RESEARCH

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(1) UNIVERSITY OF CALIFORNIA SANTA BARBARA SAASB ROOM 1212 SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	36,167.				EXTRAMURAL RESEARCH
(2) UNIVERSITY OF FLORIDA HEALTH PROTON THERAPY 2015 N JEFFERSON ST JACKSONVILLE, FL 32206	01-0554709	501(C)(3)	35,000.				PATIENT SUPPORT
(3) UNIVERSITY OF HAWAII FOUNDATION 1314 S KING ST, STE B HONOLULU, HI 96814	99-0085260	501(C)(3)	15,000.				PATIENT SUPPORT
(4) UNIV OF IOWA HOLDEN COMPREHENSIVE CANCER CT 201 S CLINTON ST IOWA CITY, IA 52242	42-6004813	GOVT	50,000.				PATIENT SUPPORT
(5) UNIVERSITY OF KENTUCKY MARKEY CANCER FDN. 115 WALLER AVE, STE 204 LEXINGTON, KY 40503	31-0944925	501(C)(3)	50,000.				PATIENT SUPPORT
(6) UNIVERSITY OF KENTUCKY RESEARCH FDN. PO BOX 931113 CLEVELAND, OH 44193	61-6033693	501(C)(3)	1,300,000.				SUPPORT/RESEARCH
(7) UNIVERSITY OF LOUISVILLE FOUNDATION 215 CENTRAL AVENUE LOUISVILLE, KY 40208	23-7078461	501(C)(3)	50,000.				PATIENT SUPPORT
(8) UNIV OF LOUISVILLE JAMES GRAHAM BROWN CA CT 530 S JACKSON ST LOUISVILLE, KY 40202	61-0890824	GOVT	762,500.				EXTRAMURAL RESEARCH
(9) UNIVERSITY OF MARYLAND MEDICAL SYSTEM FND 110 S PACA ST, 9TH FL BALTIMORE, MD 21201	52-2238893	501(C)(3)	180,217.				PATIENT SUPPORT
(10) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	GOVT	1,626,000.				EXTRAMURAL RESEARCH
(11) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)(3)	100,000.				SUPPORT/RESEARCH
(12) UNIVERSITY OF NORTH DAKOTA 2901 UNIVERSITY AVE GRAND FORKS, ND 58202	45-6014235	GOVT	792,000.				EXTRAMURAL RESEARCH

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(1) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR 865 RESEARCH PKWY OKLAHOMA CITY, OK 73104	73-1563627	501(C)(3)	1,256,500.				SUPPORT/RESEARCH
(2) UNIVERSITY OF PITTSBURGH PHYSICIANS 5608 WILKINS AVE PITTSBURGH, PA 15217	23-2919472	501(C)(3)	10,000.				PATIENT SUPPORT
(3) UNIVERSITY OF PUERTO RICO - RIO PIEDRAS 18 AVE UNIVERSIDAD SAN JUAN, PR 00925	66-0433760	GOVT	293,000.				EXTRAMURAL RESEARCH
(4) UNIVERSITY OF SOUTH ALABAMA 307 N UNIVERSITY BLVD N MOBILE, AL 36688	63-0477348	501(C)(3)	45,000.				PATIENT SUPPORT
(5) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST LOS ANGELES, CA 90089	95-1642394	501(C)(3)	1,210,000.				SUPPORT/RESEARCH
(6) UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713-7159	74-1587488	GOVT	1,166,333.				EXTRAMURAL RESEARCH
(7) UNIVERSITY OF TEXAS DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080	75-1305566	GOVT	50,000.				EXTRAMURAL RESEARCH
(8) UNIV. OF TEXAS SOUTHWESTERN MEDICAL CTR 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	GOVT	1,954,500.				SUPPORT/RESEARCH
(9) UNIVERSITY OF TX MD ANDERSON CANCER CTR PO BOX 4266 HOUSTON, TX 77210-4266	74-6001118	501(C)(3)	1,371,933.				SUPPORT/RESEARCH
(10) UNIVERSITY OF VERMONT CANCER CENTER 111 COLCHESTER AVE BURLINGTON, VT 05401	03-0219309	501(C)(3)	25,000.				PATIENT SUPPORT
(11) UNIVERSITY OF WISCONSIN HOSPITALS & CLINICS 600 HIGHLAND AVE MADISON, WI 53792	39-1835630	501(C)(3)	9,000.				PATIENT SUPPORT
(12) UPMC ALTOONA NUTRITION SERVICES 620 HOWARD AVE ALTOONA, PA 16601	55-0787040	501(C)(3)	7,500.				PATIENT SUPPORT

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(1) UPMC CHILDREN'S COMMUNITY PEDIATRICS 103 BRADFORD RD WEXFORD, PA 15090	25-1781887		10,000.				PATIENT SUPPORT
(2) UPMC MAGEE WOMENS HOSPITAL 300 HALKET STREET PITTSBURGH, PA 15213	25-0965420	501(C)(3)	14,861.				PATIENT SUPPORT
(3) UPSTATE FOUNDATION INC 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-1068101	501(C)(3)	30,000.				PATIENT SUPPORT
(4) UT HEALTH EAST TEXAS PHYSICIANS 3910 BROOKSIDE DR, STE 102 TYLER, TX 75701	75-0891460		22,500.				PATIENT SUPPORT
(5) UTAH CANCER SPECIALISTS PC 1121 E 3900 S SALT LAKE CITY, UT 84124	87-0519691		10,000.				PATIENT SUPPORT
(6) UTHEALTH SCHOOL OF DENTISTRY 500 CAMBRIDGE ST HOUSTON, TX 77054	74-1761309	501(C)(3)	40,000.				EXTRAMURAL RESEARCH
(7) VAN ANDEL RESEARCH INSTITUTE 3600 GEORGETOWN RD GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	276,833.				EXTRAMURAL RESEARCH
(8) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE S NASHVILLE, TN 37232	35-2528741	501(C)(3)	159,000.				SUPPORT/RESEARCH
(9) VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 37240	62-0476822	501(C)(3)	50,000.				EXTRAMURAL RESEARCH
(10) VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)	20,000.				PATIENT SUPPORT
(11) VIDANT HEALTH FOUNDATION 690 MEDICAL DRIVE GREENVILLE, NC 27835	20-0777374	501(C)(3)	15,000.				PATIENT SUPPORT
(12) VIRGINIA COMMONWEALTH UNIV PO BOX 842512 RICHMOND, VA 23284-3039	54-6001758	501(C)(3)	510,789.				SUPPORT/RESEARCH

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(1) VIRGINIA MASON FOUNDATION 1218 TERRY AVENUE SEATTLE, WA 98101	91-0565546	501(C)(3)	20,000.				PATIENT SUPPORT
(2) VIRGINIA MASON FRANCISCAN HEALTH 1145 BROADWAY PLAZA TACOMA, WA 98402	91-1145592	501(C)(3)	40,000.				PATIENT SUPPORT
(3) VIRTUA HEALTH FOUNDATION 303 LIPPINCOTT DR, 4TH FL MARLTON, NJ 08053	04-3722352	501(C)(3)	15,000.				PATIENT SUPPORT
(4) VISITING NURSES ASSOC COMMUNITY HEALTH CTR 806 FIFTH AVENUE ASBURY PARK, NJ 07712	22-3321236	501(C)(3)	50,000.				PATIENT SUPPORT
(5) VOLUNTEER AUXILIARY INC OF WESTSIDE 8201 W BROWARD BLVD PLANTATION, FL 33324	59-1744391	501(C)(3)	10,000.				PATIENT SUPPORT
(6) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	1,535,331.				SUPPORT/RESEARCH
(7) WASHINGTON UNIV./SITEMAN CANCER CENTER CAMPUS BOX 1034 SAINT LOUIS, MO 63112	43-0653611	501(C)(3)	67,500.				PATIENT SUPPORT
(8) WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS, MO 63112-1408	43-6401888	501(C)(3)	3,937,096.				EXTRAMURAL RESEARCH
(9) WATTS HEALTHCARE CORP 10300 COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501(C)(3)	10,000.				PATIENT SUPPORT
(10) WAYNE STATE UNIVERSITY 5057 WOODWARD AVE DETROIT, MI 48202	38-6028429	501(C)(3)	350,000.				EXTRAMURAL RESEARCH
(11) WEILL MED COLLEGE OF CORNELL U 1300 YORK AVE BOX 89 NEW YORK, NY 10065	13-1623978	501(C)(3)	485,000.				EXTRAMURAL RESEARCH
(12) WELLSPAN HEALTH PO BOX 20639 YORK, PA 17402	22-2517863	501(C)(3)	7,500.				PATIENT SUPPORT

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WELLSTAR FOUNDATION 1800 PARKWAY PLACE MARIETTA, GA 30067	58-1627413	501(C)(3)	15,000.				PATIENT SUPPORT
(2) WEST JEFFERSON HOSPITAL FOUNDATION 1111 MEDICAL CTR BLVD MARRERO, LA 70072	27-0082033	501(C)(3)	10,000.				PATIENT SUPPORT
(3) WEST VIRGINIA UNIVERSITY FOUNDATION INC ONE WATERFRONT PLACE MORGANTOWN, WV 26507	55-6017181	501(C)(3)	33,500.				PATIENT SUPPORT
(4) WEST VIRGINIA UNIV RESEARCH 886 CHESNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	50,000.				EXTRAMURAL RESEARCH
(5) WHITE PLAINS HOSPITAL 41 E POST ROAD WHITE PLAINS, NY 10601	13-1740130	501(C)(3)	10,000.				PATIENT SUPPORT
(6) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	37,333.				EXTRAMURAL RESEARCH
(7) WILLIAM MARSH RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501(C)(3)	50,000.				EXTRAMURAL RESEARCH
(8) WILLIS KNIGHTON HEALTH SYSTEM 2600 GREENWOOD ROAD SHREVEPORT, LA 71130	72-0400933	501(C)(3)	45,000.				PATIENT SUPPORT
(9) WINCHESTER HOSPITAL FOUNDATION 41 HIGHLAND AVE WINCHESTER, MA 01890	04-3399570	501(C)(3)	7,500.				PATIENT SUPPORT
(10) WOMEN AND INFANTS HOSPITAL OF RHODE ISLAND 101 DUDLEY STREET PROVIDENCE, RI 02905	05-0258937	501(C)(3)	10,000.				PATIENT SUPPORT
(11) WYOMING FOUNDATION FOR CANCER CARE 141 S CENTER ST, SUITE 402 CASPER, WY 82601	81-5130255	501(C)(3)	20,000.				PATIENT SUPPORT
(12) YAKIMA NEIGHBORHOOD HEALTH SERVICE PO BOX 2605 YAKIMA, WA 98907-2605	91-0928817	501(C)(3)	10,000.				PATIENT SUPPORT

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06510	06-0646652	501(C)(3)	50,000.				PATIENT SUPPORT
(2) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	5,618,158.				EXTRAMURAL RESEARCH
(3) ACS OF PUERTO RICO INC URB LA MERCED 566 HATO REY, PR 00918	66-0321594	501(C)(3)	7,888.				HOPE LODGE
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2023

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 non-cash assistance
1 GUEST ROOMS	29,154	205,727.	1,904,974.	FAIR MARKET VALUE	GUEST ROOMS
2 PATIENT SUPPORT	13,945	261,375.	249,420.	FAIR MARKET VALUE	WELCOME KITS
3 TRANSPORTATION	1,554	645,439.			
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS:

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 NONTECHNICAL AND SCIENTIFIC, ARE TO BE SUBMITTED EACH YEAR WITHIN 60 DAYS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL

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

REPORTS ARE DUE WITHIN 60 DAYS AFTER THE GRANT HAS TERMINATED. THE

SCIENTIFIC REPORT INCLUDES:

- (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

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

DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND. ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE ACS 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,

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

SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS

- INDIRECT COSTS

-SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR

- SIGNATURE OF ACS REVIEWER

REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING

GRANTS ARE REVIEWED BY APPROPRIATE ACS STAFF. REPORTS ARE REVIEWED FOR

NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE

INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT ACCOUNT IS NOT

CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND

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

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 GRANTEEES 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

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

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

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

NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS.

GRANTS MADE TO ORGANIZATIONS THAT ARE NOT 501(C)(3) OR GOVERNMENTAL ORGANIZATIONS ARE CONTRACTUALLY OBLIGATED TO USE FUNDS SOLELY IN A MANNER CONSISTENT WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE GOVERNING 501(C)(3) ORGANIZATIONS. FUNDS ARE PROHIBITED FROM BEING EXPENDED FOR ELECTION PURPOSES, INCLUDING CONTRIBUTIONS TO ANY CANDIDATE OR POLITICAL ORGANIZATION, OR TO INFLUENCE ANY ELECTION TO PUBLIC OFFICE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

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

2023

**Open to Public
Inspection**

Employer identification number

13-1788491

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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?

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.

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

4 During the year, did any person listed 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** **4c**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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** **5b**
- b** Any related organization? **5b**
- 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** **6b**
- b** Any related organization? **6b**
- 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** **7**

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** **8**

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

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

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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				
KAREN E. KNUDSEN, PHD 1 CHIEF EXECUTIVE OFFICER	(i)	819,190.	472,043.	2,163.	77,154.	29,093.	1,399,643.	NONE
	(ii)	70,620.	40,693.	186.	6,651.	2,508.	120,658.	NONE
KAEL REICIN 2 CHIEF FIN. & STRATEGY OFFICER	(i)	592,180.	345,213.	86,854.	19,701.	25,737.	1,069,685.	43,956.
	(ii)	63,448.	36,987.	9,306.	2,111.	2,758.	114,610.	4,795.
MICHAEL L. NEAL 3 CHIEF OF ORG. ADVANCEMENT	(i)	519,608.	279,156.	32,226.	75,940.	22,216.	929,146.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDRE C. BOKHOOR 4 CHIEF PEOPLE OFFICER	(i)	501,243.	294,000.	870.	48,967.	27,273.	872,353.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM L. DAHUT 5 CHIEF SCIENTIFIC OFFICER	(i)	563,453.	242,550.	4,087.	48,228.	1,088.	859,406.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIMOTHY B. PHILLIPS 6 CHIEF LEGAL AND RISK OFFICER	(i)	401,447.	185,267.	1,872.	56,594.	18,054.	663,234.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN B. WOODWARD 7 SENIOR EVP, FIELD OPERATIONS	(i)	399,788.	151,910.	1,001.	70,664.	27,558.	650,921.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KIMBERLY MARTINEZ 8 CHIEF MARKETING OFFICER	(i)	406,636.	102,000.	990.	30,646.	11,775.	552,047.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ARIF KAMAL 9 CHIEF PATIENT OFFICER	(i)	493,841.	NONE	540.	12,350.	11,388.	518,119.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EMILY SANDMAN 10 SENIOR VICE PRESIDENT, PEOPLE	(i)	333,080.	140,400.	323.	16,837.	10,281.	500,921.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUNG H. KIM 11 FORMER CHIEF OPERATING OFFICER	(i)	NONE	NONE	128,068.	NONE	NONE	128,068.	176,692.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHERINE E. MICKLE 12 FORMER CHIEF FINANCIAL OFFICER	(i)	NONE	NONE	106,594.	NONE	NONE	106,594.	204,245.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	15,881.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

SCHEDULE J, PART I, LINE 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

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 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 VI, 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.

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.

THE FOLLOWING FORMER OFFICERS RECEIVED A FINAL PAYOUT OF SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN COMPENSATION THEY EARNED IN THEIR FORMER ROLES. PER THE TERMS OF THE PLAN, THE FORMER OFFICERS BECAME ELIGIBLE TO RECEIVE PAYMENT IN 2023.

JUNG HWA KIM - \$207,844

CATHERINE MICKLE - \$202,521

SCHEDULE J, PART II, COLUMN (C):

SCHEDULE J, PART II, COLUMN C 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

2023

**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		27,798,140.	COST
6 Cars and other vehicles	X	2,043	1,981,080.	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	227	1,766,330.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	55	78,040.	MARKET VALUE
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 (SEE SUPP PAGE)		28,770.	1,904,974.	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 2

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

JSA

3E1298 1.000

8029WB L23K

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:

EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS:

CARS AND OTHER VEHICLES - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

SECURITIES - PUBLICLY TRADED - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

SECURITIES - MISCELLANEOUS - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF DIGITAL ASSETS

OTHER - GUEST ROOM PROGRAM THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B:

THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS:

ACS USED THIRD PARTY SERVICES TO LIQUIDATE VEHICLE AND CRYPTO GIFTS.

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 - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GUEST ROOM PROG	X	28,770	1,904,974.	MARKET VALUE
TOTALS		28,770.	1,904,974.	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

13-1788491

FORM 990, PART I, LINE 1:

IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH
ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN
OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER.

FORM 990, PART III, LINE 4C:

ADVOCACY: ACS PROMOTES POLICIES THAT BUILD HEALTHIER COMMUNITIES, CREATE
SAFER WORKPLACES, AND PROVIDE GREATER, MORE EQUITABLE ACCESS TO QUALITY
MEDICAL CARE. ADVOCACY EFFORTS INCLUDE, BUT ARE NOT LIMITED TO, GRANTS TO
AFFILIATES. AS ACS' NONPROFIT, NONPARTISAN AFFILIATE, THE AMERICAN CANCER
SOCIETY CANCER ACTION NETWORK, INC. (ACS CAN) ADVOCATES FOR
EVIDENCE-BASED PUBLIC POLICIES TO REDUCE THE CANCER BURDEN FOR EVERYONE.
ACS CAN IS MAKING CANCER A TOP PRIORITY FOR PUBLIC OFFICIALS AT THE
FEDERAL, STATE, AND LOCAL LEVELS. BY ENGAGING ADVOCATES ACROSS THE
COUNTRY TO MAKE THEIR VOICES HEARD, ACS CAN INFLUENCES LEGISLATIVE AND
REGULATORY SOLUTIONS THAT WILL END CANCER AS WE KNOW IT, FOR EVERYONE.

FORM 990, PART VI, LINE 4:

DURING THE FISCAL YEAR ENDED DECEMBER 31, 2023, THE BYLAWS OF ACS WERE
AMENDED TO SEPARATE THE BOARD SECRETARY AND BOARD TREASURER ROLES,
STIPULATING THAT FOLLOWING THE EXPIRATION OF THE VICE CHAIR'S TWO-YEAR
TERM, HE/SHE WILL SERVE AS THE CHAIR AND REMOVING ALL REFERENCES TO
"HONORARY LIFE MEMBER" FROM THE BYLAWS AND VEST THE AUTHORITY RELATED TO
THE SELECTION OF SUCH PERSONS, IF ANY, WITH THE MANAGEMENT TEAM.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

FORM 990, PART VI, LINE 11B:

MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES AND REVIEWS THE FORM 990. THE DRAFT FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS' FINANCE COMMITTEE; AND THE CHIEF FINANCE & STRATEGY OFFICER 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, LINE 12C:

ACS 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 ACS 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

13-1788491

DECISION-MAKING PROCESS.

FORM 990, PART VI, LINE 15A:

ACS USES AN INDEPENDENT COMPENSATION 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 ACS 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 ACS 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

13-1788491

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;

(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 ACS TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS;

(K) DETERMINE WHETHER ACS' 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 SO THE TERMS ARE REASONABLE;

(L) CONTEMPORANEOUSLY DOCUMENT CONCLUSIONS AND FINDINGS AND REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

FORM 990, PART VI, LINE 18:

THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG.

FORM 990, PART VI, LINE 19:

ACS 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. ACS' ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEMS 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:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$42,662,534
NET CHANGE IN PENSION LIABILITY	\$ 7,060,268
OTHER RECEIVABLE WRITE OFFS	\$ 4,802,558
NET ASSET ADJ. FOR NMTC LOAN FORGIVENESS	\$(2,784,260)

TOTAL	\$51,741,100

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

FORM 990, PART VI, LINE 17 - STATES

=====

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

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.**13-1788491**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MANIFOLD, INC. 73 CHAPEL STREET NEWTON, MA 02458	APP DEVELOP & CONSL.	4,223,267.
TECHASPECT SOLUTIONS, LLC DBA TA DIGITAL 888 W BIG BEAVER ROAD, 2ND FLOOR TROY, MI 48084	IT/DIGITAL SOLUTIONS	3,610,696.
COMMUNITY COUNSELING SERVICE CO., LLC 527 MADISON AVE, 5TH FLOOR NEW YORK, NY 10022	CONSULT & PROF FUND.	3,435,390.
GE JOHNSON CONSTRUCTION COMPANY 25 NORTH CASCADE AVE, STE 400 COLORADO SPRINGS, CO 80903	CONSTRUCTION SERVICE	2,822,693.
MERKLE, INC. P.O. BOX 64897 BALTIMORE, MD 21264	FUNDRAISING COUNSEL	2,275,602.

**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

2023

**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
(1) ACS BRIGHTEDGE VENTURES, LLC 82-2597570 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 30303-1246	MISSION INV.	DE	4,148,556.	37,915,737.	ACS INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS CANCER ACTION NETWORK, INC. 52-1240031 655 15TH STREET, NW, STE 503 WASHINGTON, DC 20005	ELIM. CANCER	DC	501(C)(4)		ACS, INC.	X	
(2) ACS DEVELOPMENT I, INC. 46-5439010 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 30303-1246	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS, INC.	X	
(3) ACS CAPITAL, INC. 46-5429467 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 30303-1246	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS CAN		X
(4) AMERICAN CANCER SOCIETY, INC PUERTO RICO 66-0321594 URB LA MRCD 566 CLL ALVERIO HATO REY, PR 00918	ELIM. CANCER	PR	501(C)(3)	7	ACS, INC.	X	
(5) THE JOSEPH S AND JEANNETTE M SILBER FDTN 34-1363915 4900 TIEDEMAN RD, OH-01-49-015 BROOKLAND, OH 44144	ELIM. CANCER	OH	501(C)(3)	12 III-O	N/A		X
(6) ACS DEVELOPMENT COMPANY II, INC. 82-1993189 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 30303-1246	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS, INC.	X	
(7)							

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE BROWER-IADONE FAMILY, LLC 2360 CLAUDIA STREET CORONA, CA	SUPPORT ACS	DE	N/A	RELATED	NONE	1,094,098.		X			X	99.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK, INC.	B	34,045,757.	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	R	8,891,951.	FMV
(3) ACS DEVELOPMENT COMPANY II, INC.	K	729,518.	FMV
(4) ACS CANCER ACTION NETWORK, INC.	L	120,635.	FMV
(5) ACS CAPITAL, INC.	S	6,107,690.	FMV
(6) ACS CANCER ACTION NETWORK, INC.	N	135,759.	FMV

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

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

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

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	26,053,965.	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	K	418,538.	FMV
(3) ACS DEVELOPMENT COMPANY II, INC.	C	2,640,763.	FMV
(4) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	Q	2,806,757.	FMV
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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

AMERICAN CANCER SOCIETY, INC.

13-1788491

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
CHARITABLE REMAINDER ANNUITY TRUSTS (22) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X
CHARITABLE REMAINDER UNITRUSTS (75) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X
DISCRETIONARY TRUSTS (12) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X
NET INCOME PRINCIPAL INVASION REM. (93) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X
NET INCOME REMAINDER TRUSTS (45) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X
PERPETUAL TRUSTS (66) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X
REVOCABLE LIVING TRUSTS (20) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X
CHARITABLE LEAD ANNUITY TRUSTS (3) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X
COMBINATION TRUSTS (4) N/A NEW YORK, NY 00000	99-9999999 SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	X