	0	0	Λ
Form	J	J	U

Department of the Treasury

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

2023 Open to Public

OMB No. 1545-0047

		e 2023 cal	endar year, or tax year beginning	and end					
		•4	C Name of organization		3		D Em	nploye	r identification number
B	heck if a	pplicable:	AMERICAN CANCER SOCI	ETY, INC.					
x	Addre	ss change	Doing business as				13	-17	88491
	-	change	Number and street (or P.O. box if m	ail is not delivered to street address)		Room/suite			ne number
-	Initial	-	270 PEACHTREE ST NW			1300	(8	00)	227-2345
	-	eturn/terminated	City or town, state or province, cour	try, and ZIP or foreign postal code			`	,	ceipts \$
	Ameno	ded return	ATLANTA, GA 30303-124	16				5.	247,022,332.
	Applic	ation pending	F Name and address of principal office		PHD	H(a	a) Is this a group		
	_		SAME AS "C" ABOVE	· · · · · · ,		H(b	subordinates? Are all subord	linates ir	ncluded? Yes No
I	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	5	27	-		t. See instructions.
J	Webs	ite: WV	W.CANCER.ORG				;) Group exem	nption r	number 0580
ĸ	Form		on: X Corporation Trust	Association Other	L Yea	-		-	of legal domicile: NY
	art I	Summ					-		
			•	r most significant activities: SEE SCH	EDUL	E O			
ė		- ,	3		-	-			
and									
Governance	2	Check this	s box if the organization of	discontinued its operations or dispos	sed of	more than	25% of	its r	net assets.
ĝ	3	Number o		body (Part VI, line 1a)				3	22
8	4			he governing body (Part VI, line 1b)				4	22
ties	5			ndar year 2023 (Part V, line 2a)				5	3,300
Activities &	6			sary)				6	1,083,526
Ac				III, column (C), line 12				7a	25,025.
				Form 990-T, Part I, line 11				7b	NONE
				, <u></u>			rior Year	· ·	Current Year
-	8	Contributi	ons and grants (Part VIII, line 1h)			657	,648,5	76.	642,764,423.
Revenue	9						2,536,83		258,515.
eve	10			es 3, 4, and 7d)			,545,30		17,825,861.
Ŕ	11			6d, 8c, 9c, 10c, and 11e)			,257,84		-4,010,684.
	12			equal Part VIII, column (A), line 12)			,472,92		656,838,115.
	13			umn (A), lines 1-3)			,934,82		194,769,766.
	14			mn (A), line 4)				ONE	NONE
s	15			efits (Part IX, column (A), lines 5-10)			,889,39	91.	308,739,250.
Expenses	16 a			(A), line 11e)			5,601,34		10,816,141.
, yee	b			D), line 25) 124,005,580.		-			
Ш	17	Other exp	enses (Part IX, column (A), lines 11	a-11d, 11f-24e)		213	,778,1	36.	241,947,447.
	18			Part IX, column (A), line 25)			,203,69		756,272,604.
	19			n line 12			,269,2		-99,434,489.
ses			·				of Current		End of Year
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 16)			1,780	,605,24	15 .	1,809,676,040.
Asse	21		ities (Part X, line 26)				,388,19		531,311,280.
L Set	22	Net assets	s or fund balances. Subtract line 21	from line 20		1,255	,217,04	19.	1,278,364,760.
Pa	rt II	Signat	ure Block						
Un true	der pe e, corre	nalties of pe ect, and com	rjury, I declare that I have examined th plete. Declaration of preparer (other thar	is return, including accompanying schedules a officer) is based on all information of which p	and sta	tements, and t has any knowl	o the best o edge.	fmy	knowledge and belief, it is
		Vail	É.N	· · · · · · · · · · · · · · · · · · ·			9/17	/20	24
Sig	n	Signature of	of officer				Date	120	<u> </u>
He	re	KAEL R	FICIN	CFO & CS	0				
			nt name and title						
		Print/Type	preparer's name	Preparer's signature	Date		Check	if I	PTIN
Paio	ł	SANDRA	L FEINSMITH	Sandre L'Alinsmer	09/1	6/2024	self-employ	'.l	P01064157
	parer	Firm's nam					n's EIN		3-5381590
Use	Only	Firm's add		REET, SUITE 300 RALEIGH, NC 27601			one no.		19-278-1936
Ma	v the			shown above? See instructions.					. X Yes No
			uction Act Notice, see the separat						Form 990 (2023)
			······································						

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

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.

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

Enter the Return Code for the return that this app	lication is for (file	a separate application for each return)	0 1
Application Is For	Return	Application Is For	Return
	Code		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	
	00 227					KNO.					

•	 If the organization does not have an office or place of b 	ousiness in the United States, check this box	
•	If this is for a Group Return, enter the organization's for	ur-digit Group Exemption Number (GEN)	. If th
fo	for the whole group, check this box	. If it is for part of the group, check this box	ttach

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 organiz	ation's return	for:	-

X calendar year 2023 or tax year beginning

, 20 , and ending

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
С	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.

Form 8868 (Rev. 1-2024)

1

. If this is

, 20

AMERICAN CANCER SOCIETY, INC.

Fo	rm 990 (2023)	Page 2
F	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?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	

services?	Yes	Х	Nc
If "Yes," describe these changes on Schedule O.			

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

a (Code:) (Expenses \$	370,879,841. incl	uding grants of \$	25,141,258.) (Revenue \$	233,500.)
PATIENT S	SUPPORT: THE AM	ERICAN CANCER	R SOCIETY, IN	C. (ACS) OFF	ERS	
PROGRAMS	AND SERVICES 7	O HELP INDIVI	DUALS DURING	AND AFTER C	ANCER	
TREATMENT	r. we provide 7	HE LATEST, EV	/IDENCE-BASED	CANCER		
INFORMAT	ION AND ARE AVA	ILABLE 24/7 7	TO HELP PEOPL	E FACING CAN	ICER	
FIND SERV	VICES AND RESOU	RCES, WHETHER	R THEY WANT T	O UNDERSTAND	THEIR	
DIAGNOSIS	S AND TREATMENT	OPTIONS, LEA	ARN HOW TO CO	PE WITH SIDE		
EFFECTS,	FIND TRANSPORT	ATION, OR NEE	ED LODGING WH	EN TREATMENT	' IS	
FAR FROM	HOME. WE PROVI	DE INFORMATIO	ON AND SUPPOR	T TO PEOPLE	WITH	
CANCER, (CAREGIVERS, ANI	SURVIVORS TH	HROUGH ONLINE	COMMUNITIES	AND	
ONE-ON-OI	NE SUPPORT.					

4b	(Code:) (Expense	es \$	187,26	58,536.	incl	uding g	grants c	of\$	135,	582,7	51.) (Revenue	\$ 25,01	15.)
	DISC	OVERY:	ACS	LAUN	CHES	INNO	VATIV	/Е,	HIGH	-IMPA	CT	RESEAR	RCH	ТΟ	FIND		
	MORE	- AND	BETT	FER -	TRE	ATMEN	ΤS, τ	JNCC	VER	FACTO	RS	THAT I	MAY	CAU	JSE		
	CANCI	ER, AN	D IM	PROVE	QUAI	JITY	OF LI	ΓFE	FOR	PEOPL	ΕF	ACING	CAN	CEF	R. WE		
	FUND	RESEA	RCH (GRANTS	5 ANI	CON	DUCT	CAN	ICER	RESEA	RCH	STUD	IES	ТΟ	HELP		
	ACCEI	LERATE	THE	PACE	OF F	ROGR	ESS.	WE	COND	UCT E	QUI	TY-FO	CUSE	D			
	RESE	ARCH T	O IDH	ENTIFY	Y ANI) UND	ERST	AND	ISSU	ES RE	LAT	ED TO	CAN	CEF	ξ		
	DISP	ARITIE	S IN	AN EI	FORT	г то	ADVAI	NCE	HEAL	TH EQ	UIT	'Y AMOI	NG A	LL			
	COMMU	JNITIE	s.														

	(a)	\ / -) (D		
4c	(Code:) (Expenses \$	42,605,309. inclu	iding grants of \$	34,045,757.	_) (Revenue \$		NONE)
	SEE SCHEDUL	ΕO						
4d	Other program se	ervices (Describe o	on Schedule O.)					
	(Expenses \$	includ	ing grants of \$) (Re	venue \$)	
4e	Total program se	rvice expenses	600,753,6	86.				

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negative constitution continues? If "Vec " complete Schedule D. Part IV	9		v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 21	
	Schedule D, Parts XI and XII.	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45	37	
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		X
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	ĺ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	х	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
3E1021	2.000	Form	990	(2023)

Form 990 (2023)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Х	<u> </u>
30		20		37
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
22	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22	v	
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	X	
34	or IV, and Part V, line 1.	34	Х	
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	55a	Λ	<u> </u>
, N	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		<u> </u>
00	related organization? If "Yes," complete Schedule R, Part V, line 2.	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part			-	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 85			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 3E1030	1.000	Form	990	(2023)

Form 990 (2023)

AMERICAN CANCER SOCIETY, INC.

13-1788491

Form	990 (2023)		F	Page 5						
Par	t 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?	2b	Х							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7								
	and services provided to the payor?	7a	X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		37						
	required to file Form 8282?	7c		X						
		7e		х						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
Ū	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	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									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	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.	12-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which									
b	the organization is licensed to issue qualified health plans									
•	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15	х							
	If "Yes," see the instructions and file Form 4720, Schedule N.		-							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
-	If "Yes," complete Form 4720, Schedule O.									
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?	17								
	If "Yes," complete Form 6069.									

Form 9	90 (2023	AMERICAN CANCER SOCIETY, INC.	13-1788	491	F	Page 6
Part	: VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thi	rough 7b below,	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				tions.
		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sect	ion A.	Governing Body and Management				
			1 1		Yes	No
1a		the number of voting members of the governing body at the end of the tax year	1a 22			
	If ther	e are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar				
	comm	ittee, explain on Schedule O.				
b		the number of voting members included on line 1a, above, who are independent	1b 22			
2	Did ar	ny officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
		her officer, director, trustee, or key employee?		2		X
3	Did th	e organization delegate control over management duties customarily performed by or ur	nder the direct			
		rision of officers, directors, trustees, or key employees to a management company or other p		3		X
4		organization make any significant changes to its governing documents since the prior Form 990 was fi		4	Х	
5	Did th	e organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6		e organization have members or stockholders?		6		X
7a		e organization have members, stockholders, or other persons who had the power to el				
		more members of the governing body?		7a		X
b		ny governance decisions of the organization reserved to (or subject to approval	• •			
		olders, or persons other than the governing body?		7b		X
8		e organization contemporaneously document the meetings held or written actions unde	ertaken during			
	-	ar by the following:		0-	37	
а		overning body?		8a	X	
b		committee with authority to act on behalf of the governing body?		8b	Х	
9	Is their	e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	be reached at	9		x
Socti		Policies (This Section B requests information about policies not required by the Inte				
0000					.) Yes	No
100	Did th	a arganization have local chanters, branches, or officiates?		10a	Х	
b		e organization have local chapters, branches, or affiliates?				
D.		es, and branches to ensure their operations are consistent with the organization's exempt put	-	10b	Х	
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before fi	•	11a	Х	
b		be on Schedule O the process, if any, used by the organization to review this Form 990.				
12a		e organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b		officers, directors, or trustees, and key employees required to disclose annually interests t				
		conflicts?		12b	Х	
с		e organization regularly and consistently monitor and enforce compliance with the p	olicv? If "Yes."			
		be on Schedule O how this was done	•	12c	Х	
13		e organization have a written whistleblower policy?		13	Х	
14	Did th	e organization have a written document retention and destruction policy?		14	Х	
15		e process for determining compensation of the following persons include a review ar				
	indepe	endent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The or	ganization's CEO, Executive Director, or top management official		15a	Х	
b		officers or key employees of the organization		15b	Х	
	If "Yes	" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
		taxable entity during the year?		16a		X
b		," did the organization follow a written policy or procedure requiring the organization				
		pation in joint venture arrangements under applicable federal tax law, and take steps to				
0		zation's exempt status with respect to such arrangements?	<u></u>	16b		
17		e states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u>				
18	Sectio	n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990, and 990-T	(sec	tion 5	01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that ap Dwn website Another's website X Upon request X Other <i>(explain on Sc</i>				
			,			
19		be on Schedule O whether (and if so, how) the organization made its governing docun	nents, conflict o	t inter	est p	olicy,
00		ancial statements available to the public during the tax year.		_		
20		the name, address, and telephone number of the person who possesses the organization's the REICIN 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 30303-1246	DOOKS and record	s.		
		227-2345		Form	990	(2023)
JSA						(2023)

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See 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)	yee mpe			an iee)	(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		
						đ				
(1) KAREN E. KNUDSEN, PHD	55.00									
CHIEF EXECUTIVE OFFICER	8.00			x				1,293,396.	111,499.	115,406.
(2) KAEL REICIN	55.00									
CHIEF FIN. & STRATEGY OFFICER	7.00			х				1,024,247.	109,741.	50,307.
(3) MICHAEL L. NEAL	55.00									
CHIEF OF ORG. ADVANCEMENT	3.00				X			830,990.	NONE	98,156.
(4) ANDRE C. BOKHOOR	55.00									
CHIEF PEOPLE OFFICER	NONE					Х		796,113.	NONE	76,240.
(5) WILLIAM L. DAHUT	55.00									
CHIEF SCIENTIFIC OFFICER	NONE				X			810,090.	NONE	49,316.
(6) TIMOTHY B. PHILLIPS	55.00									
CHIEF LEGAL AND RISK OFFICER	2.00					Х		588,586.	NONE	74,648.
(7) JOHN B. WOODWARD	55.00									
SENIOR EVP, FIELD OPERATIONS	NONE					Х		552,699.	NONE	98,222.
(8) KIMBERLY MARTINEZ	55.00									
CHIEF MARKETING OFFICER	NONE					Х		509,626.	NONE	42,421.
(9) ARIF KAMAL	55.00									
CHIEF PATIENT OFFICER	NONE				X			494,381.	NONE	23,738.
(10) EMILY SANDMAN	55.00									
SENIOR VICE PRESIDENT, PEOPLE	NONE					X		473,803.	NONE	27,118.
(11) JUNG H. KIM	NONE									
FORMER CHIEF OPERATING OFFICER	NONE						Х	128,068.	NONE	NONE
(12) CATHERINE E. MICKLE	NONE						37	100 504		
FORMER CHIEF FINANCIAL OFFICER	NONE						Х	106,594.	NONE	NONE
(13) BRIAN A. MARLOW, CFA	5.00							NONT	NTONT	NTONT
BOARD CHAIR	3.00	X		Χ				NONE	NONE	NONE
(14) KATIE A. ECCLES, ESQ.	5.00 NONE	x		x				NONE	NONE	NONE
BOARD SECRETARY/TREASURER	I INOINE	Λ		Λ				INONE	NONE	

Form	۵۵۸	(2023)	
Form	990	(2023)	

Form 990 (2023)										Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo			and I	ligl	nest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	s pe	more rson	e than c is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) MARK A. GOLDBERG, MD	5.00									
BOARD SCIENTIFIC OFFICER	NONE	Х		Х				NONE	NONE	NONE
(16) MICHAEL T. MARQUARDT	5.00									
BOARD IMMEDIATE PAST CHAIR	3.00	Х		Х				NONE	NONE	NONE
(17) TERRI MCCLEMENTS	5.00									
BOARD VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(18) ASIF DHAR, MD, MBA	3.00									
BOARD DIRECTOR	NONE	Х						NONE	NONE	NONE
(19) BRUCE N. BARRON	3.00									
BOARD DIRECTOR	NONE	Х						NONE	NONE	NONE
(20) CARMEN E. GUERRA, MD, MSCE	3.00									
BOARD DIRECTOR	NONE	Х						NONE	NONE	NONE
(21) CONNIE LINDSEY	3.00									
BOARD DIRECTOR	NONE	Х						NONE	NONE	NONE
(22) EDISON T. LIU, MD	3.00									
BOARD DIRECTOR	NONE	Х						NONE	NONE	NONE
(23) JENNIFER R. CROZIER	3.00									
BOARD DIRECTOR	NONE	Х						NONE	NONE	NONE
(24) JOSE C. BUENAGA, MBA	3.00									
BOARD DIRECTOR	NONE	Х						NONE	NONE	NONE
(25) KAREN ETZKORN	3.00									
BOARD DIRECTOR	NONE	x						NONE	NONE	NONE
1b Sub-total					_			7,608,593.	221,240.	655,572.
c Total from continuation sheets to Part VII, S	ection 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 reportable compensation from the organization	limited to t					e) who 60	o re	ceived more than	\$100,000 of	

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 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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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 more than \$100,000 in compensation from the organization ►		

Yes No

AMERICAN CANCER SOCIETY, INC.

F	000	(0000)	
Form	990	(2023)	

(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	not ch unles	Pos neck ss pe	ition more erson	e than or is both a or/truste	an	Reportable compensation from the	Reportable compensation from related organizations	an	timatec ount o other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	fr org and	om the anizatio	on d
6) KATHLEEN GALLAGHER, MSN OARD DIRECTOR	3.00 NONE	X						NONE	NONE			NC
7) KENNETH R. STOLL	3.00							NONE	NONE			INC
SOARD DIRECTOR	NONE	X						NONE	NONE			N
8) MARGARET MCCAFFERY GOARD DIRECTOR	3.00 1.00	x						NONE	NONE			N
9) MICHAEL PELLINI, MD OARD DIRECTOR	3.00 NONE	x						NONE	NONE			N
0) MICHELLE M. LE BEAU, PHD OARD DIRECTOR	3.00_ NONE	x						NONE	NONE			N
1) OTHMAN LARAKI, MS, MBA	3.00							INCINE	NONE			111
SOARD DIRECTOR	NONE	х						NONE	NONE			N
2) OYEBODE TAIWO, MD, MPH OARD DIRECTOR	3.00_ NONE	x						NONE	NONE			N
3) ROBERT WINN, MD	3.00											
SOARD DIRECTOR	NONE	X						NONE	NONE			N
4) WAYNE A. I. FREDERICK, MD, MBA WOARD DIRECTOR	<u>3.00</u> NONE	x						NONE	NONE			N
		-										
		-										
 b Sub-total c Total from continuation sheets to Part VII, See d Total (add lines 1b and 1c) Total number of individuals (including but not largeortable compensation from the organization 	limited to t				bove	e) who	► ► ► ► ►	ceived more than	\$100,000 of			
											Yes	1
Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i>	ule J for su	ch ind	lividu	ıal	•••		•			3	X	
For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	50,00	00?	. If	"Yes,	," (complete Schedu	le J for such	4	X	
Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	fron	n any	uni	related organization	on or individual		Λ	
for services rendered to the organization? If "Yesection B. Independent Contractors	s, comple	10 301	ieuu	ue J	101	SUCT	Jer	3011	<u> </u>	5	I	
Complete this table for your five highest com compensation from the organization. Report c year.												
Joan							1					_
(A) SEE SCHEDULE O Name and business add	1000							(B) Description of se		(C) cmpens	otion	

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 ► 122 122

Form 990 (2023)

AMERICAN CANCER SOCIETY, INC.

		1 21-11
Part VIII	Statement of	f Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, its	1a	Federated campaigns 1a	1,984,484.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ŌĔ	c	Fundraising events	166,595,495.				
ar /	d	Related organizations	2,640,763.				
ij ig	е	Government grants (contributions) . 1e	4,446,935.				
Sir	f	All other contributions, gifts, grants,					
ler lo		and similar amounts not included above . 1f	467,096,746.				
Ę	g	Noncash contributions included in					
dt		lines 1a-1f	\$ 33,528,564.				
g g	h	Total. Add lines 1a-1f		642,764,423.			
			Business Code				
e	2a	JOURNAL ADVERTISING INCOME	541800	25,015.		25,015.	
e ri	b	CANCER SCREENING PROGRAM	900099	233,500.	233,500.		
s Nu							
am	, A						
Program Service Revenue							
Ρr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		258,515.			
	3	Investment income (including dividends					
		other similar amounts)		32,028,288.		10.	32,028,278.
	4	Income from investment of tax-exempt bo		NONE			
	5	Royalties	•	2,436,250.			2,436,250.
		(i) Real	(ii) Personal	,,			
	6a	Gross rents 6a 123,60					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c 123,60	1. NONE				
	c d	Net rental income or (loss)		123,601.			123,601.
	d Zo	Gross amount from (i) Securities	(ii) Other	125,001.			125,001.
	7a						
		sales of assets	2 200 770				
-		other than inventory 7a 4,493,464,41	3. 380,779.				
evenue	b	Less: cost or other basis					
ver		and sales expenses . 7b 4,507,903,04					
Re	C .	Gain or (loss) 7c -14,438,62		14 000 407			
ler	d	Net gain or (loss)	<u> </u>	-14,202,427.			-14,202,427.
Othei	8a	Gross income from fundraising					
•		events (not including \$ _ 166,595,495.					
		of contributions reported on line					
		1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising even	t <u>s</u>	2,988,567.			2,988,567.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activitie	<u>s</u>	586,194.			586,194.
	10a	Gross sales of inventory, less					
		returns and allowances 10					
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory.		-18,232,887.			-18,232,887.
sn			Business Code				
Miscellaneous Revenue	11a	GRANT REFUND/RESIGNATIONS	900099	7,804,937.			7,804,937.
lan	b	MISCELLANEOUS INCOME	900099	282,654.			282,654.
e čel	c		.				
Alis, R	d	All other revenue					
2	е	Total. Add lines 11a-11d	<u></u>	8,087,591.			
	12	Total revenue. See instructions		656,838,115.	233,500.	25,025.	13,815,167.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 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.		
2	Grants and other assistance to foreign	-, -,			
Ŭ	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	, ,		
	Compensation of current officers, directors,				
Ū	trustees, and key employees	4,882,045.	3,256,351.	812,841.	812,853
6	Compensation not included above to disqualified	, ,			
U	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
	Pension plan accruals and contributions (include	17,561,074.	13,083,314.	575,844.	3,901,916
ð	section 401(k) and 403(b) employer contributions	·,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5,5,011.	5,201,910
~		26,870,034.	19,979,876.	940,236.	5,949,922
	Other employee benefits	18,329,097.	13,366,499.	775,342.	4,187,256
10	Payroll taxes	10,525,057.	13,300,499.	775,512.	1,107,230
	Fees for services (nonemployees):	2,472,422.	1,878,800.	74,133.	519,489
	Management	11,515,638.	1,074,703.	10,224,023.	216,912
			1,074,703.	627,034.	210,912
	Accounting	627,034.		027,034.	
	Lobbying	NONE			10 010 141
	Professional fundraising services. See Part IV, line 17	10,816,141.		F20 20C	10,816,141
	Investment management fees	539,306.		539,306.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	17 060 045	12 024 460	005 (11	
	(A), amount, list line 11g expenses on Schedule O.)	17,968,845.	13,234,460.	885,611.	3,848,774
	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
	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.)				
а	PRINTING - EDU & FUND.	17,602,930.	12,944,359.	452,737.	4,205,834
b	HONORARIUMS	533,636.	510,406.	400.	22,830
с	MEDALS/RECOGNITION	369,647.	258,419.	8,030.	103,198
d	MULTI-YEAR GRANT DISCOUNT	-2,726,407.	-2,726,407.	NONE	NON
	All other expenses	1,597,788.	1,030,251.	15,756.	551,781
	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 X if	. ,			,,
	following SOP 98-2 (ASC 958-720)	107,244,211.	74,336,919.	3,606,646.	29,300,646
	.	101,277,211.	11,00,010,	5,000,040.	Eorm 990 (202)

JSA 3E1052 2.000 8029WB L23K Form 990 (2023)

17

AMERICAN CANCER SOCIETY, INC.

Page **11**

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing NONE 1 NONE 1 41,852,584 45,244,598. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 79,397,794 3 93,073,054. 4,971,170. 5,685,014. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% NONE 5 NONE controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 NONE under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) NONE 6 9,084,298 7 Notes and loans receivable, net NONE Assets 7 5,241,198 5,133,678. 8 8 12,893,160. q Prepaid expenses and deferred charges 11,717,872. 9 10 a Land, buildings, and equipment: cost or other 416,900,762 basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 185,018,412 232,940,198. 10c 231,882,350. Investments - publicly traded securities. 11 880,786,434. 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 NONE 14 NONE 15 484,496,483. 15 500,435,333. 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 780,605,245. 1,809,676,040. 16 17 Accounts payable and accrued expenses 197,504,560. 17 186,883,950. 18 227,547,283. 18 250,975,867. 4,428,943. 19 4,018,613. 19 Deferred revenue Tax-exempt bond liabilities 20 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, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons NONE 22 NONE 23 31,852,304. Secured mortgages and notes payable to unrelated third parties 23 23,608,169. Unsecured notes and loans payable to unrelated third parties 24 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. X Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 570,740,825 27 527,258,622. Net assets with donor restrictions 28 684,476,224 28 751,106,138. Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Assets or 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 Net 32 1,255,217,049. 32 1,278,364,760. Total liabilities and net assets/fund balances.... 33 1,780,605,245 33 1,809,676,040.

Form 990 (2023)

Form 990 (2023)

AMERICAN CANCER SOCIETY, INC.

13-1788491

Form 99	0 (2023)			Pa	ge 12
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)	656	5,8	38,	<u>115</u> .
2	Total expenses (must equal Part IX, column (A), line 25)				<u>604</u> .
3	Revenue less expenses. Subtract line 2 from line 1				<u>489</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	.,255			
5	Net unrealized gains (losses) on investments	70			<u>098</u> .
6	Donated services and use of facilities		6	45,	<u>002</u> .
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	51	1,7	41,	<u>100</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		.,278	3,3	64,	<u>760</u> .
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	• • •		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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 t			37	
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	<u> </u>	3b	Х	

Form **990** (2023)

SCHEDULE	A
(Earm 990)	

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name	e of th	e organization					Employer identif	ication number
AME	RIC	CAN CANCER SOCIETY,	INC.				13-1	788491
Pa		Reason for Public Ch		organizations must	comple	ete this p	oart.) See instruction	IS.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti			-			
3		A hospital or a cooperative	-	-				
4		A medical research organiz	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated f		a college or universit	ty owned	d or ope	rated by a governme	intal unit described in
c		section 170(b)(1)(A)(iv). (C A federal, state, or local go		romantal unit dagariba	d in coot	ion 170/	h)/1)/A)/y)	
6 7	x	An organization that norma						om the general nublic
'		described in section 170(b)	-		ipport in	oni a yo		
8		A community trust describe			Part II)			
9		An agricultural research or	-				l in conjunction with a	land-grant college
-		or university or a non-land-	-			-	-	
		university:			,			0
10 11		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized a	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
12		An organization organized a		•	•			rv out the purposes of
		one or more publicly suppo	-	-	-			
		the box on lines 12a throug	-			-		
а		Type I. A supporting orga						-
		the supported organization		-				
	_	_ supporting organization.	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	is that control or mar	age the supported
	_	_ organization(s). You must						
С		Type III functionally integ						lly integrated with,
		_ its supported organization						
d		Type III non-functionally			-			
		that is not functionally inte			-			d an attentiveness
		requirement (see instruct		-				
е		Check this box if the orga functionally integrated, or						л, туре ш
f	En	er the number of supported				Jiyanizai	ion.	
g		ovide the following information	-					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	instructions)	matractions)
(A)								
(B)								
(B)								
(C)								
(D)								
(E)								
Tota	l							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1210 1.000 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	683,502,842.	533,262,107.	652,037,712.	657,648,576.	642,764,423.	3,169,215,660.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	683,502,842.	533,262,107.	652,037,712.	657,648,576.	642,764,423.	3,169,215,660.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6							NONE
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 tion B. Total Support						3,169,215,660.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		683,502,842.	533,262,107.	652,037,712.	657,648,576.	642,764,423.	3,169,215,660.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,213,767.	23,688,521.	22,129,165.	29,820,983.	34,588,129.	140,440,565.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	169,893.	80,314.	37,480.	25,025.	312,712.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						3,309,968,937.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	302,909,593.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>	<u></u>	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup		-				
14	Public support percentage for 2023 (li					14	95.75 %
15	Public support percentage from 2022						95.97 %
	331/3% support test - 2023. If the orgoin box and stop here. The organization qu	ualifies as a pub	licly supported	organization.			х
b	331/3% support test - 2022. If the org this box and stop here. The organization	-					
172	10%-facts-and-circumstances test - 2	-		-			
174	10% or more, and if the organization	-	-				
	Part VI how the organization meets					-	
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
Ň	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets					-	
	organization.			-	-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2023

Page 3

Schedule A (Form 990) 2023 Part III Support S

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			1	1	1	1
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	0	,	, , ,			
	organization, check this box and stop here						• • • • • •
	tion C. Computation of Public Sup Public support percentage for 2023 (line 8			(f))		45	0/
15						15	%
16 500	Public support percentage from 2022 Sche					16	%
	tion D. Computation of Investmen			13 column (f))		17	%
17 18	Investment income percentage for 2023 (li						<u>%</u>
18	Investment income percentage from 2022 331/3% support tests - 2023. If the or					18	
198							
h	17 is not more than 331/3%, check this 331/3% support tests - 2022. If the org	-	-	•			
U	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	• •			
JSA				,, 51 180			A (Form 990) 2023
3E122	1 1.000						

(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

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

13-1788491

Schedule A (Form 990) 2023

Pa

aule A	Form 990) 2023
rt IV	Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- 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? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
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</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions,).
•		Yes	No
2	Activities Test. Answer lines 2a and 2b below.		

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described 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</i> "Yes," <i>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>	2b	
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. 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</i> "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Yes No

Yes No

11a 11b

11c

1

2

13-1788491

JSA

AMERICAN CANCER SOCIETY, INC.			1/88491 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	g trust on	Nov. 20, 1970 (expla	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(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				
	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</i>				
	3				
7	Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j				
1	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

AMERICAN CANCER SOCIET	TY, 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 four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	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

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 c	AMERICAN CANCER SOCIETY, INC.		Employer identification number 13-1788491
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$15,154,312.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 2

	(Form 990) (2023)		Pag
ame of or	rganization		lentification number
	AMERICAN CANCER SOCIETY, INC.	· · ·	-1788491
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			1

Schedule B (Form 990) (2023)

	(Form 990) (2023)			Page 4		
Name of or	rganization			Employer identification number		
	AMERICAN CANCER SOCIE			13-1788491		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any c ons completing Part e year. (Enter this inf	one contributor. C III, enter the total c ormation once. Se	complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	hip of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relations	hip 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, a	and ZIP + 4	Relations	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	hip of transferor to transferee		

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

Political Campaign and Lobbying Activities

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

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

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

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.

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Nam	e of organization	Employer identification number
AME	ERICAN CANCER SOCIETY, INC.	13-1788491
	rt I-A Complete if the organization is exempt under section 501(c) or is a section	on 527 organization.
1	Provide a description of the organization's direct and indirect political campaign activit	ties 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	
Par	rt 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	<u> </u> \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<u> \$ </u>
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
	If "Yes," describe in Part IV.	
Par	rt I-C Complete if the organization is exempt under section 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt funct	ion
	activities	
2	Enter the amount of the filing organization's funds contributed to other organizations for sect	ion
	527 exempt function activities	<u> </u> \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-Pd	OL,
	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)				

20**23** Open to Public Inspection

Schedule C (Form 990) 2023

OMB No. 1545-0047

Sche	dule C (Form 990) 2023 AMERIC	AN CANCER SOCIETY, INC.		13-1788491 Page 2
Ра	rt II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3)	and filed Form 5768 (e	election under
Α		ongs to an affiliated group (and list in Part of excess lobbying expenditures).	IV each affiliated group m	ember's name, address,
В	Check 🛛 if the filing organization ch	ecked box A and "limited control" provision	s apply.	
		ying Expenditures eans 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)		
с	Total lobbying expenditures (add lines 1	a and 1b)		
		l lines 1c and 1d)		
f		e amount from the following table in bo		
	columns.	U U		
[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 \$500,00	0.	
	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 \$1,500,00	00.	
	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 le	ess, enter -0-		
i		ss, enter -0-		
j		on either line 1h or line 1i, did the orga		
	reporting section 4911 tax for this year?		<u>.</u>	. Yes No
		-Year Averaging Period Under Section 50		

(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 Expen	ditures During 4-Ye	ear Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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)).

F ar	For each "Vea" response on lines to through the below provide in Part IV a detailed			(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		Х	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X		
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?	Х		17,133,774.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,071.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?	X		4,890.
j	Total. Add lines 1c through 1i			17,141,735.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	section

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

-			1	-	_	
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				A, line 3, is		
answered "Yes."						
1		assassments and similar amounts from members	1			

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	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?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

Part IV Supplemental Information

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

SEE PAGE 4

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.

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2 23 Open to Public

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service	Go to www.irs.gov/	Attach to Form 990. Form990 for instructions and	the latest inform	ation.	Open to Inspectio	
	e of the organization	•				tification number	
AMF	ERICAN CANCER	SOCIETY, INC.			13-17	88491	
		tions Maintaining Donor Adv	ised Funds or Other Sir	nilar Funds or			
		e if the organization answered					
	•	5	(a) Donor advised fu		(b) Funds	s and other accounts	
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		it end of year					
5		on inform all donors and donor		he assets held	in donor advis	sed	
•	-	nization's property, subject to the					No
6	-	on inform all grantees, donors, a	-	-			
•	-	purposes and not for the bene					
	-	issible private benefit?					No
Pa		tion Easements					
		if the organization answered	"Yes" on Form 990, Par	rt IV, line 7.			
1	Purpose(s) of con	servation easements held by the	organization (check all that	apply).			
	Preservatio	n of land for public use (for example	e, recreation or education)	Preservation	of a historically	y important land	area
	Protection of	of natural habitat		Preservation	of a certified h	nistoric structure	
	Preservatio	n of open space					
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservatio	n contribution in	the form of a	conservation	
	easement on the l	ast day of the tax year.			Held at	the End of the Ta	ax Year
а	Total number of c	onservation easements			2a		
b		tricted by conservation easement			2b		
с	Number of conser	vation easements on a certified	historic structure included	on line 2a 🔒	2c		
d	Number of conser	vation easements included on li	ne 2c acquired after July 2	5, 2006, and			
	not on a historic s	tructure listed in the National Re	gister		2d		
3	Number of conse	rvation easements modified, tra	nsferred, released, extingu	uished, or termi	inated by the	organization du	ring the
	tax year						
4	Number of states	where property subject to conse	rvation easement is located	ł ł			
5	Does the organiz	ation have a written policy re	garding the periodic mon	itoring, inspect	ion, handling	of	
	violations, and enf	orcement of the conservation ea	sements it holds?			🗌 Yes	No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations	s, and enforcing	conservation ea	asements during t	the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations,	and enforcing co	onservation ea	sements during	the year
_						-> //>	
8		vation easement reported on lin					Π
~	and section 170(n)(4)(B)(ii)? be how the organization reports				Yes	
9		, if applicable, the text of the foc			•		Je
		ounting for conservation easeme				TIDES THE	
Pa		tions Maintaining Collections		sures, or Other	r Similar Ass	ets	
		if the organization answered					
1a					e statement a	nd balance shee	et works
Ĩ	of art, historical t service, provide in	n elected, as permitted under Fareasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibiti to its financial statements	on, education, that describes th	or research in nese items.	n furtherance o	of public
b		elected, as permitted under F					
	provide the follow	sures, or other similar assets he ing amounts relating to these ite	ms:				
		ded on Form 990, Part VIII, line 1					
		d in Form 990, Part X					
2	-	n received or held works of a			assets for fina	incial gain, prov	vide the
		required to be reported under F				•	
а	Revenue included	on Form 990, Part VIII, line 1.				. ຈ	

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 W Organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). Description Description <thdescription< th=""> <thdescription< th=""> <th< th=""><th>Schee</th><th></th><th>RICAN CANCER</th><th></th><th></th><th></th><th></th><th></th><th></th><th>L788491</th><th>Page 2</th></th<></thdescription<></thdescription<>	Schee		RICAN CANCER							L788491	Page 2
collection items (check all that apply). d Loan or exchange program b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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's coll	Pa	rt III Organizations Maintaini	ng Collections of	Art, Histori	cal Treasure	s, or	Other	Similar A	ssets (continued	d)
b Scholarly research e Other Provide a description of thure generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization asolicit 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 20rtIV Eccrow 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Mo b If "Yes," explain the arrangement in Part XIII and complete the following table. Amount 1e c Beginning balance 1t 1d 1d 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for serve 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. Mo D the organization include an amount on Form 990, Part X, line 21, for serve as total account liability? Yes No f Diff the organization include an amount on Fo	3			other records	s, check any o	of the	followi	ng that m	iake sigi	nificant us	se of its
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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 7eart W Excreme and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization form 990, Part X, line 21. 1a Is the organization form 990, Part X, line 21. Amount 1e c Beginning balance 1e 4mount c Distributions during the year. 1e 1e 1a Is the organization include an amount on Form 990, Part X, line 21, for exemption word 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. No b Part W Endowment Funds 190.Part X, line 21, for explanation include an amount on Form 990, Part X, line 10. Complete if the organization include an amount on Form 990, Part X, line 10. Complete if the organization include an amount on Form 990, Part X, line 10. <t< th=""><th>а</th><th>Public exhibition</th><th></th><th>d</th><th>Loan or exch</th><th>ange</th><th>progran</th><th>า</th><th></th><th></th><th></th></t<>	а	Public exhibition		d	Loan or exch	ange	progran	า			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 10, the diditions during the year. c Beginning balance	b	Scholarly research		е 🗌		•					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 10, the diditions during the year. c Beginning balance	с	Preservation for future gener	ations								
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/W Escrow and Custodial Arrangements Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 18 Ste organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table. Additions during the year. Id Id<	4			s and explair	n how they fu	irther	the oro	anization's	s exemp	t purpose	in Part
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?					· · · · · · · · · · · · · · · · · · ·						
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5		n solicit or receive o	donations of a	art historical t	reasu	res or c	ther simil:	ar		
Part IV Escrow and Custodial Arrangements Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, ine 21. Image: State of the organization answered "Yes" on Form 990, Part IV, line 9, or reported 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. Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No Part V Endowment Funds Complete if the organization include an amount on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions	Ū								_	Yes	No
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? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance d Additions during the year. d Id Distributions during the year. Id a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes a Did the organization include an amount on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 5.057.932. 4.101.448. 2.462.426. 21.157.601. 1.4.01.641. 1a Beginning of year balance 5.057.932. 4.101.468. 2.4.62.426. 1.4.2.580.733. 106.973.333. b Onther expenditures for facilities and programs </th <th>Pa</th> <th></th> <th></th> <th></th> <th>or the organiz</th> <th>atteri</th> <th>0 001100</th> <th></th> <th>•••</th> <th></th> <th></th>	Pa				or the organiz	atteri	0 001100		•••		
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? 0 If 'Yes,'' explain the arrangement in Part XIII and complete the following table. 0 If 'Yes,'' explain the arrangement in Part XIII and complete the following table. 1d Image: the arrangement in Part XIII and complete the following table. 1d Image: the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds Image: the organization answered 'Yes' on Form 990, Part IV, line 10. Image: the organization answered 'Yes' on Form 990, Part IV, line 10. Image: the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance 127.288.347.132.128.132.128.132.128.132.132.102.930.434.95.773.133. Domrey even back (e) Four years (e) Four years back (e) Four	ı a		•	es" on Form	990 Part IV	line	9 or re	ported a	n amou	nt on For	m
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 Amount c Additions during the year. Id Id Id c Distributions during the year. Id Id Id Id c Distributions during the year. Id					000, i ait iv	, 1110	0, 0110	pontou u	ramou		
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 1d d Additions during the year 1d e Distributions during the year 1d 2 Dist he organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (0) Three years back (0) For years bac	12		ee custodian or o	ther interme	diary for cont	tributi	one or	other ass	ate not		
b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance 1e d Additions during the year. 1e f Ending balance 1e f Ending balance 1f 2a 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 b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No Part V Endowment Funds (a) Current year (b) Prior year (b) Prior year back. (a) Three years back. (a) Four years back. 1a Beginning of year balance 127,888,547. 131,345,168. 142,986,713. 106,901,976. 14,416,161. c Not introve part scheck for facilities 5,575,895. 3,548,652. 6,547,671. 4,462,818. 4,550,904. d Administrative expenses. 146,564,729. 127,888,547. 151,345,168. 142,986,713. 106,990,454. 2 Provide the estimated percentage of the current year end balance (line 1	īa				-					Vos	
c Beginning balance Ic Amount 1c Id Id Id e Distributions during the year Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escore or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escore 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. No Part V Endowment Funds (a) Current year (b) Pror year (c) Two years back (e) Four years back 127, #85, 547, 1512, 435, 166, 142, 556, 713, 106, 990, 454, 95, 773, 533, 1401, 610, 142, 556, 713, 106, 990, 454, 95, 773, 533, and losses. 13, 491, 425, -24, 011, 457, 11, 455, 700, 16, 901, 576, 14, 365, 545, 06, 713, 1401, 610, 00, 06, 06, 714, 942, 946, 713, 144, 566, 713, 144, 565, 713, 144, 565, 713, 144, 565, 713, 144, 565, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 566, 713, 106, 990, 454, 144, 145, 144, 145, 144, 145, 144, 145, 144, 145, 144, 145, 144, 145, 144, 145, 144, 145, 144,	h					• • •	• • • •		• • • L	165	
c Beginning balance ic id d Additions during the year id id e Distributions during the year if id f Ending balance if id d Additions during the year if id f Ending balance if id d Distributions during the year if id d Distributions during the year in in in d Distributions during the year in in in in d Distributions during the year in in in in in d Distributions in in Part V Endowment Funds in in </th <th>D</th> <th>in res, explain the arrangement in</th> <th></th> <th></th> <th>wing table.</th> <th></th> <th></th> <th></th> <th>Amount</th> <th></th> <th></th>	D	in res, explain the arrangement in			wing table.				Amount		
d Additions during the year	_	Paginning halanga				4			Amouni		
e Distributions during the year	С 										
f Ending balance ,	a										
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. No Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (a) Three years back (b) Four years back (c) Three years back (c) Three years back (c) Four years back (c) Three years back (c) Four years back (c) Three years back (c) Four years back four stot four fourds four four fourds four four four four four	e										
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. 1a Beginning of year balance 1a Beginning of year balance 1a Contributions 1b Contributions 1c (a) Current year (b) Prior year (c) Two years back 1d Description 1d Description 1d Description 1d Description of propent (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (f) Two years back (d) Charling S, and Equiption 14,135,1345,168. 1d Description 14,554,753. 1d Description 146,564,729. 1d Description 146,564,729. 1d Description 100,000 % C Terr endowment NONE % Perenduce conduclassins? NONE % <tr< th=""><th>1</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Vee</th><th></th></tr<>	1									Vee	
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (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. 106.990.484. 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 5.575.995. 3.548.652. 6.547.671. 4.462.818. 4.550.054. f Administrative expenses 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: Board designated or quasi-endowment		-									
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 (d) Four years back 1a Beginning of year balance 127,888,547. 151,345,168. 142,386,713. 106,990,454. 95,773,353. b Contributions 5,057,932. 4,103,488. 3,450,426. 23,157,501. 1,40,1610. 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 19,194,145. -24,011,457. 11,855,700. 16,901,576. 14,365,545. d Grants or scholarships 146,554,729. 127,888,547. 151,345,168. 142,586,713. 106,990,454. g End of year balance 146,554,729. 127,888,547. 151,345,168. 142,586,713. 106,990,454. g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasizations? None % g			h Part XIII. Check h	ere if the exp	lanation has be	een pr	ovided i	n Part XIII.			
Image: Contributions in the program of year balance in the second of the organization second expenditures on times 24, 25, 25, 25, 25, 25, 25, 25, 25, 25, 25	Ра		tion on outparted "V	oo" oo Form		line	10				
1a Beginning of year balance		Complete if the organiza						() =		() -	
b Contributions		-				-					
b other investment earnings, gains, and losses 19,194,145. -24,011,457. 11,855,700. 16,901,576. 14,365,545. d Grants or scholarships	1a	Beginning of year balance	127,888,547.	151,345	,168. 142,	586,7	13.	106,99	0,454.	95,7	73,353.
and losses	b	Contributions	5,057,932.	4,103	,488. 3,	450,4	26.	23,15	7,501.	1,40	01,610.
d Grants or scholarships	С	Net investment earnings, gains,									
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 146,564,729. 127,888,547. 151,345,168. 142,586,713. 106,990,454. 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		and losses	19,194,145.	-24,011	,457. 11,	,855,7	00.	16,90	1,576.	14,30	55,545.
and programs 5,575,895. 3,548,652. 6,547,671. 4,462,818. 4,550,054. f Administrative expenses 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 a a a 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a board designated or quasi-endowment	d	Grants or scholarships									
indeprignation indeprignation indeprignation indeprignation indeprignation g End of year balance indeprignation indeprindict indeprindin indeprindi	е	Other expenditures for facilities									
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		and programs	5,575,895.	3,548	,652. 6,	,547,6	71.	4,46	2,818.	4,55	50,054.
g End of year balance (line 1g, column (a)) held as: 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment <u>NONE</u> % b Permanent endowment <u>100.0000</u> % c Term endowment <u>NONE</u> % 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: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (d) Book value 15, 946, 283. 15, 946, 283. b Buildings 276, 545, 296. 117, 824, 466. 158, 720, 830. c Laasehold improvements. 23, 442, 326. 20, 219, 993. 3, 222, 333. e Other 38, 006, 380. 15, 297, 502. 22, 708, 878. <th>f</th> <th>Administrative expenses</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	f	Administrative expenses									
a Board designated or quasi-endowment NONE 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (i) Unrelated uses of the organization's endowment funds. (i) Are the related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) depreciation in the 23, 442, 326. (c) Accumulated 158, 720, 830. (c) Accumulated 23, 442, 326. (c) Accumulated 158, 720, 830. (c) Accumulated 20, 417, 31, 676, 451, 31, 284, 026. (c) Accumulated 38, 006, 380. (c) Accumulated 20, 219, 993. (c) Accumulated 23, 442, 326. (c) Accumulated 38, 006, 380. (c) Accumulated 38, 006, 380. 	g	End of year balance	146,564,729.	127,888	,547. 151,	345,1	68.	142,58	6,713.	106,99	0,454.
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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Related organizations are the related organizations listed as required on Schedule R? (i) 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 (b) Cost or other basis (other) cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) Land 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. 15,946,283. <th>2</th> <th>Provide the estimated percentage</th> <th>of the current year</th> <th>end balance</th> <th>(line 1g, columi</th> <th>n (a))</th> <th>held as:</th> <th></th> <th></th> <th></th> <th></th>	2	Provide the estimated percentage	of the current year	end balance	(line 1g, columi	n (a))	held as:				
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:	а	Board designated or quasi-endowm	ent <u>NONE</u>	%							
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: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) x 3a(iii) x 3b 1 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 (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation (d) Book value (d) Book value (a) Cost or other basis (c) Accumulated (d) Book value (b) Cost or other basis (c) Accumulated (d) Book value (a) Cost or other basis (c) Accumulated (d) Book value (a) Cost or other basis (c) Accumulated (d) Book value (a) Cost or other basis (c) Accumulated (d) Book value (b) Cost or other basis (c) Accumulated (d) Book value (a) Cost or other basis (c) Accumulated (d) Book value (a) Cost or other basis (c) Accumulated (d) Book value (b) Cost or other basis (c) Accumulated (d) Book value (c) Accumulated (d) Book value (c) Accumulated (d) Book value	b	Permanent endowment 100.000	<u>)0</u> %								
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 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c(ii) x 3a Describe in Part XIII the intended uses of the organization's endowment funds. 3b 1 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. (d) Book value 1a Land,	С										
Ves 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 3cl(i) x 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. d) 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.		The percentages on lines 2a, 2b, a	nd 2c should equal	100%.							
(i) Unrelated organizations? 3a(i) x (ii) Related organizations? 3a(i) 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) (c) Accumulated depreciation (d) Book value 1a Land. 15,946,283. 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.	3a	Are there endowment funds not in t	the possession of the	he organizati	on that are he	ld and	d admin	stered for	the	_	
(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) (c) Accumulated depreciation (d) Book value 1a Land 15,946,283. 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.		organization by:								Y	es No
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. 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.		(i) Unrelated organizations?								3a(i)	X
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.		(ii) Related organizations?								3a(ii)	X
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. 15,946,283. 15,946,283. b Buildings 276,545,296. 117,824,466. 158,720,830. 12,284,026. 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.	b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as required	on Schedule F	R?				3b	
Image: 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. 15,297,502. 22,708,878. 15,946,283. 15,297,502. 22,708,878.	4			ition's endowi	ment funds.						
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. 15,946,283. 15,946,283. b Buildings 276,545,296. 117,824,466. 158,720,830. 15,2946,283. 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.	Ра	rt VI Land, Buildings, and Equ	ipment	oc" on Form		/ lino	110 0	oo Form	000 0	art Vilino	10
Image: Constraint of the constrated of the constraint of the constraint of the constraint of the		Description of property									
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.									(., 2001. 1414	
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.	1a	Land	• • •							15,946	,283.
d Equipment 23,442,326. 20,219,993. 3,222,333. e Other 38,006,380. 15,297,502. 22,708,878.	b	Buildings			276,545,29	96.1	17,82	24,466.		158,720	,830.
e Other	С	Leasehold improvements			62,960,4	77.	31,67	6,451.		31,284	,026.
e Other	d	Equipment			23,442,32	26.	20,21	9,993.		3,222	,333.
		Other					15,29	7,502.		22,708	,878.
	Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	m 990, Part X	, line 10c, colu	mn (B	s)) <u> </u>			231,882	,350.

Schedule D (Form 990) 2023

Investments - Other Securities

Part VII

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 (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (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)) **Investments - Program Related** Part VIII 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. 102,104,912. (2) PLANNED GIVING ASSETS (3) RIGHT OF USE LEASES 29,233,177. 6,302,336 (4) OTHER RECEIVABLES (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.

Х

Schedu	Ile D (Form 990) 2023 AMERICAN CANCER SOCIETY, INC.	13	-1788491 Page 4				
Part	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:						
а	Net unrealized gains (losses) on investments						
b	Donated services and use of facilities						
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	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:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 539, 306.						
b	Other (Describe in Part XIII.) 4b						
с	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.				
Dort	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return						
rail		Irn					
Fall	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn					
1		urn	817,753,955.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	817,753,955.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	817,753,955.				
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	817,753,955.				
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	817,753,955.				
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	817,753,955.				
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	817,753,955.				
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)2d14,996,477.	1					
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2d	1 2e	62,020,657.				
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	62,020,657.				
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	62,020,657.				
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bAdd lines 4a and 4b	1 2e 3 4c	62,020,657.				
1 2 b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	1 2e 3 4c	62,020,657. 755,733,298.				

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

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

SCHEDULE D, PART XII, LINE 2D:

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

SCHEDULE F (Form 990)				
			Inspection ntification number	
AMERICAN CANCER	SOCIETY, INC.	13-178	88491	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizati	on answered "Yes" on	
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

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 3a Subtotal b Total from continuation sheets to Part I 	NONE	NONE	GRANTMAKING	ACCESS TO CARE	202,941.
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	the Instruction	a for Earm 000		Sabadula	F (Form 990) 20

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 3E1274 1.000

SCHEI	DULE	F
(Form	990)	

Statement of Activities Outside the United States

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

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

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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

JSA 3E1274 1.000

(16)

2

3

Schedule F (Form 990) 2023

Part II

1 (a or	(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)
		//	,	INTRAMURAL	1	,	[
(1)		· · · · · · · · · · · · · · · · · · ·	SUB-SAHARAN AFRICA	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			

HPV VAX INIT

20,000.

WIRE

SOUTH ASIA

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

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

13-1788491

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.

Schedule F (Form 990) 2023

37

3

43

Page 2

Part II

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.

Schedule F (Form 990) 2023

Page 2

(a) Name of

organization

(b) IRS code

section and EIN (if applicable)

Part II

1

(d) Purpose of

grant

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

:	SOUTH ASIA						
		HPV VAX INIT	20,000.	WIRE			
4	SUB-SAHARAN AFRICA	OTHER INIT.	55,000.	WIRE			
1	SUB-SAHARAN AFRICA	CARE ACCESS	96,486.	WIRE			
:	SUB-SAHARAN AFRICA	HLTH EQUITY	81,065.	WIRE			
	SUB-SAHARAN AFRICA	OTHER INIT.	18,000.	WIRE			
4	SUB-SAHARAN AFRICA	OTHER INIT.	17,939.	WIRE			
:	SUB-SAHARAN AFRICA	OTHER INIT.	17,690.	WIRE			
			10 500				
¢	SUB-SAHARAN AFRICA	HPV VAX INIT	12,500.	WIRE			
		SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA CARE ACCESS SUB-SAHARAN AFRICA HLTH EQUITY SUB-SAHARAN AFRICA OTHER INIT. SUB-SAHARAN AFRICA OTHER INIT. SUB-SAHARAN AFRICA OTHER INIT.	SUB-SAHARAN AFRICA CARE ACCESS 96,486. SUB-SAHARAN AFRICA HLTH EQUITY 81,065. SUB-SAHARAN AFRICA OTHER INIT. 18,000. SUB-SAHARAN AFRICA OTHER INIT. 17,939. SUB-SAHARAN AFRICA OTHER INIT. 17,690.	SUB-SAHARAN AFRICA CARE ACCESS 96,486. WIRE SUB-SAHARAN AFRICA HLTH EQUITY 81,065. WIRE SUB-SAHARAN AFRICA OTHER INIT. 18,000. WIRE SUB-SAHARAN AFRICA OTHER INIT. 17,939. WIRE SUB-SAHARAN AFRICA OTHER INIT. 17,690. WIRE	SUB-SAHARAN AFRICA CARE ACCESS 96,486. WIRE SUB-SAHARAN AFRICA HLTH EQUITY 81,065. WIRE SUB-SAHARAN AFRICA OTHER INIT. 18,000. WIRE SUB-SAHARAN AFRICA OTHER INIT. 17,939. WIRE SUB-SAHARAN AFRICA OTHER INIT. 17,690. WIRE	SUB-SAHARAN AFRICA CARE ACCESS 96,486. WIRE SUB-SAHARAN AFRICA HLTH EQUITY 81,065. WIRE SUB-SAHARAN AFRICA OTHER INIT. 18,000. WIRE SUB-SAHARAN AFRICA OTHER INIT. 17,939. WIRE SUB-SAHARAN AFRICA OTHER INIT. 17,690. WIRE

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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

Schedule F (Form 990) 2023

45

(f) Manner of

cash disbursement

(e) Amount of

cash grant

(i) Method of

valuation (book, FMV,

appraisal, other)

(h) Description

of noncash

assistance

(g) Amount of

noncash

assistance

art III Grants and Other Assistance	de the United S	tates. Complete	13-1788 e if the organization	ation answered "Ye	s" on Form 990	Pa), Part IV, line
Part III can be duplicated if ad		(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
)						
)						
)						
)						
)						
)						
)						
)						
)						
)						

Schedule F (Form 990) 202	3 AMERICAN	CANCER	SOCIETY,	INC.
Part IV Foreign	Forms			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X	Yes		Νο
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	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>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)</i>	X	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)	X	Yes		Νο
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	X	Νο

Schedule F (Form 990) 2023

_

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 Supplemental Information Regarding Fundraising or Gaming Activities					g Activities	OMB No. 1545-0047	
(Form 990)		he organization answer organization entered n				9, or if the	2023
Department of the Treasury		•		or Form 990			Open to Public
Internal Revenue Service	Go	to www.irs.gov/Form9	90 for instru	uctions and t	he latest information.		Inspection
Name of the organization						Employer identificati	
AMERICAN CANCER		lata if the organi	Tation or	owered "	Vaal on Farm O	13 - 17884	
	e activities. Comp EZ filers are not re	•			res on Form 9:	90, Part IV, line	17.
	the organization rais				activities. Check a	all that apply.	
a 🛛 Mail solicita	tions	е	X Solid	citation of	non-government g	rants	
	l email solicitations	f			government grant	6	
c X Phone solic		g	X Spe	cial fundra	ising events		
d X In-person so				- :, :: - . (:	alualian afficana d		
2a Did the organiza	es listed in Form 990						X Yes No
	10 highest paid indi						
compensated at	least \$5,000 by the	organization.					
		1	1		I		
(i) Name and add or entity (fu		(ii) Activity	custody of	ndraiser have or control of outions?	(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
SEE SUPPLEMENT	TNFORMATION		Yes	No			
1							
2							
3							
4							
-							
5							
6							
7							
8							
9							
10							
Total						10 010 141	44 410 520
Total 3 List all states in	which the organiza	tion is registered o	or licensed	d to solicit	1 22, 228, 6/1.	has been notified	. 44,4⊥2,530. I it is exempt from
registration or lic							
AL, AK, AR, CA, CO,	CT,FL,GA,HI,IL	,IN,					
KS, KY, LA, ME, MD,			NY,NC,	ND,OH,			
OK, OR, PA, RI, SC,	TN,UT,VA,WA,WV	,WI,					

AMERICAN CANCER SOCIETY, INC.

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.

		gross receipts greater than \$5,00	0.						
(1)			(a) Event #1 RELAY FOR LIFE (event type)	(b) Event #2 M <u>SABC</u> (event type)	(c) Other events 404 (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	64,256,861.	41,515,650.	97,434,351.	203,206,862			
æ	2	Less: Contributions Gross income (line 1	60,425,815.	37,128,048.	69,041,632.	166,595,495			
	3	minus line 2)	3,831,046.	4,387,602.	28,392,719.	36,611,367			
	4	Cash prizes	13,389.	582.	26,801.	40,772			
	5	Noncash prizes	1,199,892.	309,921.	204,771.	1,714,584			
Jses	6	Rent/facility costs	1,278,797.	2,071,630.	11,636,757.	14,987,184			
Direct Expenses	7	Food and beverages	126,992.	110,246.	3,826,135.	4,063,373			
Direct	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 li				33,622,800.			
Pa	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 tha \$15,000 on Form 990-EZ, line 6a.								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)			
Reve	1	Gross revenue	76,822.		1,170,992.	1,247,814			

Rev	1 Gross revenue	76,822.	1,170,992.	1,247,814.						
ses	2 Cash prizes	2,869.	76,042.	78,911.						
xpen	3 Noncash prizes	2,538.	382,187.	384,725.						
Direct Expenses	4 Rent/facility costs	5,666.	86,365.	92,031.						
	5 Other direct expenses	6,523.	99,430.	105,953.						
	6 Volunteer labor	X Yes 100.0000 % Yes% No No No	X Yes 100.0000 %							
	7 Direct expense summary. Add lir	nes 2 through 5 in column (d)		661,620.						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
	 9 Enter the state(s) in which the organization conducts gaming activities: <u>SEE SUPPLEMENT PAGE</u> a Is the organization licensed to conduct gaming activities in each of these states? Yes X No b If "No," explain: 									

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain:

SEE SUPPLEMENT PAGE

Sched	ule G (Form 990 or 990-EZ) 2023 AMERICAN CANCER SOCIETY, INC.	13	-1788	491	Page 3
11	Does the organization conduct gaming activities with nonmembers?		. X	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent			_	
	formed to administer charitable gaming?		-	Yes X	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a	Ν	IONE	%
b	An outside facility	13b	100.0	000	%
14	Enter the name and address of the person who prepares the organization's gaming/special events book	ks 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	gamin		_	_
	revenue?			Yes X	No
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$	and th	ne		
	amount of gaming revenue retained by the third party \blacktriangleright \$				
С	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				
	X Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds	s to		
	retain the state gaming license?		X	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org				
	or spent in the organization's own exempt activities during the tax year \$ 586,194.				
Part	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).				
SCH	EDULE G, PART I, LINE 2B:				
2 011	,,				
- A	CS HAS ENGAGED CASWELL ZACHRY GRIZZARD LLC TO PROVIDE PROFESSIONAL				
	DRAISING SERVICES. UNDER THIS ARRANGEMENT, \$554,420 WAS ALSO PAID TO				
	M FOR RELATED PRINTING AND POSTAGE SERVICES. THE INVOICES RECEIVED				
	M CASWELL ZACHRY GRIZZARD LLC DISTINGUISH BETWEEN THE PROFESSIONAL				
FUN	DRAISING SERVICE FEE AMOUNTS VERSUS THE GENERAL FUNDRAISING EXPENSES				
AND	THE CONTRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING				
SER	VICES.				

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

Sched	lule G (Form 990 or 990-EZ) 2023 AMERICAN CANCER SOCIETY, INC. 13-1	788491	Page 3					
11	Does the organization conduct gaming activities with nonmembers?		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:							
а	The organization's facility 13a		%					
b	An outside facility		%					
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 \blacktriangleright \$ and the							
	amount of gaming revenue retained by the third party ► \$							
С	If "Yes," enter name and address of the third party:							
	Name							
	Address							
16	Gaming manager information:							
	Nama N							
	Name							
	Gaming manager compensation ► \$							
	Description of services provided							
	Description of services provided							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а	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		(v), and						
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor	mation						
	(see instructions).							
ALS	O PAID TO THEM FOR RELATED EXPENSE REIMBURSEMENT. THE INVOICES							
RECI	EIVED FROM COMMUNITY COUNSELING SERVICE CO LLC DISTINGUISH BETWEEN THE							
PRO	FESSIONAL FUNDRAISING SERVICE FEE AMOUNTS VERSUS THE GENERAL							
FUNI	DRAISING EXPENSES AND THE CONTRACT DEFINES THE EXACT COSTS FOR							
PRO	FESSIONAL FUNDRAISING SERVICES. ACS ALSO ENGAGES COMMUNITY COUNSELING							
SER	VICE CO LLC TO PERFORM CONSULTING SERVICES OUTSIDE OF THIS							
PRO	FESSIONAL FUNDRAISING ARRANGEMENT.							
	CS HAS ENGAGED M+R STRATEGIC SERVICES TO PROVIDE PROFESSIONAL							
FUN	FUNDRAISING SERVICES. UNDER THIS ARRANGEMENT, \$1,874 WAS ALSO PAID TO							
THEI	THEM FOR RELATED EXPENSE REIMBURSEMENT. THE INVOICES RECEIVED FROM M+R							
STR	STRATEGIC SERVICES DISTINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING							

Sched	ule G (Form 990 or 990-EZ) 2023 AMERICAN CANCER SOCIETY, INC. 13-1788491 Page
11	Does the organization conduct gaming activities with nonmembers?
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:
а	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
Ь	revenue? Yes No No If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
D	amount of gaming revenue retained by the third party \triangleright \$
с	If "Yes," enter name and address of the third party:
U	
	Name ▶
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
47	
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Par	or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
Fai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
SER	VICE FEE AMOUNTS VERSUS THE GENERAL FUNDRAISING EXPENSES AND THE
CON	FRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES.
	CS HAS ENGAGED MERKLE INC TO PROVIDE PROFESSIONAL FUNDRAISING
	VICES. UNDER THESE ARRANGEMENTS, \$7,954,016 WAS ALSO PAID TO THEM FOR
	ATED PRINTING SERVICES AND EXPENSE REIMBURSEMENT. THE INVOICES
	EIVED FROM MERKLE INC DISTINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING
	VICE FEE AMOUNTS VERSUS THE GENERAL FUNDRAISING EXPENSES AND THE
CON	IRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES.
_ 7.	CS HAS ENGAGED PMX AGENCY LLC TO PROVIDE PROFESSIONAL FUNDRAISING
	VICES. UNDER THIS ARRANGEMENT, \$1,515,163 WAS ALSO PAID TO THEM FOR

Sched	ule G (Form 990 or 990-EZ) 2023 AMERICAN CANCER SOCIETY, INC. 13-1	788491	Page 3			
11	Does the organization conduct gaming activities with nonmembers?		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:					
а	The organization's facility 13a		%			
b	An outside facility		%			
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					
lou	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 ► \$					
С	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:					
17 a	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
a	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	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inforr (see instructions).					
REL	ATED PRINTING SERVICES. THE INVOICES RECEIVED FROM PMX AGENCY LLC					
	TINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING SERVICE FEE AMOUNTS					
VER	SUS THE GENERAL FUNDRAISING EXPENSES AND THE CONTRACT DEFINES THE					
EXA	CT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES.					
SCH	EDULE G, PART II - COLUMN A:					
REL	AY FOR LIFE BRINGS TOGETHER PASSIONATE SUPPORTERS WHO EMBODY ACS'					
	ION TO END CANCER AS WE KNOW IT, FOR EVERYONE. THIS VOLUNTEER-LED					
	ERIENCE UNITES COMMUNITIES TO CELEBRATE CANCER SURVIVORS, REMEMBER					
	ED ONES LOST TO CANCER, AND RAISE FUNDS TO IMPROVE THE LIVES OF PEOPLE					

Sched	lule G (Form 990 or 990-EZ) 2023 AMERICAN CANCER SOCIETY, INC. 13	-1788491	Page 3
11	Does the organization conduct gaming activities with nonmembers?		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:		
а	The organization's facility 13a		%
b	An outside facility		%
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 \triangleright \$ and the amount of gaming revenue retained by the third party \triangleright \$	2	
с	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds		
	retain the state gaming license?		No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizatio or spent in the organization's own exempt activities during the tax year > \$	ns	
Par		d (v) and	
1 41	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf (see instructions).		
WIT	H CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT		
SUP	PORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT,		
AND	SURVIVE CANCER. EVERY RELAY FOR LIFE EXPERIENCE HAS THE SAME FOUR		
	NATURE ELEMENTS: A CELEBRATION OF CANCER SURVIVORS, A CELEBRATION OF		
	EGIVERS, A LUMINARIA CEREMONY TO HONOR AND REMEMBER LOVED ONES, AND		
THE	OPPORTUNITY TO FIGHT BACK AGAINST CANCER.		

Sched	ule G (Form 990 or 990-EZ) 2023 AMERICAN CANCER SOCIETY, INC. 13-1	788491	Page 3			
11	Does the organization conduct gaming activities with nonmembers?		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		<u>%</u>			
b 14	An outside facility [13b] Enter the name and address of the person who prepares the organization's gaming/special events books and		%			
records:						
	Name ►					
	Address ►					
	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 \triangleright \$ and the amount of gaming revenue retained by the third party \triangleright \$					
с	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 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 > \$	Yes	No			
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor (see instructions).	()				
SCHI	EDULE G, PART II - COLUMN B:					
HOP	ING STRIDES AGAINST BREAST CANCER IS A CELEBRATION OF COURAGE AND E, A MOVEMENT UNITING COMMUNITIES TO END BREAST CANCER AS WE KNOW IT, EVERYONE.					
NON AND COMI	ARE THE MOVEMENT. OVER THE PAST THREE DECADES, OUR 3- TO 5-MILE COMPETITIVE WALKS HAVE COLLECTIVELY GROWN INTO THE NATION'S LARGEST MOST IMPACTFUL BREAST CANCER MOVEMENT - PROVIDING A SUPPORTIVE MUNITY FOR COURAGEOUS BREAST CANCER SURVIVORS AND METASTATIC BREAST CER THRIVERS, CAREGIVERS, AND FAMILIES ALIKE.					

Sched	ule G (Form 990 or 990-EZ) 2023 AMERICAN CANCER SOCIETY, INC.	13-1	788491	Page 3			
11	Does the organization conduct gaming activities with nonmembers?			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:						
а	The organization's facility	l 3a		%			
b	An outside facility	I 3b		%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and					
	records:						
	Name ►						
	Address ►						
15 2	Does the organization have a contract with a third party from whom the organization receives g	amina					
15 a			Yes	No			
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ a	nd the					
N N	amount of gaming revenue retained by the third party \triangleright \$						
с	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 proc	needs to					
a	retain the state gaming license?		Yes	No			
b	Enter the amount of distributions required under state law to be distributed to other exempt organ						
	or spent in the organization's own exempt activities during the tax year \triangleright \$	Lationio					
Part			· · ·				
-WE	ARE THE HOPE. SINCE 1993, THE AMERICAN CANCER SOCIETY MAKING STRIDES						
AGA	INST BREAST CANCER CAMPAIGN HAS UNITED COMMUNITIES, COMPANIES, AND						
IND	IVIDUALS 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						
	AST CANCER RESEARCH AND IS COMMITTED TO ADVANCING HEALTH EQUITY						
	DUGH ESSENTIAL PROGRAMS AND SERVICES, BELIEVING THAT ALL PEOPLE HAVE A						
FAI	FAIR AND JUST OPPORTUNITY TO LIVE A LONGER, HEALTHIER LIFE FREE FROM						
BRE	AST CANCER.						

Sched	dule G (Form 990 or 990-EZ) 2023 AMERICAN CANCER SOCIETY, INC. 13-	1788491	Page 3
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:		
а	The organization's facility 13a		%
b	······································		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$		
С	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:		
а	· · · · · · · · · · · · · · · · · · ·	to	
	retain the state gaming license?	Yes	No
b		าร	
	or spent in the organization's own exempt activities during the tax year s		
Par			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info (see instructions).	ormation	
CCU	EDULE G, PART III, LINE 17B:		
SCH	EDULE G, FARI III, LINE I/D.		
ACS	CONDUCTS GAMING ACTIVITIES IN MULTIPLE STATES (SEE DISCLOSURE IN		
	EDULE G, PART III, LINE 9). THE MINIMUM AMOUNT REQUIRED TO BE		
	TRIBUTED UNDER STATE LAW VARIES FROM STATE TO STATE. ACS USES ALL ITS		
GAM	IING INCOME TOWARD ITS EXEMPT PURPOSE, THEREBY MEETING OR EXCEEDING ANY		

REQUIRED MINIMUM BY EACH STATE.

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

110

GROSS RECEIPTS FROM ACTIVITY :

- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 353,000.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -353,000.

STATEMENT 1

NONE

AMERICAN CANCER SOCIETY, INC.

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?
- 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?

- 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.

STATEMENT 2

NAME :

GOODUNITED

ADDRESS:

796 MEETING STREET CHARLESTON, SC 29403

ACTIVITY :

FUNDRAISING COUNSEL

CUSTODY OR CONTROL OF CONTRIBUTION?

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.

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.

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.					

STATEMENT 5

	IN IN THE REPORT OF A STREAM OF A ST	13-17	788491	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other en			
	formed to administer charitable gaming?	l	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo records:	ks and		
	Name			
	Address ►			
	Does the organization have a contract with a third party from whom the organization receives revenue?	[Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
с	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
C	in res, enter hame 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:			
а	Is the organization required under state law to make charitable distributions from the gaming p	roceeds to		
	retain the state gaming license?	[Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt org	ganizations		
	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, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additi (see instructions).			
	II - STATES IN WHICH THE ORG. CONDUCTS GAMING ACTIVITIES			

OK, OR, PA, PR, TX, VA, WA,

Sched	dule G (Form 990 or 990-EZ) 2023	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	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 b c	amount of gaming revenue retained by the third party ► \$	No No
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17 a b	retain the state gaming license? Yes Enter the amount of distributions required under state law to be distributed to other exempt organizations	No
Par	or spent in the organization's own exempt activities during the tax year ► \$ THE 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).	
SCHE	EDULE G, PART III, LINE 9B EXPLANATION	
====		
	E STATES DO NOT REQUIRE LICENSES. REVIEWS OF GAMING ACTIVITIES ARE	
CONE	DUCTED PERIODICALLY TO MONITOR COMPLIANCE WITH STATE LICENSING	

REQUIREMENTS.

(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Name of the organization AMERICAN CANCER SOCIETY, INC. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and							d Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		-					'Yes" on Form 990,
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 (3) ABRAMSON CANCER CTR AT PENNSYLVANIA HOSP.	45-3951308	501(C)(3)	20,000.				PATIENT SUPPORT
800 SPRUCE STREET PHILADELPHIA, PA 19107(4) ACCESS/ARAB COMMUNITY CTR FOR ECONOMIC	31-1538725	501(C)(3)	15,000.				PATIENT SUPPORT
2651 SAULINO COURT DEARBORN, MI 48126 (5) ADELANTE HEALTHCARE INC	23-7444497	501(C)(3)	20,000.				PATIENT SUPPORT
3001 N CENTRAL AVE PHOENIX, AZ 85012 (6) ADULT AND CHILD MENTAL HEALTH CENTER 222 E OHIO ST INDIANAPOLIS, IN 46204	86-0377821	501(C)(3) 501(C)(3)	30,000. 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 (10) ADVENTHEALTH TAMPA	59-2219301	501(C)(3)	10,000.				PATIENT SUPPORT
14055 RIVEREDGE DRIVE TAMPA, FL 33637 (11) ADVOCATE HEALTH/AURORA HEALTH	59-1113901	501(C)(3)	20,000.				PATIENT SUPPORT
3075 HIGHLAND PKWY DOWNERS GROVE, IL 60515 (12) AFFINIA HEALTHCARE	36-2167779	501(C)(3)	54,000.				PATIENT SUPPORT
PO BOX 551 SAINT LOUIS, MO 63188-0551 2 Enter total number of section 501(c)(3) and	43-0817642		62,970.				PATIENT SUPPORT 644
3 Enter total number of other organizations lis	•	•				· · · · · · · · · · · · · · ·	43

SCHEDULE I	SCHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
		20 23 Open to Public							
Department of the Treasury Attach to Form 990.									
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection	
Name of the organization							Employer identific	ation number	
AMERICAN CANCER SOCI	· · · · · · · · · · · · · · · · · · ·						13-1788491		
Part I General I	nformation on Grants a	nd Assistanc	e						
the selection crit 2 Describe in Part	zation maintain records to teria used to award the gra IV the organization's proc	nts or assistand edures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No	
	nd Other Assistance to		-			• •		Yes" on Form 990,	
Part IV, III	ne 21, for any recipient	that received	more than \$5	,000. Part II can r	be duplicated if a	•			
	d address of organization 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 H	EALTH CENTER								
120 KING ST JACKSONVI	LLE, FL 32202	16-1660966	501(C)(3)	10,000.				PATIENT SUPPORT	
(2) ALABAMA CANCER CA	RE								
509 ENERGY CENTER BLV		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 UNI	VERSITY								
915 S JACKSON STREET	MONTGOMERY, AL 36104	63-6001101	GOVT	84,000.				EXTRAMURAL RESEARCH	
(5) ALAMEDA HEALTH SY	STEM FOUNDATION								
350 FRANK OGAWA PLAZA	OAKLAND, CA 94612	94-3103136	501(C)(3)	25,000.				PATIENT SUPPORT	
(6) ALASKA MEDICAL CE	NTER								
3760 PIPER STREET ANC	HORAGE, AK 99508	92-0093565	501(C)(3)	40,000.				PATIENT SUPPORT	
(7) ALBANY AREA PRIMA	RY HEALTH CARE INC								
204 N WESTOVER BLVD A	LBANY, GA 31707-2983	58-1344015	501(C)(3)	10,000.				PATIENT SUPPORT	
(8) ALBANY MED									
43 NEW SCOTLAND AVE A	LBANY, NY 12208	14-6023119	501(C)(3)	50,000.				PATIENT SUPPORT	
(9) ALBERT EINSTEIN C	OLLEGE OF MEDICINE								
1300 MORRIS PARK BRON	X, NY 10461	47-2209056	501(C)(3)	1,537,500.				SUPPORT/RESEARCH	
(10) ALLEGHENY HEALTH	NETWORK								
4818 LIBERTY AVE PITT	SBURGH, PA 15224	45-3674924	501(C)(3)	110,000.				PATIENT SUPPORT	
(11) ALPHA PHI ALPHA F	RATERNITY INC								
2313 SAINT PAUL STREE	T BALTIMORE, MD 21218	36-2105176	501(C)(7)	25,000.				SPON. NATL CONV 2023	
(12) ALTRU HEALTH FOUN	DATION								
2501 DEMERS AVE GRAND		45-0368330		7,500.				PATIENT SUPPORT	
	per of section 501(c)(3) and	-	-						
3 Enter total numb	per of other organizations li	isted in the line	1 table						

SCHEDULE I	Grants a	Grants and Other Assistance to Organizations,							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury	-		tach to Form 990.				Open to Public		
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	atest information.			Inspection		
Name of the organization						Employer identification	tion number		
AMERICAN CANCER SOCIETY, INC.						13-1788491			
Part I General Information on Grants	and Assistanc	e							
 Does the organization maintain records the selection criteria used to award the g Describe in Part IV the organization's pr 	grants or assistand ocedures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No		
Part II Grants and Other Assistance Part IV, line 21, for any recipie		-					Yes" on Form 990,		
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) 3 Enter total number of other organization 	0	0							

			Assistance t ndividuals in	-	•	-	OMB No. 1545-0047		
Com	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Attach to Form 990									
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection		
Name of the organization						Employer identificat	ion number		
AMERICAN CANCER SOCIETY, INC.						13-1788491			
Part I General Information on Grants an	d Assistanc	e							
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand dures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No		
Part II Grants and Other Assistance to I	Domestic Org	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	'es" on Form 990,		
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	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. SPONSO		
(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		
 Enter total number of section 501(c)(3) and Enter total number of other organizations list 	0	0							

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047	
(Form 990)	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								
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Open to Public Inspection	
Name of the organization							Employer identific	ation number	
AMERICAN CANCER SOCI	ETY, INC.						13-1788491		
	nformation on Grants an	d Assistanc	e						
	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce the grantees	' eligibility for the grant	s or assistance an	d	
-	eria used to award the grant			-	-			Yes No	
	IV the organization's proce								
	nd Other Assistance to D		-	-		nlote if the organiz	ation annuared	Weell on Form 000	
			-					res on Form 990,	
Part IV, III	ne 21, for any recipient t	nat received	more than \$5	,000. Part II can t	be duplicated if a	•			
	d address of organization 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 PH	OENIX, AZ 85012	94-2545356	501(C)(3)	86,447.				PATIENT SUPPORT	
(2) BAPTIST CANCER CE	NTER - NORTH MISSISSIPPI								
504 AZALEA DR OXFORD,		64-0772726	501(C)(3)	15,000.				PATIENT SUPPORT	
(3) BAPTIST HEALTH CA	RE FOUNDATION								
301 BROWN SPRINGS ROAD	D MONTGOMERY, AL 36117	23-7281996	501(C)(3)	8,000.				PATIENT SUPPORT	
(4) BAPTIST HEALTH SO	UTH 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 I	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 H	OSP/BARTLETT MED ONCOLOGY								
3260 HOSPITAL DRIVE J	UNEAU, AK 99801	92-0118538		35,000.				PATIENT SUPPORT	
(9) BATON ROUGE GENER.	AL PENNINGTON CANCER CTR								
8595 PICARDY AVE BATO	N ROUGE, LA 70809	72-1025017	501(C)(3)	20,000.				PATIENT SUPPORT	
(10) BAY AREA COMMUNIT	Y HEALTH								
40910 FREMONT BLVD FR	EMONT, CA 94538	23-7255435	501(C)(3)	32,500.				PATIENT SUPPORT	
(11) BAYLOR COLLEGE OF	MEDICINE								
6227 GLENLIVET DR HOU	STON, TX 77030	76-0481211	501(C)(3)	1,734,000.				EXTRAMURAL RESEARCH	
(12) BEAUMONT FARMINGT	ON HILLS CANCER CENTER								
26901 BEAUMONT BLVD S			501(C)(3)	10,000.				PATIENT SUPPORT	
	per of section 501(c)(3) and								
3 Enter total numb	per of other organizations lis	ted in the line	1 table						

SCHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1545-0047	
(Form 990) G	orm 990) Governments, and Individuals in the United States							
Con	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury		Open to Public						
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection	
Name of the organization						Employer identifica	tion number	
AMERICAN CANCER SOCIETY, INC.						13-1788491		
Part I General Information on Grants a	nd Assistanc	e						
 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? 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 Part IV, line 21, for any recipient		-					Yes" on Form 990,	
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	
2 Enter total number of section 501(c)(3) and	d government o	organizations lis	sted in the line 1 tak	ble .				

SCHEDULE I (Form 990)	Governments, and Individuals in the United States									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Internal Revenue Service		Got	o www.irs.gov/l	Form990 for the la	test information.		Employer identificati			
Name of the organization	Employer identificati	on number								
AMERICAN CANCER SOCIETY, INC. 13-1788491										
 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 										
								Yes No		
	teria used to award the gran									
	IV the organization's proce									
Part II Grants an	nd Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,		
Part IV, li	ne 21, for any recipient	that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	eeded.			
	d address of organization 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) BRANDEIS UNIVERSI	ТҮ									
415 SOUTH STREET WALT		04-2103552	501(C)(3)	792,000.				EXTRAMURAL RESEARCH		
(2) BRIGHAM AND WOMEN	S HOSPITAL									
PO BOX 3149 BOSTON, M		04-2312909	501(C)(3)	1,532,833.				EXTRAMURAL RESEARCH		
(3) BRIGHAM YOUNG UNI	VERSITY									
A-153 ASB PROVO, UT 8		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 COMMU	NITY DEVELOPMENT CORP.									
592 ROCKAWAY AVE BROO	KLYN, NY 11212	11-2544630	501(C)(3)	10,000.				PATIENT SUPPORT		
(7) BRYAN MEDICAL CEN	TER/BRYAN HEALTH									
1600 S 48TH ST LINCOL	N, NE 68506	47-0376552	501(C)(3)	20,000.				PATIENT SUPPORT		
(8) BSA HARRINGTON CA	NCER CENTER									
1500 WALLACE BLVD AMA		30-0754305		7,500.				PATIENT SUPPORT		
(9) BUTLER HEALTH SYS	TEM FOUNDATION									
ONE HOSPITAL WAY BUTL	ER, PA 16001	26-1543883	501(C)(3)	147,166.				PATIENT SUPPORT		
(10) CALIFORNIA INSTIT	UTE OF TECH									
1200 E CALIFORNIA BLV	D PASADENA, CA 91125	95-1643307	501(C)(3)	267,500.				EXTRAMURAL RESEARCH		
(11) CAMC HEALTH EDUCA	TION & RESRCH									
PO BOX 45760 BALTIMOR		55-0753754	501(C)(3)	12,500.				PATIENT SUPPORT		
(12) CAMDEN ON GAULEY	MEDICAL CENTER INC									
PO BOX 69 CAMDEN ON G		55-0592596		10,000.				PATIENT SUPPORT		
	per of section 501(c)(3) and									
3 Enter total numb	per of other organizations li	sted in the line	1 table							

SCHEDULE I	Grants a	Grants and Other Assistance to Organizations,							
(Form 990) Ge	overnme	nts, and Ir	ndividuals i	n the United	d States		2023		
Com		Open to Public							
Department of the Treasury Attach to Form 990.									
Internal Revenue Service	Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection		
Name of the organization						Employer identifica	ation number		
AMERICAN CANCER SOCIETY, INC.						13-1788491			
Part I General Information on Grants an	d Assistanc	e							
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession 	its or assistanc	æ?			• • •		Yes No		
Part II Grants and Other Assistance to I		-					Yes" on Form 990,		
Part IV, line 21, for any recipient	nat received	more than \$5	,000. Part II can I		•				
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) 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		
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	0	0							

SCHEDULE I (Form 990)	orm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service Attach to Form 990. Op									
Name of the organization							Employer identificat	ion number	
AMERICAN CANCER SOCI	ETY, INC.						13-1788491		
Part I General I	nformation on Grants ar	d Assistanc	e						
1 Does the organi	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and		
-	teria used to award the grar			-	-			Yes No	
	IV the organization's proce								
	nd Other Assistance to I		5	5		nlete if the organiz	ation answered "Y	'es" on Form 990	
	ne 21, for any recipient t		-					co on on on ooo,	
			1		•	•			
	d address of organization 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) CAROMONT HEALTH I	NC								
2525 COURT DR GASTONI		59-1636959	501(C)(3)	10,000.				PATIENT SUPPORT	
(2) CARSON TAHOE HEAL	TH								
1600 MEDICAL PARKWAY	CARSON CITY, NV 89702	88-0502320	501(C)(3)	25,000.				PATIENT SUPPORT	
(3) CARTI FOUNDATION	INC								
PO BOX 55011 LITTLE R	OCK, AR 72215	71-0589907	501(C)(3)	100,000.				PATIENT SUPPORT	
(4) CASA ESPERANZA IN	IC								
1005 YALE NE ALBUQUER	QUE, NM 87106	85-0356946	501(C)(3)	31,000.				PATIENT SUPPORT	
(5) CASA GUADALUPE ED	UCATION CENTER								
419 ROOSEVELT DR WEST	BEND, WI 53090	20-4483105	501(C)(3)	30,000.				PATIENT SUPPORT	
(6) CASE WESTERN RESE	RVE UNIV								
10900 EUCLID AVE CLEV	ELAND, OH 44106-7006	34-1018992	501(C)(3)	1,152,589.				EXTRAMURAL RESEARCH	
(7) CATHOLIC HEALTH I	NITIATIVES - IOWA CORP								
411 LAUREL ST STE 330	0 DES MOINES, IA 50314	42-0680448	501(C)(3)	10,000.				PATIENT SUPPORT	
(8) CATHOLIC MEDICAL	CENTER								
9 WASHINGTON PL, STE		02-0315693	501(C)(3)	10,000.				PATIENT SUPPORT	
(9) CEDARS-SINAI MEDI	CAL CENTER								
8700 BEVERLY BLVD LOS	ANGELES, CA 90048	95-1644600	501(C)(3)	2,424,270.				SUPPORT/RESEARCH	
(10) CENTRA FOUNDATION	Г	_							
1920 ATHERHOLT RD LYN	CHBURG, VA 24501	54-0715569	501(C)(3)	15,000.				PATIENT SUPPORT	
(11) CENTRACARE HEALTH	SYSTEM	_							
1406 6TH AVE N SAINT		41-1813221	501(C)(3)	20,000.				PATIENT SUPPORT	
(12) CENTRAL FLORIDA H	EALTH CARE INC	_							
	T AVON PARK, FL 33825	59-1404594		10,000.				PATIENT SUPPORT	
	per of section 501(c)(3) and								
3 Enter total numb	per of other organizations lis	ted in the line	1 table						

SCHEDULE I								OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States								
		20 23 Open to Public							
Department of the Treasury Attach to Form 990.									
Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	atest information.			Inspection	
Name of the organization							Employer identific	ation number	
AMERICAN CANCER SOCI	ETY, INC.						13-1788491		
Part I General I	nformation on Grants and	d Assistanc	e						
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 									
Part II Grants ar	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered '	Yes" on Form 990,	
Part IV, li	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.		
	d address of organization 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) CENTRAL OZARKS ME	DICAL CENTER								
PO BOX 777 RICHLAND,		43-1183442	501(C)(3)	10,500.				PATIENT SUPPORT	
(2) CHARLES R DREW UN	IV. OF MED & SCIENCE								
1731 E 120TH STREET L		95-6151774	501(C)(3)	52,500.				EXTRAMURAL RESEARCH	
(3) CHARTER OAK HEALT									
21 GRAND STREET HARTF		06-0986747	501(C)(3)	10,000.				PATIENT SUPPORT	
(4) CHEROKEE INDIAN H	OSPITAL AUTHORITY								
1 HOSPITAL RD CHEROKE	E, NC 28719	05-0524222	TRIBAL GOVT	7,500.				PATIENT SUPPORT	
(5) CHESAPEAKE REGION	AL HEALTHCARE								
736 BATTLEFIELD BLVD :	N CHESAPEAKE, VA 23320	54-1693739	501(C)(3)	10,000.				PATIENT SUPPORT	
(6) CHESPENN HEALTH S	ERVICES								
1510 CHESTER PIKE EDD	YSTONE, PA 19022	23-7354899	501(C)(3)	20,000.				PATIENT SUPPORT	
(7) CHEYENNE REGIONAL	MEDICAL CENTER FDN.								
214 E 23RD ST CHEYENN	E, WY 82001	83-0236858	501(C)(3)	15,000.				PATIENT SUPPORT	
(8) CHI HEALTH FOUNDA	TION								
12809 W DODGE RD OMAH	A, NE 68154	36-3233121	501(C)(3)	12,000.				PATIENT SUPPORT	
(9) CHI ST ALEXIUS HE	ALTH								
900 EAST BROADWAY AVE	BISMARCK, ND 58501	45-0226711	501(C)(3)	33,000.				PATIENT SUPPORT	
(10) CHI ST VINCENT HO	SPITAL HOT SPRINGS								
1455 HIGDON FERRY RD	HOT SPRINGS, AR 71913	71-0236913	501(C)(3)	17,500.				PATIENT SUPPORT	
(11) CHICAGO FAMILY HE	ALTH CENTER	1							
9119 S EXCHANGE AVE C	HICAGO, IL 60617	36-2893854	501(C)(3)	48,750.				PATIENT SUPPORT	
(12) CHILDHOOD CANCER	FDN. OF S. CALIFORNIA, INC	4							
11155 MT. VIEW AVE LO	MA LINDA, CA 92354	33-0536599	501(C)(3)	10,000.				PATIENT SUPPORT	
	per of section 501(c)(3) and	0	0						
3 Enter total numb	per of other organizations list	ted in the line	1 table						

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990)			•	ndividuals i				2023
	Com	plete if the o	-	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization							Employer identifie	cation number
AMERICAN CANCER SOCI	ETY, INC.						13-1788491	
Part I General I	nformation on Grants ar	nd Assistanc	е					
the selection crit 2 Describe in Part	zation maintain records to s teria used to award the gran IV the organization's proce	nts or assistance odures for more	e? hitoring the use	of grant funds in th	e United States.			Yes No
	nd Other Assistance to I ne 21, for any recipient							"Yes" on Form 990,
1 (a) Name an	d address of organization 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) CHILDRENS HOSPITA	L & MEDICAL CENTER FDN.					,		
8200 DODGE STREET OMA	HA, NE 68114	47-6105603	501(C)(3)	10,000.				PATIENT SUPPORT
(2) CHILDREN'S HOSPIT	AL BOSTON							
PO BOX 414413 BOSTON,		04-2703265	501(C)(3)	361,200.				EXTRAMURAL RESEARCH
(3) CHILDRENS HOSPITA	L MEDICAL CENTER							
3333 BURNET AVE CINCI		31-0833936	501(C)(3)	36,000.				SUPPORT/RESEARCH
(4) CHILDRENS HOSPITA	L OF PHILADELPHIA							
3401 CIVIC CTR BLVD P	HILADELPHIA, PA 19104	23-1352166	501(C)(3)	327,500.				SUPPORT/RESEARCH
(5) CHILDREN'S MEDICA	L CENTER OF DALLAS							
1935 MEDICAL DISTRICT	DR DALLAS, TX 75235	75-2062019	501(C)(3)	7,500.				PATIENT SUPPORT
(6) CHILDREN'S RESEAR	CH INSTITUTE							
1 INVENTA PL SILVER S	PRING, 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 H	LTH SERVICES							
200 HYGEIA DR, STE 24	00 NEWARK, DE 19713	51-0103684	501(C)(3)	15,000.				PATIENT SUPPORT
(9) CHRISTUS CABRINI	FOUNDATION							
3330 MASONIC DR ALEXA	NDRIA, LA 71301	72-0998302	501(C)(3)	20,000.				PATIENT SUPPORT
(10) CHRISTUS SPOHN HE	ALTH SYSTEM FOUNDATION							
613 ELIZABETH ST CORP	US CHRISTI, TX 78404	74-1109836	501(C)(3)	10,000.				PATIENT SUPPORT
(11) CHS SERVICES INC								
992 N VILLAGE AVE ROC	KVILLE CTR, NY 11570	11-3555766	501(C)(3)	15,000.				PATIENT SUPPORT
(12) CITIZENS MEDICAL	CENTER							
2701 HOSPITAL DR VICT	ORIA, TX 77901	74-1698143	501(C)(3)	14,000.				PATIENT SUPPORT
2 Enter total numb	per of section 501(c)(3) and	l government o	organizations lis	sted in the line 1 tal	ble			·
3 Enter total numb	per of other organizations list	sted in the line	1 table					

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and Ir	ndividuals i	n the United	d States		2023
	Com	plete if the or	rganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury			At	tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identifi	cation number
AMERICAN CANCER SOCI	ETY, INC.						13-1788491	
Part I General I	nformation on Grants an	d Assistanc	e					
the selection crit 2 Describe in Part	zation maintain records to s teria used to award the gran IV the organization's proce	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.		•••••	Yes No
	nd Other Assistance to I ne 21, for any recipient t							"Yes" on Form 990,
1 (a) Name an	d address of organization 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) CLEMSON UNIVERSIT	Ϋ́Υ							
	301 CLEMSON, SC 29634	13-5598093	GOVT	350,000.				EXTRAMURAL RESEARCH
(2) CLEVELAND CLINIC								
9500 EUCLID AVENUE CL	EVELAND, OH 44195	34-0714585	501(C)(3)	50,000.				PATIENT SUPPORT
(3) CLEVELAND CLINIC	MARTIN HEALTH FOUNDATION							
PO BOX 9010 STUART, F	L 34995	59-0637874	501(C)(3)	10,000.				PATIENT SUPPORT
(4) CLINICA COLORADO								
8300 ALCOTT ST WESTMI	NSTER, CO 80031	27-3794068	501(C)(3)	10,000.				PATIENT SUPPORT
(5) CLINTON HEALTH AC	CESS INITIATIVE							
383 DORCHESTER AVE ST	E 400 BOSTON, MA 02127	27-1414646	501(C)(3)	638,520.				PATIENT SUPPORT
(6) COLD SPRING HARBO	R LABORATORY							
ONE BUNGTOWN COLD SPR	ING HARBOR, NY 11724	11-2013303	501(C)(3)	435,000.				EXTRAMURAL RESEARCH
(7) COLLIER HEALTH SE	RVICES INC							
1454 MADISON AVENUE W	IMMOKALEE, FL 34142	59-1741277	501(C)(3)	100,000.				PATIENT SUPPORT
(8) COLUMBIA MEMORIAL	HOSPITAL							
1905 EXCHANGE ST ASTO	RIA, OR 97103	93-0583856	501(C)(3)	15,000.				PATIENT SUPPORT
(9) COLUMBIA UNIVERSI	ТҮ							
PO BOX 29789 NEW YORK	, NY 10087-9789	54-2147165	501(C)(3)	3,532,784.				EXTRAMURAL RESEARCH
(10) COMMUNITY FOUNDAT	ION 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 10	0 TACOMA, WA 98402	91-1349657	501(C)(3)	10,000.				PATIENT SUPPORT
(12) COMMUNITY HEALTH	CENTER OF LUBBOCK INC							
1610 5TH STREET LUBBO	СК, ТХ 79401	75-2424925	501(C)(3)	30,000.				PATIENT SUPPORT
2 Enter total numb	per of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ole			•
3 Enter total numb	per of other organizations lis	ted in the line	1 table					•

Corm 990) Covernments, 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. Co to www.irs.govForm990 for the latest information The organization maintain records to substantiate the amount of the grants or assistance, the grantest "lightily for the grants or assistance, and in the selection ordinal used to award the grants or assistance, the grantest "lightily for the grants or assistance, and in the selection ordinal used to award the grants or assistance, the grant sort assistance, and in the selection ordinal used to award the grants or assistance, the grant sort assistance, and in the selection ordinal used to award the grants or assistance. The grant sort assistance is the selection ordinal used to award the grants or assistance. The grant sort assistance is the selection ordinal used to award the grants or assistance. The grant sort assistance is the selection ordinal used to award the grants or assistance. The grant sort assistance is grant funds in the United States. 200 Eact the organization spin that received more than \$5,000. Part II can be excluding aspece is needed. 201 Eact and there descend argumation (f) on any recipient that received more than \$5,000. Part II can be excluding aspece is needed. 202 Eact and a set or carrent. Vendente (f) contentiary descends (f) approximation (f) approximatio	SCHEDULE I		Grants a	nd Other A	Assistance	o Organiza	itions,		OMB No. 1545-0047
Compare in the organization answered "tes" on Port 90, part V, line 21 of 22. Attach to Form 90, To to www.is.gov/Form990 for the latest information Open to Public Inspection Describe with colspan="2">Employed identification number Describe the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligbility for the grants or assistance, and the selection offentia used to award the grants or assistance? Imployed identification number 2011 General Information on Orants and Assistance Imployed identification on the selection offentia used to award the grants or assistance? Imployed identification on the selection offentia used to award the grants or assistance? Imployed identification on the selection offentia used to award the grants or assistance? Imployed identification on the selection offentia used to award the grants or assistance? Imployed identification on the selection of the select	(Form 990)	Go	overnme	nts, and Ir	ndividuals i	n the United	d States		2023
Department of the based Co. to www.irs.gov/Form990 for the latest information Inspection Name of the organization number 11-13843 Part Of comparison 11-13843 Part Of the organization number instain records to substantiate the amount of the grants or assistance, the grantee' eligibility for the grants or assistance, and the selection orfering used to award the grants or assistance? Image: Comparison of 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. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (Part Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 10 (Name and address degrated on grantation \$2000 IP and the grants or assistance, in \$2000 IP and the grants or assistance in \$2000 IP applicated if additional space is needed. (Part IV, line 21, for any recipient duplication in \$2000 IP applicated if additional space is needed. 10 (Demontry tracking come or ansatzs and the grants or assistance in \$2000 IP applicated if additional space is needed. (Part IV applicated if additional space is needed. 13 (a) consentry tratand come or ansatzs and the grants or assistance in \$2000 IP and		Com	plete if the o	-			, line 21 or 22.		
Name of the application Employer identification number Description Contrast address documents and Assistance 11-178641 21 Description contrains and contrast and Assistance 1 1 Description contrains and contrast and Assistance 1 2 Description contrains and contrast and assistance in the selection criteria used to award the grains or assistance? 1 2 Description in animation records to substantiate the amount of the grains or assistance. 1 2 Description criteria used to award the grains or assistance? 1 2 Description of the argenization is procedures for monitoring the use of grant funds in the United States. 1 2 Description of orgenization on gravemants (a) Rescription of the argenization or gravemant (b) EN 4 (a) Name and address orgenization or gravemant (b) EN (a) Rescription of orgenization or gravemant (b) Description of orgenization or gravemant (b) Purpose of grant funds in the United States. 1010000000000000000000000000000000000									
ADMILLENT CALLER SUCCENT, SUC, Part IV. BOTTATION OF CARTERS AND ADDRESS AND ADDR			Go t	o www.irs.gov/l	Form990 for the la	test information.			
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grants or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or assistance? Image: Content is used to award the grant or ass	Name of the organization							Employer identifica	tion number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the grants or assistance? Image: Construct on the selection criteria used to award the selection criteris used to award the selection criteris used to award the selectio								13-1788491	
he selection criteria used to award the grants or assistance? Yes No. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Fartual 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. (i) Operational (i) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operational (i) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operational (i) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operational (i) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operational (i) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operational (i) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operational (i) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operational (i) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1300 BlackRow Ref & Fillen Barton 131,000. Part IV, line 21, for any recipient for that received for the space is needed. (i)									
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) ENN (a) Amount of grant (b) Amount of oncesh assistance (b) Method of valuation or government (b) Description of oncesh assistance (b) Method of valuation oncesh assistance <	the selection crit	eria used to award the grar	ts or assistand	xe?					
1 (a) Name and address of organization of government (b) EN (c) IRC section (if applicable (c) Amount of grant (c) Amount of noncash assistance (f) Model of valuation (book, MAY, spinness), other				-					Yes" on Form 990,
(1) COMMUNITY HEALTH CTRS OF CENTEAL WYOMING B3-0326307 501(0)(3) 15,000. PATIENT SUPPORT (2) COMMUNITY HEALTH CTRS OF GERATE DAYTON 26-1253235 501(0)(3) 12,000. PATIENT SUPPORT (3) COMMUNITY HEALTH CTRS OF GERATE DAYTON 26-1253235 501(0)(3) 12,000. PATIENT SUPPORT (3) COMMUNITY HEALTH CTRS OF PINELLAS 1144 22M ST S ST PETERSBURG, FL 33712 59-2097521 501(0)(3) 10,000. PATIENT SUPPORT (4) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX FO-800 X1850 74-154089 501(0)(3) 37,500. PATIENT SUPPORT (5) COMMUNITY HEALTH NETWORK FOUNDATION TNE 74-154089 501(0)(3) 37,500. PATIENT SUPPORT (6) COMMUNITY HEALTH NETWORK FOUNDATION TNE (7) COMMUNITY HEALTH-CARE NETWORK PATIENT SUPPORT (6) COMMUNITY HEALTH NETWORK FOUNDATION PATIENT SUPPORT (3) COMMUNITY HEALTH CARE NETWORK (6) COMMUNITY HEALTH NETWORK FOUNDATION PATIENT SUPPORT (7) COMMUNITY HEALTH CARE NETWORK PATIENT SUPPORT (6) COMMUNITY HEALTH CARE NETWORK 94-2437L06 501(0)(3) 15,000. PATIENT SUPPORT (7) COMMUNITY MEDICAL, CONTRARS INC 94-2437L06 501(0)(3) <t< th=""><th>Part IV, lir</th><th>ne 21, for any recipient t</th><th>hat received</th><th>more than \$5</th><th>,000. Part II can</th><th>pe duplicated if a</th><th>additional space is I</th><th>needed.</th><th></th></t<>	Part IV, lir	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can	pe duplicated if a	additional space is I	needed.	
5000 BLACKNORE RU CASPER, WY 82603 83-0326307 501(C)(3) 15,000. PATIENT SUPPORT (2) COMMUNITY HEALING CTRS OF GREATER DAYTON 26-1253235 501(C)(3) 12,500. PATIENT SUPPORT 1323 W 35D 5 DAYTON, OR 45402 26-1253235 501(C)(3) 10,000. PATIENT SUPPORT (4) COMMUNITY HEALING CTRS OF PINELLAS PATIENT SUPPORT PATIENT SUPPORT (4) COMMUNITY HEALING CTRS OF ORVINCES S01(C)(3) 37,500. PATIENT SUPPORT (5) COMMUNITY HEALING CTRS OF GREATER TAT S01(C)(3) 25,000. PATIENT SUPPORT (5) COMMUNITY HEALING REFORME FOUNDATION THE PATIENT SUPPORT PATIENT SUPPORT (6) COMMUNITY HEALING REFORME FOUNDATION S4-3909175 501(C)(3) 10,000. (7) COMMUNITY HEALING REFORME FOUNDATION S4-3909175 501(C)(3) 10,000. PATIENT SUPPORT (3) COMMUNITY HEALING REFORME NETWORK S4-3909175 501(C)(3) 10,000. PATIENT SUPPORT (3) COMMUNITY HEALING REFORME NETWORK S4-3909175 501(C)(3) 20,000. <td< th=""><th></th><th></th><th>(b) EIN</th><th></th><th></th><th></th><th>(f) Method of valuation (book, FMV, appraisal, other)</th><th></th><th></th></td<>			(b) EIN				(f) Method of valuation (book, FMV, appraisal, other)		
(2) COMMUNITY HEALTH CTRS OF GREATER DAYTON 26-1253235 501(C)(3) 12,500. PATIENT SUPPORT (3) COMMUNITY HEALTH CTRS OF PINELLAS 26-1253235 501(C)(3) 12,500. PATIENT SUPPORT (4) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX 59-2097521 501(C)(3) 10,000. PATIENT SUPPORT (4) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX 74-1540008 501(C)(3) 37,500. PATIENT SUPPORT (5) COMMUNITY HEALTH NETWORK FOUNDATION INC 74-1540008 501(C)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTH NETWORK FOUNDATION INC 74-154008 501(C)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTH NETWORK FOUNDATION 74-154008 501(C)(3) 10,000. PATIENT SUPPORT (7) COMMUNITY HOSPITAL POINDATION 74-2576856 501(C)(3) 10,000. PATIENT SUPPORT (8) COMMUNATY MOSTAL NET SUPPORT (9) COMMUNATY MOSTAL NET SUPPORT (9) COMMUNATY MOSTAL NET SUPPORT (9) COMMUNATY MOSTAL NET SUPPORT (10) COMMUNATY MOSTAL NET SUPPORT (10) COMMUNATY MOSTAL NET SUPPORT (10) COMMUNATY MOSTAL NET SUPPORT (10) COMMUNATY MOSTAL NET SUPPORT (10) COMMUNATY MOSTAL NET SUPPORT (10)	(1) COMMUNITY HEALTH	CTRS OF CENTRAL WYOMING							
1323 K 3RD ST DAYTON, OH 45402 26-1253235 501(C)(3) 12,500. PATIENT SUPPORT (3) COMMUNITY HEALTH CTRS OF PINELLAS PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (4) COMMUNITY HEALTH CTRS OF PINELLAS PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (5) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (5) COMMUNITY HEALTH NETWORK FOUNDATION INC 74-1548089 501(C)(3) 37,500. PATIENT SUPPORT (6) COMMUNITY HEALTH ANAPOLIS, IN 46256 51-0181688 501(C)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTHCARE NETWORK PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (7) COMMUNITY HOSPITAL FOUNDATION 2351 G RAD GRAND JUNCTION, C0 81050 74-2576856 501(C)(3) 10,000. (8) COMMUNITY MEDICAL CENTERS INC PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (9) COME HEALTH CANCER CENTRE PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (10) COMMUNITY MEDICAL CENTERS INC PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (10) COMUNITY MEALTH CANCER CENTRE PATIENT	5000 BLACKMORE RD CASI	PER, WY 82609	83-0326307	501(C)(3)	15,000.				PATIENT SUPPORT
(3) COMMUNITY HEALTH CTRS OF PINELLAS 59-2097521 501(c)(3) 10,000. PATIENT SUPPORT (4) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX PO PO PO PATIENT SUPPORT (5) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX PO PO PATIENT SUPPORT PATIENT SUPPORT (5) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX PO PO PATIENT SUPPORT PATIENT SUPPORT (5) COMMUNITY HEALTH CTRS OF FOUNDATION INC 74-1548089 501(c)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTH CARE NETWORK 60 60 60 PATIENT SUPPORT (7) COMMUNITY HEALTH CARE NETWORK 60 60 PATIENT SUPPORT (7) COMMUNITY HOSPITAL FOUNDATION 84-3909175 501(c)(3) 10,000. PATIENT SUPPORT (3) COMMUNITY MEDICAL CENTERS INC 74-2576856 501(c)(3) 15,000. PATIENT SUPPORT (3) COMMUNITY MEDICAL CENTERS INC 74-2437166 501(c)(3) 20,000. PATIENT SUPPORT (10) COMMUNES INS COMMUNITY MEDICAL CENTERS 100,000. PATIENT SUPPORT PATIENT SUPPORT 216 N SOMERIST ST PHILABELPHIA, PA 19133 23-2051	(2) COMMUNITY HEALTH	CTRS OF GREATER DAYTON							
1344 22ND ST S ST PETERSBURG, PL 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 74-1548089 501(C)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTH NETWORK FOUNDATION INC 74-1548089 501(C)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTH CARE NETWORK 51-0181688 501(C)(3) 25,000. PATIENT SUPPORT (7) COMMUNITY HEALTH CONTONL 84-3909175 501(C)(3) 10,000. PATIENT SUPPORT (8) COMMUNITY MEDICAL CENTERS INC 74-2576856 501(C)(3) 20,000. PATIENT SUPPORT (9) COME HEALTH CANCER CENTER 74-247106 501(C)(3) 20,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 74-247105 501(C)(3) 10,000. PATIENT SUPPORT (11) CONQUER CANCER FORNATION 74-247105 501(C)(3) 10,000. PATIENT SUPPORT (12) CONDUER CANCER FORNATION 74-247105 501(C)(3) 10,000.	1323 W 3RD ST DAYTON,	ОН 45402	26-1253235	501(C)(3)	12,500.				PATIENT SUPPORT
(4) COMMUNITY HEALTH CTRS OF SOUTH CENTRAL TX PATIENT SUPPORT (5) COMMUNITY HEALTH NETWORK FOUNDATION INC 74-1548089 501(C)(3) 37,500. PATIENT SUPPORT 7330 SHADELAND STA. INDIANAPOLIS, IN 46256 51-0181688 501(C)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTER NETWORK (7) COMMUNITY HEALTER NETWORK PATIENT SUPPORT PATIENT SUPPORT (6) COMMUNITY HEALTER SUPPORE (7) COMMUNITY HEALTER NETWORK PATIENT SUPPORT PATIENT SUPPORT (6) COMMUNITY HEALTH CONDATION 84-3909175 501(C)(3) 10,000. PATIENT SUPPORT (7) COMMUNITY HEALTH CONDATION 74-2576856 501(C)(3) 10,000. PATIENT SUPPORT (8) COMMUNITY MEDICAL CONTERS INC 74-2576856 501(C)(3) 20,000. PATIENT SUPPORT (9) CONE HEALTH CANCER CENTER 74-247106 501(C)(3) 20,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 28-1588823 501(C)(3) 43,000. PATIENT SUPPORT (11) CONQUER CANCER FOUNDATION 23-2051145 501(C)(3) 10,000. PATIENT SUPPORT (12) CONGRESO DE LATINOS UNIDOS INC 31-1667995 <t< td=""><td>(3) COMMUNITY HEALTH</td><td>CTRS OF PINELLAS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(3) COMMUNITY HEALTH	CTRS OF PINELLAS							
PO BOX 1890 GONZALES, TX 78629 74-1548089 501(C)(3) 37,500. PATIENT SUPPORT (5) COMMUNITY HEALTH NETWORK FOUNDATION INC 733 SHADELAND STA. INDIANPOLIS, IN 46256 51-0181688 501(C)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTHCARE NETWORK 64-3909175 501(C)(3) 25,000. PATIENT SUPPORT (7) COMMUNITY HOSPITAL FOUNDATION 84-3909175 501(C)(3) 10,000. PATIENT SUPPORT (8) COMMUNITY MEDICAL CENTERS INC 74-2576856 501(C)(3) 15,000. PATIENT SUPPORT (9) COMMUNITY MEDICAL CENTERS INC 74-2437106 501(C)(3) 20,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 94-2437106 501(C)(3) 43,000. PATIENT SUPPORT (11) CONGRESO DE LATINOS UNIDOS INC 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT (12) CONCRE CARCER FOUNDATION 23-2051143 501(C)(3) 6,500. PATIENT SUPPORT (12) CONGRESO DE LATINOS UNIDOS INC 23-2051143 501(C)(3) 6,500. PATIENT SUPPORT 2318 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 27,500.	1344 22ND ST S ST PET	ERSBURG, FL 33712	59-2097521	501(C)(3)	10,000.				PATIENT SUPPORT
(5) COMMUNITY HEALTH NETWORK FOUNDATION INC PATIENT SUPPORT 7330 SHADELAND STA. INDIANAPOLIS, IN 46256 51-0181688 501(C)(3) 25,000. PATIENT SUPPORT (6) COMMUNITY HEALTHCARE NETWORK 84-3909175 501(C)(3) 10,000. PATIENT SUPPORT (7) COMMUNITY HEALTHCARE NEW YORK, NY 10010 84-3909175 501(C)(3) 10,000. PATIENT SUPPORT (3) COMMUNITY HOSPITAL FOUNDATION 74-2576856 501(C)(3) 15,000. PATIENT SUPPORT (6) COMMUNITY MERICAL CENTERS INC 74-2576856 501(C)(3) 20,000. PATIENT SUPPORT (9) CONE HEALTH CANCER CENTER 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT 2400 W FRIENDLY AVENUE GREENSBORO, NC 27403 58-1588823 501(C)(3) 43,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT 2318 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 27,500. PATIENT SUPPORT 433 COURT ST ELIZABETH, WV 26143 31-0942184 501(C)(3) 27,500. PATIENT SUPPORT 21 Enter total number of section 501(c)(C)3 and go	(4) COMMUNITY HEALTH	CTRS OF SOUTH CENTRAL TX							
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 74-257685 501(C)(3) 15,000. PATIENT SUPPORT (8) COMMUNITY MEDICAL CENTERS INC 74-257685 501(C)(3) 15,000. PATIENT SUPPORT (9) COME HEALTH CANCER CENTER 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNLDOS INC 94-2437106 501(C)(3) 43,000. PATIENT SUPPORT (11) CONQUER CANCER FOUNDATION 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT (12) CONGRESO DE LATINOS UNLDOS INC 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT 2318 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 6,500. CANCER FREV. AWARD (12) COPLIN HEALTH SYSTEMS 31-0942184 501(C)(3) 27,500. PATIENT SUPPORT (23 E ONLT ST ELIZABETH, WV 26143 31-0942184 501(C)(3) 27,500. PATIENT SUPPORT	PO BOX 1890 GONZALES,	TX 78629	74-1548089	501(C)(3)	37,500.				PATIENT SUPPORT
(6) COMMUNITY HEALTHCARE NETWORK 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 74-2576856 501(C)(3) 15,000. PATIENT SUPPORT (9) CONE HEALTH CANCER CENTER 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT 216 W SOMERSET ST PHILADELPHIA, PA 19133 23-2051143 501(C)(3) 6,500. CANCER FOUNDATION 2318 MILL RD #800 ALEXANDERIA, VA 22314 31-1667995 501(C)(3) 27,500. PATIENT SUPPORT 483 COURT ST ELIZABETH, WV 26143 31-0942184 501(C)(3) 27,500. PATIENT SUPPORT	(5) COMMUNITY HEALTH 1	NETWORK FOUNDATION INC							
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 74-2437106 501(C)(3) 20,000. PATIENT SUPPORT (9) CONE HEALTH CANCER CENTER 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 23-2051143 501(C)(3) 43,000. PATIENT SUPPORT (11) CONQUER CANCER FOUNDATION 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT (12) COPLIN HEALTH SYSTEMS 31-067995 501(C)(3) 6,500. CANCER PREV. AWARD 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.	7330 SHADELAND STA. II	NDIANAPOLIS, IN 46256	51-0181688	501(C)(3)	25,000.				PATIENT SUPPORT
(7) COMMUNITY HOSPITAL FOUNDATION PATIENT SUPPORT 2351 G ROAD GRAND JUNCTION, CO 81505 74-2576856 501(C)(3) 15,000. PATIENT SUPPORT (8) COMMUNITY MEDICAL CENTERS INC 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT (9) CONE HEALTH CANCER CENTER 94-2437106 501(C)(3) 43,000. PATIENT SUPPORT 2400 W FRIENDLY AVENUE GREENSBORO, NC 27403 58-1588823 501(C)(3) 43,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT 216 W SOMERSET ST PHILADELPHIA, PA 19133 23-2051143 501(C)(3) 6,500. CANCER FREV. AWARD 2318 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 6,500. CANCER FREV. AWARD 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	(6) COMMUNITY HEALTHC	ARE NETWORK							
2351 G ROAD GRAND JUNCTION, CO 81505 74-2576856 501(C)(3) 15,000. PATIENT SUPPORT (8) COMMUNITY MEDICAL CENTERS INC 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT 7210 MURRAY DR STOCKTON, CA 95210 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT (9) CONE HEALTH CANCER CENTER 94-2437106 501(C)(3) 43,000. PATIENT SUPPORT 2400 W FRIENDLY AVENUE GREENSBORO, NC 27403 58-1588823 501(C)(3) 43,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT (11) CONQUER CANCER FOUNDATION 23-2051143 501(C)(3) 6,500. CANCER PREV. AWARD (12) COPLIN HEALTH SYSTEMS 31-067995 501(C)(3) 27,500. PATIENT SUPPORT 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	60 MADISON AVE NEW YO	RK, NY 10010	84-3909175	501(C)(3)	10,000.				PATIENT SUPPORT
(8) COMMUNITY MEDICAL CENTERS INC 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT 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 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT 216 W SOMERSET ST PHILADELPHIA, PA 19133 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT 218 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 6,500. CANCER PREV. AWARD (12) COPLIN HEALTH SYSTEMS 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 27,500. PATIENT SUPPORT	(7) COMMUNITY HOSPITA	L FOUNDATION							
7210 MURRAY DR STOCKTON, CA 95210 94-2437106 501(C)(3) 20,000. PATIENT SUPPORT (9) CONE HEALTH CANCER CENTER A A A A A A A B A B <th< td=""><td>2351 G ROAD GRAND JUN</td><td>CTION, CO 81505</td><td>74-2576856</td><td>501(C)(3)</td><td>15,000.</td><td></td><td></td><td></td><td>PATIENT SUPPORT</td></th<>	2351 G ROAD GRAND JUN	CTION, CO 81505	74-2576856	501(C)(3)	15,000.				PATIENT SUPPORT
(9) CONE HEALTH CANCER CENTERAA<	(8) COMMUNITY MEDICAL	CENTERS INC							
2400 W FRIENDLY AVENUE GREENSBORO, NC 27403 58-1588823 501(C)(3) 43,000. PATIENT SUPPORT (10) CONGRESO DE LATINOS UNIDOS INC 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT 216 W SOMERSET ST PHILADELPHIA, PA 19133 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT (11) CONQUER CANCER FOUNDATION 23-2051143 501(C)(3) 6,500. CANCER PREV. AWARD 2318 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 6,500. CANCER PREV. AWARD (12) COPLIN HEALTH SYSTEMS 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 27,500. PATIENT SUPPORT	7210 MURRAY DR STOCKT	ON, CA 95210	94-2437106	501(C)(3)	20,000.				PATIENT SUPPORT
(10) CONGRESO DE LATINOS UNIDOS INC23-2051143501(C)(3)10,000.PATIENT SUPPORT216 W SOMERSET ST PHILADELPHIA, PA 1913323-2051143501(C)(3)10,000.PATIENT SUPPORT(11) CONQUER CANCER FOUNDATION31-1667995501(C)(3)6,500.CANCER PREV. AWARD2318 MILL RD #800 ALEXANDRIA, VA 2231431-1667995501(C)(3)6,500.CANCER PREV. AWARD(12) COPLIN HEALTH SYSTEMS31-0942184501(C)(3)27,500.PATIENT SUPPORT483 COURT ST ELIZABETH, WV 2614331-0942184501(C)(3)27,500.PATIENT SUPPORT2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(9) CONE HEALTH CANCE	R CENTER							
216 W SOMERSET ST PHILADELPHIA, PA 19133 23-2051143 501(C)(3) 10,000. PATIENT SUPPORT (11) CONQUER CANCER FOUNDATION 31-1667995 501(C)(3) 6,500. CANCER PREV. AWARD 2318 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 6,500. CANCER PREV. AWARD (12) COPLIN HEALTH SYSTEMS 31-0942184 501(C)(3) 27,500. PATIENT SUPPORT 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 Long Long	2400 W FRIENDLY AVENU	E GREENSBORO, NC 27403	58-1588823	501(C)(3)	43,000.				PATIENT SUPPORT
(11) CONQUER CANCER FOUNDATION 31-1667995 501(C)(3) 6,500. CANCER PREV. AWARD 2318 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 6,500. CANCER PREV. AWARD (12) COPLIN HEALTH SYSTEMS 31-0942184 501(C)(3) 27,500. PATIENT SUPPORT 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 Teles Teles	(10) CONGRESO DE LATINO	OS UNIDOS INC							
2318 MILL RD #800 ALEXANDRIA, VA 22314 31-1667995 501(C)(3) 6,500. CANCER PREV. AWARD (12) COPLIN HEALTH SYSTEMS 31-0942184 501(C)(3) 27,500. PATIENT SUPPORT 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	216 W SOMERSET ST PHIL	LADELPHIA, PA 19133	23-2051143	501(C)(3)	10,000.				PATIENT SUPPORT
(12) COPLIN HEALTH SYSTEMS 31-0942184 501(C)(3) 27,500. PATIENT SUPPORT 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 1 table	(11) CONQUER CANCER FOR	UNDATION							
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	2318 MILL RD #800 ALE	XANDRIA, VA 22314	31-1667995	501(C)(3)	6,500.				CANCER PREV. AWARD
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) COPLIN HEALTH SYS	TEMS	_						
									PATIENT SUPPORT
3 Enter total number of other organizations listed in the line 1 table									

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	b) 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.								
Name of the organization		60 1	5 www.iis.gov/i		test mormation.		Employer identificati		
°,								on number	
AMERICAN CANCER SOCIA	nformation on Grants an	d Assistance	0				13-1788491		
	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and								
								Yes No	
	eria used to award the gran								
	IV the organization's proce		-	-					
	nd Other Assistance to D		-					es" on Form 990,	
Part IV, lir	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	eeded.		
	d address of organization 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) CORE EL CENTRO									
130 W BRUCE ST, 3RD FI	L MILWAUKEE, WI 53204	39-2042797	501(C)(3)	30,000.				PATIENT SUPPORT	
(2) CORNELL SCOTT-HIL	L HEALTH CENTER								
400 COLUMBUS AVENUE N		06-0870990	501(C)(3)	10,000.				PATIENT SUPPORT	
(3) CORNERSTONE FAMIL	Y HEALTHCARE								
2570 US HIGHWAY 9W CO		06-1036715	501(C)(3)	10,000.				PATIENT SUPPORT	
(4) COVENANT HEALTH S	YSTEM FOUNDATION								
3623 22ND PLACE LUBBO	СК, ТХ 79410	20-0261172	501(C)(3)	13,000.				PATIENT SUPPORT	
(5) COXHEALTH FOUNDAT	ION								
3525 S NATIONAL AVE S	PRINGFIELD, MO 65807	43-6810485	501(C)(3)	20,000.				PATIENT SUPPORT	
(6) CREEK VALLEY HEAL	TH CLINIC								
PO BOX 418 COLORADO C	ITY, AZ 86021	83-3039533	501(C)(3)	15,000.				PATIENT SUPPORT	
(7) CROSS LUTHERAN CH	URCH								
1821 N 16TH ST MILWAU	KEE, 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 CANCE	R INSTITUTE								
450 BROOKLINE AVE BOST	TON, MA 02215	04-2263040	501(C)(3)	3,669,000.				SUPPORT/RESEARCH	
(10) DARTMOUTH HEALTH 1	DARTMOUTH CANCER CENTER								
1 MEDICAL CENTER DRIV	E LEBANON, NH 03756	02-0222140	501(C)(3)	63,000.				PATIENT SUPPORT	
(11) DEACONESS HOSPITA	L FOUNDATION	_							
600 MARY ST EVANSVILL	E, IN 47747	35-0593390	501(C)(3)	7,500.				PATIENT SUPPORT	
(12) DELTA SIGMA THETA	SORORITY INC	_							
PO BOX 33759 WASHINGTO		53-0215218		25,000.				SPON. NATL CONV 2023	
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 									

SCHEDULE I			Assistance t	-	•		OMB No. 1545-0047
		•	ndividuals i				2023
Cor	nplete if the o	-	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		
Department of the Treasury	- .		tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	tion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part I General Information on Grants a							
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	nts or assistand	æ?					Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	/es" on Form 990,
Part IV, line 21, for any recipient		-					,
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) 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		501(C)(3)	50,000.				EXTRAMURAL RESEARCH
 Enter total number of section 501(c)(3) and Enter total number of other organizations I 							

SCHEDULE I (Form 990)				Assistance t ndividuals in				OMB No. 1545-0047 എ ററ	
· · ·			•	wered "Yes" on F				2023	
			0	tach to Form 990.	onn ooo, r arrin,			Open to Public	
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Inspection	
Name of the organization							Employer identificat		
AMERICAN CANCER SOCI	ETY, INC.						13-1788491		
	nformation on Grants an	d Assistance	e						
	zation maintain records to s			e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and		
-				-	-			Yes No	
	the selection criteria used to award the grants or assistance?								
	nd Other Assistance to I					plata if the organiz	ation answard "V	ac" on Form 000	
			-					es on Form 990,	
Part IV, III	ne 21, for any recipient t	nat received	more than \$5	,000. Part II can t	be duplicated if a	•			
	d address of organization 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) EL RIO HEALTH									
PO BOX 1231 TUCSON, A	Z 85702	86-0285857	501(C)(3)	20,000.				PATIENT SUPPORT	
(2) EMORY UNIVERSITY									
1599 CLIFTON RD ATLAN	TA, GA 30322	58-0566256	501(C)(3)	623,200.				SUPPORT/RESEARCH	
(3) ESKENAZI HEALTH									
720 ESKENAZI AVE INDI	ANAPOLIS, IN 46202	35-6005697	501(C)(3)	41,000.				PATIENT SUPPORT	
(4) ESPERANZA HEALTH	CENTERS								
1940 S WESTERN AVE CH	ICAGO, IL 60608	32-0115907	501(C)(3)	10,000.				PATIENT SUPPORT	
(5) ESSENTIA HEALTH									
502 E 2ND ST DULUTH, 1	MN 55805	20-0360007	501(C)(3)	69,950.				PATIENT SUPPORT	
(6) EVERGREENHEALTH F	OUNDATION								
12040 NE 128TH STREET	KIRKLAND, WA 98034	91-1519430	501(C)(3)	10,000.				PATIENT SUPPORT	
(7) FAITH REGIONAL HE.	ALTH SERVICES FDN.								
2700 W NORFOLK AVE NO	RFOLK, NE 68701	91-1772474	501(C)(3)	10,000.				PATIENT SUPPORT	
(8) FAMILIES FIRST PE	DIATRICS								
1320 S JORDAN PKWY SO		99-9999999		15,000.				PATIENT SUPPORT	
(9) FAMILY CARE HEALT	H CENTER								
401 HOLLY HILLS AVE S	AINT LOUIS, MO 63111	23-7076112	501(C)(3)	39,356.				PATIENT SUPPORT	
(10) FAMILY HEALTH CTR OF SAN DIEGO									
823 GATEWAY CENTER WA	Y SAN DIEGO, CA 92102	95-2833205	501(C)(3)	10,000.				PATIENT SUPPORT	
(11) FAMILY REACH		_							
142 BERKELEY ST, STE		91-2192211	501(C)(3)	440,000.				PATIENT SUPPORT	
(12) FLORIDA HEALTH SC		_							
1 TAMPA GENERAL CIRCL			501(C)(3)	55,000.				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									

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047		
(Form 990) G	overnme	nts, and Ir	ndividuals i	n the United	d States		2023		
Con	nplete if the o	-	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.				
Department of the Treasury			tach to Form 990.				Open to Public		
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection		
Name of the organization						Employer identified	cation number		
AMERICAN CANCER SOCIETY, INC.						13-1788491			
Part I General Information on Grants a									
1 Does the organization maintain records to									
the selection criteria used to award the gra	nts or assistanc	e?					Yes No		
2 Describe in Part IV the organization's proce	edures for mor	nitoring the use	of grant funds in the	e United States.					
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,		
Part IV, line 21, for any recipient		-							
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		
					ottier)				
(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		501 (7) (0)	10.500						
280 FORT SANDERS W BLVD KNOXVILLE, TN 37922	62-1748601	501(C)(3)	12,500.				PATIENT SUPPORT		
(4) FOUNDATION FOR WOMAN'S	45 1050225	501 (0) (0)							
100 WOMAN'S WAY BATON ROUGE, LA 70817	47-1970335	501(C)(3)	20,000.				PATIENT SUPPORT		
(5) FRANCISCAN HEALTH FOUNDATION		501 (0) (0)	45,000						
3510 PARK PLACE WEST MISHAWAKA, IN 46545	35-1955283	501(C)(3)	45,000.				PATIENT SUPPORT		
(6) FRED HUTCHINSON CANCER CENTER	23-7156071	E01(0)(2)	1,207,500.				EXTRAMURAL RESEARCH		
PO BOX 19024 SEATTLE, WA 98109-1024 (7) FRED HUTCHINSON CANCER RESEARCH CENTER	23-7150071	501(C)(3)	1,207,500.				EATRAMORAL RESEARCH		
PO BOX 19024 SEATTLE, WA 98109-1024	91-1935159	501(C)(3)	140,000.				PATIENT SUPPORT		
(8) FREEMAN HEALTH SYSTEM CORNELL-BESHORE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	501(0)(5)	110,000.						
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		
2 Enter total number of section 501(c)(3) and			ted in the line 1 tal				•		
3 Enter total number of other organizations listed in the line 1 table									

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	rm 990) 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.									
Name of the organization							Employer identificati	Inspection		
AMERICAN CANCER SOCI	FTY INC						13-1788491			
	nformation on Grants and	d Assistance	6				10 1/00101			
				e grants or assista	nce the grantees	' eligibility for the grant	s or assistance and			
-	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
	IV the organization's proced									
	nd Other Assistance to D		5	5		plata if the organiz	ation answard "V	(00" on Form 000		
			-					es on Fonn 990,		
Part IV, II	ne 21, for any recipient the	hat received	more than \$5	,000. Part II can t		•				
	d address of organization 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) GASTRO ONE										
	300 CORDOVA, TN 38018	62-1094933		15,000.				PATIENT SUPPORT		
(2) GENE UPSHAW MEMOR	IAL TAHOE FOREST CANCER CT									
10121 PINE AVENUE TRU	CKEE, CA 96161	94-3047869	501(C)(3)	20,000.				PATIENT SUPPORT		
(3) GENERAL HEALTH SY	STEM FOUNDATION									
8585 PICARDY AVE BATO	N ROUGE, LA 70809	74-0801335	501(C)(3)	35,000.				PATIENT SUPPORT		
(4) GENESIS FOUNDATIO	N									
1401 W CENTRAL PARK A	VE DAVENPORT, IA 52804	42-1418847	501(C)(3)	12,865.				PATIENT SUPPORT		
(5) GENESIS HEALTHCAR	E SYSTEM									
2951 MAPLE AVE ZANESV	TILLE, OH 43701	31-1480941	501(C)(3)	7,500.				PATIENT SUPPORT		
(6) GENNESARET FREE C	LINIC									
615 N ALABAMA ST INDI	ANAPOLIS, IN 46204	35-1776518	501(C)(3)	38,750.				PATIENT SUPPORT		
(7) GEORGETOWN UNIVER	SITY									
2121 WISCONSIN AVE NW	WASHINGTON, DC 20007	53-0196603	501(C)(3)	590,000.				EXTRAMURAL RESEARCH		
(8) GEORGIA STATE UNI	VERSITY	_								
PO BOX 3999 ATLANTA,		58-1845423	501(C)(3)	75,000.				EXTRAMURAL RESEARCH		
(9) GERALD L IGNACE I	NDIAN HEALTH	_								
930 W HIST MITCHELL S	T MILWAUKEE, WI 53204	39-1958089	501(C)(3)	15,000.				PATIENT SUPPORT		
(10) GOOD SAMARITAN FD	N. FOR BETTER HEALTH	_								
255 LAFAYETTE AVENUE	SUFFERN, NY 10901	13-3400353	501(C)(3)	10,000.				PATIENT SUPPORT		
(11) GOSHEN MEDICAL CE	NTER INC	_								
412 SW CENTER ST FAIS		56-1209062	501(C)(3)	20,000.				PATIENT SUPPORT		
(12) GRANDVIEW MEDICAL		4								
3670 GRANDVIEW PRKWY		63-0789572		10,000.			I	PATIENT SUPPORT		
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Inter total number of other organizations listed in the line 1 table										
3 Enter total numb	per of other organizations list	ted in the line	1 table				<u></u>			

 a boschele in Part IV the organizations 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, Dart IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. I (a) have and address of organization (b) EN (b) EN (c) EXENT (c) (a) Answered (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
Compartment of the Treasury Description Description Description Attack of the Grant 2000 Go to www.irs.gov/Form990 for the latest information. Interview information Description Descripti	(Form 990)			•					2023
Description of the New Year of the Open Services On to www.irs.gov/Form990 for the latest information Inspection Name of the organization Employer identification number 13-271463 Out the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance and the selection orienta used to award the grants or assistance? Image of the organization answered "Yes" on Form 990, Part IV, the organization answered "Yes" on Form 990, Part IV, the organization answered organization answered "Yes" on Form 990, Part IV, the organization answered organization and the teceived more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and options of organization and the (grants or assistance) (a) Part V, the organization answered "Yes" on Form 990, Part IV, the organization answered "Yes" on Form 990, Part IV, the organization and option of the grants or assistance of the grants or assistance of the grants or the selection origination of the grants or assistance in the tecevine or the selection or the selection origination of the grants or assistance or the selection or the selectin selectin selection or the selection or the selection or the se		Com	plete if the o	-		orm 990, Part IV,	line 21 or 22.		
Name of the organization Employer identification number Contrast conducts contrart, suc. 11-178461 Part General Information on Grants and Assistance 12-178461 1 Does the organization maintain records to substantiate the amount of the grants or assistance. Image: Contrast and Contrast and Assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Contrast and Contrast a									
11-17884 Part I General Information Constant Adsistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grant set assistance, and the selection criteria used to award the grants or assistance? Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 2 Describe in 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 of yoedment (a) Name and address of organization and boxes of grant (if applicable) (b) EM (if applicable) (c) Mean transmitter in the transmitter in the second of the			Go t	o www.irs.gov/l	Form990 for the la	itest information.			
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ritrier audo to award the grants or assistance? Image: Comparization approximation approximate approximation approximate approximation approximate approximat	Ū.								tion number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the solection criteria used to award the grants or assistance? Image: Content of the solection criteria used to award the grants or assistance? Image: Content of the solection criteria used to award the grants or assistance? Image: Content of the solection criteria used to award the grants or assistance? Image: Content of the solection criteria used to award the grants or assistance? Image: Content of the solection criteria used to award the grants or assistance or criteria used to award the grants or assistance or criteria used to award the grant criteria used to award the grants or assistance or criteria used to award the grants or assistance or criteria used to award the grants or assistance or criteria used to award the grants or assistance or criteria used to award the grants or assistance or criteria used to award the grants or assistance or criteria used to award the grants or assistance or criteria used to award the grant criteria used to award the grants or criteria used to award the								13-1788491	
New Describe near UV the organization's procedures for monitoring the use of grant funds in the United States. Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 (b) EN (c) IRC section (d) Amount of organization and address of organization. (b) Purpose of grant. (1) ORALTER ADDREST MEDICAL SERVICES (d) Amount of organization. (d) Amount of organization. (d) Amount of organization. (d) Purpose of grant. (1) ORALTER ADDREST MEDICAL SERVICES (d) Amount of organization. (d) Amount of organization. (d) Amount of organization. (d) Amount of organization. (d) Purpose of grant. (2) If LISE MOPTITIC CANCERS. (d) Amount of organization. (d) Amount of organization. (d) Amount of organization. (d) Amount of organization. (d) Description of organization. (d) Purpose of grant. (2) If LISE MOPTITIC CANCERS. (d) Amount of the second sec									
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 (if applicating space space spac	the selection crit	eria used to award the gran	ts or assistanc	æ?					
1 (a) Name and address of organization or government (b) EN (c) RC section (if applicable) (c) Amount of cash grant (c) Amount of noncesh assistance (c) Menourt of noncesh assistance (c) Menourt of noncesh assistance (c) Description of noncesh assistance (c) Description of noncesh assistance (c) Purpose of grant or assistance (1) GRATER BADEN MEDICAL SERVICES 52-0961414 501(0)(3) 20,000. Artiset Services (2) ILER MOFFITY CONCER CENTER 52-0961414 501(0)(3) 1,340,533. ExtraMURAL RESEARCE (3) Incrementary Medical Centres FEM. 52-0361414 501(0)(3) 1,340,533. ExtraMURAL RESEARCE (4) InLIPAR MERALT POINDARTIN 139-2389361 501(0)(3) 1,340,533. ExtraMURAL RESEARCE (5) INCE MORALIS DATTONA BEACH, FL 12114 59-2339534 501(0)(3) 10,000. ExtraMURAL SERVICES (6) INLIFER MERITI MEDICAL CENTER FEM. 59-2393051 501(0)(3) 10,000. ExtraMURAL SERVICES (10) INLIFER MERITI MEDICAL CENTER FEM. 59-2393051 501(0)(3) 10,000. ExtraMURAL SERVICES (10) INLIFER MERITI MEDICINUM SERVICE 501(0)(3) 10,000. ExtreMURAL SERVICES (10) INLINE	Part II Grants an	nd Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	/ernments. Corr	plete if the organiz	ation answered "	Yes" on Form 990,
(1) CREATER BADEN MEDICAL SERVICES PATIENT SUPPORT 7450 ALBERT RD, 3RD FL BRANDWINE, MD 20613 52-0961414 501(C)(3) 20,000. PATIENT SUPPORT (2) LEE MOFFIT CANCER CENTER 1 12022 FARMURAL RESERVACE PATIENT SUPPORT 12020 FARMURAL RE TARK, FL 33612-9497 59-323654 501(C)(3) 1,340,533. PATIENT SUPPORT 12020 FARMURAL RE TARK, NA UF601 22-2339534 501(C)(3) 40,000. PATIENT SUPPORT 92 SECON STREET HACKNRACK, NU UFESITY MEDICAL CENTER FDN. 59-283051 501(C)(3) 10,000. PATIENT SUPPORT (3) BACKINSACK UNIVERSITY MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (4) MALIFAX MERSICAL POINTATION 59-1519911 501(C)(3) 10,000. PATIENT SUPPORT (5) BANILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (7) MARTIS RESIGNAL POURATION 1 50-162961 501(C)(1) 10,000. PATIENT SUPPORT (7) MARTIS RESIGNAL POURATION 1 1 50-163962 10(C)(1) 158,000. PATIENT SUPPORT (7) MARTIS REALTER, TX 77401 </th <th>Part IV, li</th> <th>ne 21, for any recipient t</th> <th>hat received</th> <th>more than \$5</th> <th>,000. Part II can I</th> <th>be duplicated if a</th> <th>additional space is r</th> <th>needed.</th> <th></th>	Part IV, li	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
(1) CREATER BADEN MEDICAL SERVICES PATIENT SUPPORT 7450 ALBERT RD, 3RD FL BRANDWINE, MD 20613 52-0961414 501(C)(3) 20,000. PATIENT SUPPORT (2) LEE MOFFIT CANCER CENTER 1 12022 FARMURAL RESERVACE PATIENT SUPPORT 12020 FARMURAL RE TARK, FL 33612-9497 59-323654 501(C)(3) 1,340,533. PATIENT SUPPORT 12020 FARMURAL RE TARK, NA UF601 22-2339534 501(C)(3) 40,000. PATIENT SUPPORT 92 SECON STREET HACKNRACK, NU UFESITY MEDICAL CENTER FDN. 59-283051 501(C)(3) 10,000. PATIENT SUPPORT (3) BACKINSACK UNIVERSITY MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (4) MALIFAX MERSICAL POINTATION 59-1519911 501(C)(3) 10,000. PATIENT SUPPORT (5) BANILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (7) MARTIS RESIGNAL POURATION 1 50-162961 501(C)(1) 10,000. PATIENT SUPPORT (7) MARTIS RESIGNAL POURATION 1 1 50-163962 10(C)(1) 158,000. PATIENT SUPPORT (7) MARTIS REALTER, TX 77401 </th <th></th> <th></th> <th>(b) EIN</th> <th></th> <th></th> <th></th> <th>(f) Method of valuation (book, FMV, appraisal, other)</th> <th></th> <th></th>			(b) EIN				(f) Method of valuation (book, FMV, appraisal, other)		
T450 ALEBET RD, 3ED FL BRANDYWINE, MD 20613 52-0961414 501(C)(3) 20,000. PATIENT SUPPORT (2) LEE WOFFIT CANCER CENTER	(1) GREATER BADEN MED	ICAL SERVICES							
12902 MAGNOLIA DR TAMPA, FL 33612-9497 59-3238634 501(C)(3) 1,340,533. EXTRAMURAL RESEARCH (3) MACKINSACK UNIVERSITY MEDICAL CENTER FDN. 92 22-2339534 501(C)(3) 40,000. PATIENT SUPPORT (4) HALFRAX HEALTH FOUNDATION 22-2339534 501(C)(3) 10,000. PATIENT SUPPORT (5) HAMILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (6) HAMILTON MEDICAL CENTER 100 MEMORIAL DEUTON ABZACH, FL 32114 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (16) HAMILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (16) HAMILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (16) HAMILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (16) HAMILTAN HEALTHN SYSTEM 43-1658744 501(C)(1) 158,000. PATIENT SUPPORT (17) HARRIS HEALTHOR, CA 706102 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (18) HARTIFORD HOSPITAL 62-1619857 8,000. PATIENT SUPPORT			52-0961414	501(C)(3)	20,000.				PATIENT SUPPORT
12902 MAGNOLIA DR TAMPA, FL 33612-9497 59-3238634 501(C)(3) 1,340,533. EXTRAMURAL RESEARCH (3) MACKINSACK UNIVERSITY MEDICAL CENTER FDN. 92 22-2339534 501(C)(3) 40,000. PATIENT SUPPORT (4) HALFRAX HEALTH FOUNDATION 22-2339534 501(C)(3) 10,000. PATIENT SUPPORT (5) HAMILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (6) HAMILTON MEDICAL CENTER 100 MEMORIAL DEUTON ABZACH, FL 32114 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (16) HAMILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (16) HAMILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (16) HAMILTON MEDICAL CENTER 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (16) HAMILTAN HEALTHN SYSTEM 43-1658744 501(C)(1) 158,000. PATIENT SUPPORT (17) HARRIS HEALTHOR, CA 706102 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (18) HARTIFORD HOSPITAL 62-1619857 8,000. PATIENT SUPPORT	(2) H LEE MOFFITT CAN	CER CENTER							
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 100,000. PATIENT SUPPORT PATIENT SUPPORT 1200 MEMORIAL DRIVE DALTON, GA 30720 58-1519911 501(C)(3) 10,000. PATIENT SUPPORT (6) HANNIFAL REGIONAL FOUNDATION 17.5 SHINN LANE HAINTEAL, NO 63401 43-1658744 501(C)(1) 10,000. PATIENT SUPPORT (7) HARRIS HEALTH SYSTEM 100,000. 100,000. PATIENT SUPPORT PATIENT SUPPORT (8) HARTFORD HOSPITAL 06-0646668 501(C)(1) 158,000. PATIENT SUPPORT (9) HAMAIT FACTER HARTFORD, CT 06102 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (10) HCA HOUSTON HALIFACE INFERT 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (11) HCA MEMORIAL UNIVERSITY 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (12) HCO NETHENES HWANTALARE NO FAULARE NOTH CYPRESS 62-1619857			59-3238634	501(C)(3)	1,340,533.				EXTRAMURAL RESEARCH
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 100,000. PATIENT SUPPORT PATIENT SUPPORT 1200 MEMORIAL DRIVE DALTON, GA 30720 58-1519911 501(C)(3) 10,000. PATIENT SUPPORT (6) HANNIFAL REGIONAL FOUNDATION 17.5 SHINN LANE HAINTEAL, NO 63401 43-1658744 501(C)(1) 10,000. PATIENT SUPPORT (7) HARRIS HEALTH SYSTEM 100,000. 100,000. PATIENT SUPPORT PATIENT SUPPORT (8) HARTFORD HOSPITAL 06-0646668 501(C)(1) 158,000. PATIENT SUPPORT (9) HAMAIT FACTER HARTFORD, CT 06102 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (10) HCA HOUSTON HALIFACE INFERT 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (11) HCA MEMORIAL UNIVERSITY 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (12) HCO NETHENES HWANTALARE NO FAULARE NOTH CYPRESS 62-1619857	(3) HACKENSACK UNIVER	SITY MEDICAL CENTER FDN.							
303 N CLYDE MORRIS DAYTONA BEACH, FL 32114 59-2893051 501(C)(3) 10,000. PATIENT SUPPORT (6) HAMILTON MEDICAL CENTER 100 MEMORIAL DRIVE DALTON, GA 30720 58-1519911 501(C)(3) 10,000. PATIENT SUPPORT (6) HAMILEA REGIONAL FOUNDATION 10 10,000. PATIENT SUPPORT (7) HARRIS HEALTH SYSTEM 10,000. PATIENT SUPPORT 4800 FOURNACE PLACE BELLAIRE, TX 77401 74-1536936 170(C)(1) 158,000. PATIENT SUPPORT (8) HARTFORD HOSPITAL 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (9) HAMAIL PACIFIC HEALTH CANCER CENTERS 99-0246363 501(C)(3) 10,000. PATIENT SUPPORT (10) HCA HOUSTON HEALTHCARE NORTH CYPRESS 06-0646668 501(C)(3) 18,908. PATIENT SUPPORT (11) HCA MEMORIAL UNIVERSITY 42-165974 501(C)(3) 18,900. PATIENT SUPPORT (12) HCA MEMORIAL UNIVERSITY 42-165974 15,000. PATIENT SUPPORT (12) HCA MEMORIAL UNIVERSITY 15,000. PATIENT SUPPORT (12) HCA MEMORIAL UNIVERSITY 15,000. PATIENT SUPPORT (12) HCA MEMORIAL UNIV			22-2339534	501(C)(3)	40,000.				PATIENT SUPPORT
(5) HAMILTON MEDICAL CENTER PATIENT SUPPORT 1200 MEMORIAL DRIVE DALTON, GA 30720 58-1519911 501(C)(3) 10,000. PATIENT SUPPORT (6) HANNIBAL REGIONAL FOUNDATION 10,000. PATIENT SUPPORT PATIENT SUPPORT (7) HARRIS HEALTH SYSTEM 43-1658744 501(C)(1) 158,000. PATIENT SUPPORT (8) HARTFORD HOSPITAL 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (9) HAMII PACIFIC HEALTH CANCER CENTERS 50 501(C)(3) 10,000. PATIENT SUPPORT (10) HCA HOUSTON HEALTHCARE NORTH CYPRESS 501(C)(3) 10,000. PATIENT SUPPORT (11) HCA HOUSTON HEALTHCARE NORTH CYPRESS 501(C)(3) 10,000. PATIENT SUPPORT (12) HCA MEMORIAL UNIVERSITY 42-1619857 8,000. PATIENT SUPPORT (12) HCA NETWORK 15,000. PATIENT SUPPORT (12) HCA NETWORK 501(C)(3) 21,100. PATIENT SUPPORT (12) HCA NETWORK 15,000. PATIENT SUPPORT PATIENT SUPPORT	(4) HALIFAX HEALTH FO	UNDATION							
1200 MEMORIAL DRIVE DALTON, GA 30720 58-1519911 501(C)(3) 10,000. PATIENT SUPPORT (6) HANNIEAL REGIONAL FOUNDATION 175 SHUNN LANE HANNIEAL, MO 63401 43-1658744 501(C)(3) 10,000. PATIENT SUPPORT (7) HARRIS HEALTH SYSTEM 10,000. PATIENT SUPPORT PATIENT SUPPORT 4800 FOURNACE PLACE BELLARE, TX 77401 74-1536936 170(C)(1) 158,000. PATIENT SUPPORT (8) HARNFORD HOSPITAL 60-6046666 501(C)(3) 10,000. PATIENT SUPPORT 9) HANAII PACIFIC HEALTH CANCER CENTERS 0 PATIENT SUPPORT PATIENT SUPPORT 55 MERCHANT STREET HONOLULU, HI 96813 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (10) HCA MEMORIAL UNIVERSITY 62-1619857 8,000. PATIENT SUPPORT 4700 WATE SAVE SAVANNAH, GA 31404 82-196974 15,000. PATIENT SUPPORT (12) HCA MEMORIAL UNIVERSITY PATIENT SUPPORT PATIENT SUPPORT (12) HCA SURMON, MO 64067 30-0349221 501(C)(3) 21,100. <	303 N CLYDE MORRIS DA	YTONA BEACH, FL 32114	59-2893051	501(C)(3)	10,000.				PATIENT SUPPORT
(6) HANNIBAL REGIONAL FOUNDATION 43-1658744 501(C)(3) 10,000. PATIENT SUPPORT 175 SHINN LANE HANNIBAL, MO 63401 43-1658744 501(C)(3) 10,000. PATIENT SUPPORT 4800 FOURNACE PLACE BELLAIRE, TX 77401 74-1536936 170(C)(1) 158,000. PATIENT SUPPORT (8) HARTFORD HOSPITAL 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (9) HAWAII PACIFIC HEALTH CANCER CENTERS 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (10) HCA HOUSTON HEALTHCANCE NORTH CYPRESS 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (11) HCA MEMORIAL UNIVERSITY 4300 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 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21,100. PATIENT SUPPORT	(5) HAMILTON MEDICAL	CENTER							
175 SHINN LANE HANNIBAL, MO 63401 43-1658744 501(C)(3) 10,000. PATIENT SUPPORT (7) HARRIS HEALTH SYSTEM	1200 MEMORIAL DRIVE D.	ALTON, GA 30720	58-1519911	501(C)(3)	10,000.				PATIENT SUPPORT
(7) HARRIS HEALTH SYSTEM 74-1536936 170(C)(1) 158,000. PATIENT SUPPORT 4800 FOURNACE FLACE BELLAIRE, TX 77401 74-1536936 170(C)(1) 158,000. PATIENT SUPPORT (8) HARTFORD HOSPITAL 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT 9) HAWAIL PACIFIC HEALTH CANCER CENTERS 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT 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 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 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(6) HANNIBAL REGIONAL	FOUNDATION							
4800 FOURNACE PLACE BELLAIRE, TX 77401 74-1536936 170(C)(1) 158,000. PATIENT SUPPORT (8) HARTFORD HOSPITAL 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT 80 SEYMOUR STREET HARTFORD, CT 06102 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (9) HAWAII PACIFIC HEALTH CANCER CENTERS 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT 55 MERCHANT STREET HONOLULU, HI 96813 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (10) HCA HOUSTON HEALTHCARE NORTH CYPRESS 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (11) HCA MEMORIAL UNIVERSITY 62-1619857 8,000. PATIENT SUPPORT 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 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12,100. PATIENT SUPPORT	175 SHINN LANE HANNIB	AL, MO 63401	43-1658744	501(C)(3)	10,000.				PATIENT SUPPORT
(8) HARTFORD HOSPITAL 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (9) HAWAII PACIFIC HEALTH CANCER CENTERS 55 501(C)(3) 10,000. PATIENT SUPPORT (10) HCA HOUSTON HEALTHCARE NORTH CYPRESS 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 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(7) HARRIS HEALTH SYS	TEM							
80 SEYMOUR STREET HARTFORD, CT 06102 06-0646668 501(C)(3) 10,000. PATIENT SUPPORT (9) HAWALL PACIFIC HEALTH CANCER CENTERS 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT 55 MERCHANT STREET HONOLULU, HI 96813 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (10) HCA HOUSTON HEALTHCARE NORTH CYPRESS 62-1619857 8,000. PATIENT SUPPORT (11) HCA MEMORIAL UNIVERSITY 62-1619857 8,000. PATIENT SUPPORT 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 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	4800 FOURNACE PLACE B	ELLAIRE, TX 77401	74-1536936	170(C)(1)	158,000.				PATIENT SUPPORT
(9) HAWAII PACIFIC HEALTH CANCER CENTERS99-0246363501(C)(3)18,908.PATIENT SUPPORT55 MERCHANT STREET HONOLULU, HI 9681399-0246363501(C)(3)18,908.PATIENT SUPPORT(10) HCA HOUSTON HEALTHCARE NORTH CYPRESS21216 NORTHWEST FREEWAY CYPRESS, TX 7742962-16198578,000.PATIENT SUPPORT(11) HCA MEMORIAL UNIVERSITY62-16198578,000.PATIENT SUPPORT(11) HCA MEMORIAL UNIVERSITY4700 WATERS AVE SAVANNAH, GA 3140482-196997415,000.PATIENT SUPPORT(12) HCC NETWORK819 S BUSINESS HWY 13 LEXINGTON, MO 6406730-0349221501(C)(3)21,100.PATIENT SUPPORT2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(8) HARTFORD HOSPITAL								
55 MERCHANT STREET HONOLULU, HI 96813 99-0246363 501(C)(3) 18,908. PATIENT SUPPORT (10) HCA HOUSTON HEALTHCARE NORTH CYPRESS 62-1619857 8,000. PATIENT SUPPORT (11) HCA MEMORIAL UNIVERSITY 62-1619857 8,000. PATIENT SUPPORT 4700 WATERS AVE SAVANNAH, GA 31404 82-1969974 15,000. PATIENT SUPPORT (12) HCC NETWORK 30-0349221 501(C)(3) 21,100. PATIENT SUPPORT 819 S BUSINESS HWY 13 LEXINGTON, MO 64067 30-0349221 501(C)(3) 21,100. PATIENT SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Table	80 SEYMOUR STREET HAR	TFORD, CT 06102	06-0646668	501(C)(3)	10,000.				PATIENT SUPPORT
(10) HCA HOUSTON HEALTHCARE NORTH CYPRESS62-16198578,000.PATIENT SUPPORT21216 NORTHWEST FREEWAY CYPRESS, TX 7742962-16198578,000.PATIENT SUPPORT(11) HCA MEMORIAL UNIVERSITY4700 WATERS AVE SAVANNAH, GA 3140482-196997415,000.PATIENT SUPPORT(12) HCC NETWORK30-0349221501(C)(3)21,100.PATIENT SUPPORT2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 tablePATIENTPATIENT	(9) HAWAII PACIFIC HE	ALTH CANCER CENTERS							
21216 NORTHWEST FREEWAY CYPRESS, TX 77429 62-1619857 8,000. PATIENT SUPPORT (11) HCA MEMORIAL UNIVERSITY 82-1969974 15,000. PATIENT SUPPORT 4700 WATERS AVE SAVANNAH, GA 31404 82-1969974 15,000. PATIENT SUPPORT (12) HCC NETWORK 30-0349221 501(C)(3) 21,100. PATIENT SUPPORT 819 S BUSINESS HWY 13 LEXINGTON, MO 64067 30-0349221 501(C)(3) 21,100. PATIENT SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Total Total Total	55 MERCHANT STREET HO	NOLULU, HI 96813	99-0246363	501(C)(3)	18,908.				PATIENT SUPPORT
(11) HCA MEMORIAL UNIVERSITY 82-1969974 15,000. PATIENT SUPPORT 4700 WATERS AVE SAVANNAH, GA 31404 82-1969974 15,000. PATIENT SUPPORT (12) HCC NETWORK 30-0349221 501(C)(3) 21,100. PATIENT SUPPORT 819 S BUSINESS HWY 13 LEXINGTON, MO 64067 30-0349221 501(C)(3) 21,100. PATIENT SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Table Table Table	(10) HCA HOUSTON HEALT	HCARE NORTH CYPRESS							
47.00 WATERS AVE SAVANNAH, GA 31404 82-1969974 15,000. PATIENT SUPPORT 47.00 Model Support Support Support 47.00 Model Support Support Support 47.00 Model Support Support Support 47.00 Support Support Support Support 47.00 Support Support Support Support 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Support Support	21216 NORTHWEST FREEW	AY CYPRESS, TX 77429	62-1619857		8,000.				PATIENT SUPPORT
(12) HCC NETWORK and a construction of the section for the secting for the section for the secting for the secti	(11) HCA MEMORIAL UNIV	ERSITY							
819 S BUSINESS HWY 13 LEXINGTON, MO 64067 30-0349221 501(C)(3) 21,100. PATIENT SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	4700 WATERS AVE SAVAN	NAH, GA 31404	82-1969974		15,000.				PATIENT SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) HCC NETWORK		_						
									PATIENT SUPPORT
		()()	0	0					

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Inspection Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Department of the organization number Name of the organization MERICAN CANCER SOCIETY, INC. Inspection Part I General Information on Grants and Assistance Inspection 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	SCHEDULE I				Assistance t	-	•		OMB No. 1545-0047		
Complete in the organization answered "res" on Form '990, "part IV, line 21 of 22. Note that the organization in the organization is proceeding somethy. INC. Employe identification number Part II General Information on Grants and Assistance Imploye identification number 13-1184431 Part II General Information on Grants and Assistance? Imploye identification number 13-1184431 Part II General Information on Grants and Assistance? Imploye identification number 13-1184431 2 Describe Information on Grants and Assistance? Imployee identification number 14 (Information on Grants and Assistance?) Imployee identification number 2 Describe Information on Grants and Assistance? Imployee identification number Imployee identification number 2 Describe Information on Grants and Assistance? Imployee identification number Imployee identification number 2 Describe Information on Grants and Assistance? Imployee identification number Imployee identification number 2 Describe Information on Grants and Assistance? Imployee identification number Imployee identification number 2 Describe Information on Grants and	(Form 990)			•					2023		
Department of the Breakey Co to www.kr.g.gov/Form990 for the latest information. Inspection Name of the opprised Employer identification number 11-10895 Valuation Co to www.kr.g.gov/Form990 for the latest information. Employer identification number Valuation Co to www.kr.g.gov/Form990 for the latest information. Interview Part Of Conceral Information contraits and Assistance Interview Interview Interview 2 Describe in Part IV the organization inspinocodures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (P) Purpose of grant grant 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. (P) Purpose of grant grant and base is needed. 1 1(a) Neme and addised organization (b) EN (P) Row of grant grant and base is needed. (P) Purpose of grant grant and base is needed. 1 1(a) Neme and addised organization (b) EN (P) Row of grant grant and base is needed. (P) Purpose of grant grant and base is needed. 1(a) Neme and addised organization (b) EN (P) Row of grant grant g		Com	plete if the o	-		orm 990, Part IV,	line 21 or 22.				
Name of the organization Employer identification number Detected conclus doctory, and 11-1760451 Part Concernal Information on Grants and Assistance 11-1760451 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No 2 Describe in Part IV the organization frame and actions and Comparizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than S5,000. Part II can be duplicated if additional space is needed. (a) Name and address organization (b) Purpose of grant and status or grant and status or than S5,000. Part II can be duplicated if additional space is needed. (b) Purpose of grant or assistance in the selection of grant and status or grant and stat	Department of the Treasury										
NUMERICAN CALLENT, INC. 13-178802 Part General Information or Cants and Assistance Image: Canter of Cante			Go t	o www.irs.gov/	Form990 for the la	test information.					
Part II General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance? reside/initiation of the selection criteria used to award the grants or assistance? reside/initiation of grants or assistance? resid	Name of the organization							Employer identificat	ion number		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Content of the grants or assistance or assistance? Image: Content of the grants or assistance? Image: Conten of the grants or assistanc		· · · · · · · · · · · · · · · · · · ·						13-1788491			
the selection criteria used to award the grans or assistance? Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (i) Purpose of grant or 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. (i) Purpose of grant or governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient (if applicable) (i) Purpose of grant or governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient detection of the satisface for the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient detection of the satisface for the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient detection of grant or governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient detection of grant or governments. Complete its provide detection of grant or governments. Complete its provide detection of governments. Complete its provide detection of governments. Complete its provide detection of the satisface for the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient detection of the satisface for the analytic detection of the satisface for the analytic detection of the satisface for the analytic detection of the analytic detectis detectis detection of the analytic detection of the	Part I General I										
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. I (a) Name address of organization or government (b) EN (b) RC section grant (b) Amount of grant (b) Amou	the selection crit	the selection criteria used to award the grants or assistance? No									
1 (a) Name and address of organization or government (b) EN (c) IRC section (f) applicable (d) Amount of grant (b) Amount of noncash assistance (f) Method of valuation homesh assistance (g) Description of homesh assistance (h) Purpose of grant or assistance (1) IELALTH CASE FIRE. OF NORTH MISSISSIEPTI 501(C)(3) 15,000. FATLENT FATLENT SUPPORT (2) IELALTH CASE FIRE. OF NORTH MISSISSIEPTI 501(C)(3) 60,000. FATLENT SUPPORT (3) IELATING LOCTE STRUET TUPELO, MS 3801 64-0914704 501(C)(3) 60,000. FATLENT SUPPORT (3) IELATING LOCTE MIRTING LINC 65-0504316 501(C)(3) 60,000. FATLENT SUPPORT (4) IELATING COMMINITY HEARLTH CLINC 124 MUNIVERSITY FEORIA, IL 61604 37-1270794 501(C)(3) 10,000. FATLENT SUPPORT (5) IELMOTOLOGY ONCOLOGY 823-4681345 7,500. FATLENT SUPPORT (6) IELMINE MISARACULE, NE INSTITUTE 98-1357020 501(C)(3) 10,000. FATLENT SUPPORT (7) HEANT GOUDE HEALTH CANNER INSTITUTE 94-3036820 501(C)(3) 100,000. FATLENT SUPPORT (9) HEALTH CANNER INSTITUTE 94-3036820 501(C)(3) 120,0	Part II Grants ar	nd Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	es" on Form 990,		
1 (a) Name and address of organization or government (b) EN (c) IRC section (f) applicable (d) Amount of grant (b) Amount of noncash assistance (f) Method of valuation homesh assistance (g) Description of homesh assistance (h) Purpose of grant or assistance (1) IELALTH CASE FIRE. OF NORTH MISSISSIEPTI 501(C)(3) 15,000. FATLENT FATLENT SUPPORT (2) IELALTH CASE FIRE. OF NORTH MISSISSIEPTI 501(C)(3) 60,000. FATLENT SUPPORT (3) IELATING LOCTE STRUET TUPELO, MS 3801 64-0914704 501(C)(3) 60,000. FATLENT SUPPORT (3) IELATING LOCTE MIRTING LINC 65-0504316 501(C)(3) 60,000. FATLENT SUPPORT (4) IELATING COMMINITY HEARLTH CLINC 124 MUNIVERSITY FEORIA, IL 61604 37-1270794 501(C)(3) 10,000. FATLENT SUPPORT (5) IELMOTOLOGY ONCOLOGY 823-4681345 7,500. FATLENT SUPPORT (6) IELMINE MISARACULE, NE INSTITUTE 98-1357020 501(C)(3) 100,000. FATLENT SUPPORT (7) HEANT GOUDE HEALTH CANNEL MISART LINCLE, ME 35415 41-0845733 501(C)(3) 100,000. FATLENT SUPPORT (6) HEINT MISARTHER INSTITUTE 98-1357020 501(C)(3)	Part IV. li	ne 21. for any recipient	hat received	more than \$5	.000. Part II can I	be duplicated if a	additional space is r	needed.			
(1) HEALTH CARE FIN. OF NORTH MISSISSIPT PATIENT SUPPORT 830 SOUTH GLOSTER STREET TUDELO, NS 38801 64-0914704 501(C)(3) 15,000. PATIENT SUPPORT (2) HEALTH CHOICS NETWORK INC 64-0914704 501(C)(3) 60,000. PATIENT SUPPORT (3) HEALTH CHOICS NETWORK INC 64-0914704 501(C)(3) 60,000. PATIENT SUPPORT (3) HEALTH CHOICS NETWORK INC 64-0914704 501(C)(3) 10,000. PATIENT SUPPORT (4) HEARTLAND COMMUNITY HEALTH CLINIC 2241 X UNIVERSITY FRORIA, ID 61604 37-1270794 501(C)(3) 10,000. PATIENT SUPPORT (5) HENDETING VOR VALUES IN FORMALTIN 161604 37-1270794 501(C)(3) 10,000. PATIENT SUPPORT (6) HENNETIN HEALTH CANCE INSTITUTE 7,500. PATIENT SUPPORT PATIENT SUPPORT (7) HENNY FORD HEALTH CANCER INSTITUTE 001(C)(3) 100,000. PATIENT SUPPORT (8) HENNETIN ENT SUPENTINT 94-036420 58-213043 501(C)(3) 112,500. (9) HERLINE CRE SA DEFROIT. NI 48202 58-213043 58-213043 501(C)(3) 12,500. (9) HERLINE CRE ALER HEALTH CANCER INSTITUTE 9	1 (a) Name an	d address of organization		(c) IRC section	(d) Amount of cash	(e) Amount of	•	(g) Description of			
B30 B30 B30 B30 General Barborner B30 B30 B31 General Barborner B31 B31 General Barborner B31 B31 <td>(1) HEALTH CARE FDN.</td> <td>OF NORTH MISSISSIPPI</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1) HEALTH CARE FDN.	OF NORTH MISSISSIPPI									
9064 NN 13TH TERRACE MIAMI, FL 33172 65-0504316 501(C)(3) 60,000. PATIENT SUPPORT (3) HEALTHLINE INC 2401 VALLEY DR VALPARAISO, IN 46383 35-2147791 501(C)(3) 10,000. PATIENT SUPPORT (4) HEALTHLINE INC 214 IN UNIVERSITY PRORIA, IL 61604 37-1270794 501(C)(3) 10,000. PATIENT SUPPORT (5) HEMOTOLOGY ONCOLOGY 8595 FICAMON AVE BATOR NOUGE, LA 70809 82-4681345 7,500. PATIENT SUPPORT (6) HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVENUE MINNEAPOLIS, NN 55415 41-0845733 501(C)(3) 15,569. PATIENT SUPPORT (7) HENRY FOR HEALTH CAREF INSTITUTE 000.000. PATIENT SUPPORT PATIENT SUPPORT (8) HENRY W GRADY HEALTH SYSTEM FOUNDATION 11 PACHTREE ST IN K ATLANTA, GA 30303 58-2130437 501(C)(3) 102,500. PATIENT SUPPORT (9) HERTAGE HEALTH 94-3036820 501(C)(3) 112,500. PATIENT SUPPORT (19) HERALTH PANUTERS, TK ATLANTA, GA 30303 58-2130437 501(C)(3) 12,500. PATIENT SUPPORT (10) HIM HEALTH 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (11) HIGHLAND ER			64-0914704	501(C)(3)	15,000.				PATIENT SUPPORT		
9064 NN 13TH TERRACE MIAMI, FL 33172 65-0504316 501(C)(3) 60,000. PATIENT SUPPORT (3) HEALTHLINE INC 2401 VALLEY DR VALPARAISO, IN 46383 35-2147791 501(C)(3) 10,000. PATIENT SUPPORT (4) HEALTHLINE INC 214 IN UNIVERSITY PRORIA, IL 61604 37-1270794 501(C)(3) 10,000. PATIENT SUPPORT (5) HEMOTOLOGY ONCOLOGY 8595 FICAMON AVE BATOR NOUGE, LA 70809 82-4681345 7,500. PATIENT SUPPORT (6) HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVENUE MINNEAPOLIS, NN 55415 41-0845733 501(C)(3) 15,569. PATIENT SUPPORT (7) HENRY FOR HEALTH CAREF INSTITUTE 000.000. PATIENT SUPPORT PATIENT SUPPORT (8) HENRY W GRADY HEALTH SYSTEM FOUNDATION 11 PACHTREE ST IN K ATLANTA, GA 30303 58-2130437 501(C)(3) 102,500. PATIENT SUPPORT (9) HERTAGE HEALTH 94-3036820 501(C)(3) 112,500. PATIENT SUPPORT (19) HERALTH PANUTERS, TK ATLANTA, GA 30303 58-2130437 501(C)(3) 12,500. PATIENT SUPPORT (10) HIM HEALTH 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (11) HIGHLAND ER	(2) HEALTH CHOICE NET	WORK INC									
2401 VALLEY DR VALPARAISO, IN 46383 35-2147791 501(C)(3) 10,000. PATIENT SUPPORT (4) REARTLAND COMMUNITY HEALTH CLINIC 2214 N UNIVERSITY PEORIA, IL 61604 37-1270794 501(C)(3) 10,000. PATIENT SUPPORT (5) HEMOTOLOGY ONCOLOGY 8535 PICARDY AVE BATON ROUGE, LA 70809 82-4681345 7,500. PATIENT SUPPORT (6) HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVENUE MINNEADOLIS, MN 55415 41-0845733 501(C)(3) 15,569. PATIENT SUPPORT (7) HENRY FORD HEALTH CARCER INSTITUTE 000 000.000. PATIENT SUPPORT 971ENT SUPPORT (8) HENRY N GRADY HEALTH SYSTEM FOUNDATION 701(C)(3) 100,000. PATIENT SUPPORT (9) EREITAGE HEALTH 701 PARCHERE ST NE ATLANTA, GR 30303 58-2130437 501(C)(3) 12,500. PATIENT SUPPORT (10) ENH HEALTH 7400 N MINERAL DR COEUR D ALENE, ID 83815 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (10) ENH HEALTH 7010 N MINERAL DR COEUR D ALENE, ID 83815 94-3036820 501(C)(3) 70,000. PATIENT SUPPORT (10) ENH HEALTH 7543 65-1259379 501(C)(3) 70,000. P			65-0504316	501(C)(3)	60,000.				PATIENT SUPPORT		
2401 VALLEY DR VALPARAISO, IN 46383 35-2147791 501(C)(3) 10,000. PATIENT SUPPORT (4) REARTLAND COMMUNITY HEALTH CLINIC 2214 N UNIVERSITY PEORIA, IL 61604 37-1270794 501(C)(3) 10,000. PATIENT SUPPORT (5) HEMOTOLOGY ONCOLOGY 8535 PICARDY AVE BATON ROUGE, LA 70809 82-4681345 7,500. PATIENT SUPPORT (6) HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVENUE MINNEADOLIS, MN 55415 41-0845733 501(C)(3) 15,569. PATIENT SUPPORT (7) HENRY FORD HEALTH CARCER INSTITUTE 000 000.000. PATIENT SUPPORT 971ENT SUPPORT (8) HENRY N GRADY HEALTH SYSTEM FOUNDATION 701(C)(3) 100,000. PATIENT SUPPORT (9) EREITAGE HEALTH 701 PARCHERE ST NE ATLANTA, GR 30303 58-2130437 501(C)(3) 12,500. PATIENT SUPPORT (10) ENH HEALTH 7400 N MINERAL DR COEUR D ALENE, ID 83815 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (10) ENH HEALTH 7010 N MINERAL DR COEUR D ALENE, ID 83815 94-3036820 501(C)(3) 70,000. PATIENT SUPPORT (10) ENH HEALTH 7543 65-1259379 501(C)(3) 70,000. P	(3) HEALTHLINC INC										
2214 N UNIVERSITY PEORIA, IL 61604 37-1270794 501(C) (3) 10,000. PATIENT SUPPORT (5) HEMOTOLOGY ONCOLOGY 82-4681345 7,500. PATIENT SUPPORT (6) HENNEPIN HEALTHCARE FOUNDATION 701 PARE AVENUE MINNEAPOLIS, NN 55415 11-0845733 501(C) (3) 15,569. PATIENT SUPPORT (7) HENRY FORD HEALTH CANCER INSTITUTE 0 0 PATIENT SUPPORT PATIENT SUPPORT (8) HENRY W GRADY HEALTH SYSTEM FOUNDATION 191 PACHTREE ST NE ATLANKA, GA 30303 58-2130437 501(C) (3) 112,500. PATIENT SUPPORT (9) HERITAGE HEALTH 94-3036820 501(C) (3) 15,600. PATIENT SUPPORT (10) HAM HEALTH 65-1259379 501(C) (3) 15,000. PATIENT SUPPORT (11) HIGHLAND HEALTH FROVIDERS 11-176550 501(C) (3) 70,000. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 54-1652356 501(C) (3) 70,000. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 54-1652356 501(C) (3) 10,000. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 54-1652356 501(C) (3) 10,000. PATIENT SUPPORT		AISO, IN 46383	35-2147791	501(C)(3)	10,000.				PATIENT SUPPORT		
(5) HEMOTOLOGY ONCOLOGY B2-4681345 7,500. PATIENT SUPPORT (6) HENNEPIN HEALTHCARE FOUNDATION 7,500. PATIENT SUPPORT (6) HENNEPIN HEALTHCARE FOUNDATION 7,500. PATIENT SUPPORT (7) HENRY WORD HEALTH CANCER INSTITUTE 9ATIENT SUPPORT PATIENT SUPPORT (8) HENRY WORD HEALTH CANCER INSTITUTE 100,000. PATIENT SUPPORT (9) HERITA GRAPH HEALTH 38-1357020 501(C) (3) 112,500. (9) HERITAGE HEALTH 7400 N MINERAL DR COEUR D ALENE, ID 83815 94-3036820 501(C) (3) 15,000. (10) HIM HEALTH 8515 GREENVILLE AVE DALLAS, TX 75243 65-1259379 501(C) (3) 15,000. (11) HIGHLAND HEALTH POVIDERS 11487 N HIGH ST, STE 102 HILLSBORO, OH 45133 31-176555 501(C) (3) 27,500. (12) HIGHLAND MEDICAL CENTER 120 JACKSON RIVER RD MONTEREY, VA 24465 54-1652356 501(C) (3) 10,000. PATIENT SUPPORT (22) HIGHLAND MEDICAL CENTER 120 JACKSON RIVER RD MONTEREY, VA 24465 54-1652356 501(C) (3) 10,000. PATIENT	(4) HEARTLAND COMMUNI	TY HEALTH CLINIC									
B585 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 CARCER INSTITUTE 41-0845733 501(C)(3) 100,000. PATIENT SUPPORT (8) HENRY W GRADY HEALTH SYSTEM FOUNDATION 38-1357020 501(C)(3) 100,000. PATIENT SUPPORT (9) HERITAGE HEALTH 58-2130437 501(C)(3) 112,500. PATIENT SUPPORT (10) HIM HEALTH 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (10) HIM HEALTH 8515 GREENVILLE AVE DALLAS, TX 75243 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS 11-076550 501(C)(3) 70,000. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 120 JACKSON RIVER RD MONTEREY, VA 24465 501(C)(3) 27,500. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 120 JACKSON RIVER RD MONTEREY, VA 24465 501(C)(3) 10,000. PATIENT SUPPORT (22) ACKSON RIVER RD MONTEREY, VA 24465 54-1652356	2214 N UNIVERSITY PEO	RIA, IL 61604	37-1270794	501(C)(3)	10,000.				PATIENT SUPPORT		
(6) HENNEPIN HEALTHCARE FOUNDATION 41-0845733 501(C)(3) 15,569. PATIENT SUPPORT (7) HARK AVENUE MINNEAPOLIS, MN 55415 41-0845733 501(C)(3) 15,569. PATIENT SUPPORT (7) HENRY FORD HEALTH CANCER INSTITUTE 0NE FORD PLACE 5A DETROIT, MI 48202 38-1357020 501(C)(3) 100,000. PATIENT SUPPORT (8) HENRY W GRADY HEALTH SYSTEM FOUNDATION 191 FEACHTREE 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) HIM HEALTH 8515 GREENVILLE AVE DALLAS, TX 75243 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS 1147.N HIGH ST, STE 102 HILLSBORO, OH 45133 31-1765555 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	(5) HEMOTOLOGY ONCOLO	GY									
701 PARK AVENUE MINNEAPOLIS, MN 55415 41-0845733 501(C)(3) 15,569. PATIENT SUPPORT (7) HENRY FORD HEALTH CANCER INSTITUTE 38-1357020 501(C)(3) 100,000. PATIENT SUPPORT (8) HENRY W GRADY HEALTH SYSTEM FOUNDATION 38-1357020 501(C)(3) 110,000. PATIENT SUPPORT (9) HERITAGE HEALTH 58-2130437 501(C)(3) 112,500. PATIENT SUPPORT (10) HIM HEALTH 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (10) HIM HEALTH 65-1259379 501(C)(3) 15,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 11-765550 501(C)(3) 27,500. PATIENT SUPPORT 120 JACKSON RIVER RD MONTEREY, VA 24465 54-165236 501(C)(3) 10,000. PATIENT SUPPORT 120 JACKSON RIVER RD MONTEREY, VA 24465 54-165236 501(C)(3) 10,000. PATIENT SUPPORT 120 JACKSON RIVER RD MONTEREY, VA 24465 54-165236 501(C)(3) 10,000. PATIENT SUPPORT 120 JACKSON RIVER RD MONTEREY, VA 24465 54-165236 501(C)(3) 10,000. PATIENT	8585 PICARDY AVE BATO	N ROUGE, LA 70809	82-4681345		7,500.				PATIENT SUPPORT		
(7) HENRY FORD HEALTH CANCER INSTITUTE 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 65-1259379 501(C) (3) 15,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS 65-1259379 501(C) (3) 70,000. PATIENT SUPPORT 1487 N HIGH ST, STE 102 HILLSBORO, OH 45133 31-1765550 501(C) (3) 27,500. PATIENT SUPPORT 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 100,000. PATIENT SUPPORT	(6) HENNEPIN HEALTHCA	RE FOUNDATION									
ONE FORD PLACE 5A DETROIT, MI 48202 38-135702 501(C)(3) 100,000. PATIENT SUPPORT (8) HENRY W GRADY HEALTH SYSTEM FOUNDATION 58-2130437 501(C)(3) 112,500. PATIENT SUPPORT 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 100, HHM HEALTH 65-1259379 501(C)(3) 15,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 31-1765550 501(C)(3) 27,500. PATIENT SUPPORT 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	701 PARK AVENUE MINNE	APOLIS, MN 55415	41-0845733	501(C)(3)	15,569.				PATIENT SUPPORT		
(8) HENRY W GRADY HEALTH SYSTEM FOUNDATION patient support 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 7400 N MINERAL DR COEUR D ALENE, ID 83815 94-3036820 501(C)(3) 15,000. patient support 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 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	(7) HENRY FORD HEALTH	CANCER INSTITUTE									
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 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT (1487 N HIGH ST, STE 102 HILLSBORO, OH 45133 31-176550 501(C)(3) 27,500. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 10.000. 10,000. 10,000. PATIENT SUPPORT 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table. 10.000. PATIENT SUPPORT	ONE FORD PLACE 5A DET	ROIT, MI 48202	38-1357020	501(C)(3)	100,000.				PATIENT SUPPORT		
(9) HERITAGE HEALTH 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (10) HERITAGE MEALTH 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT 8515 GREENVILLE AVE DALLAS, TX 75243 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT 1487 N HIGH ST, STE 102 HILLSBORO, OH 45133 31-1765550 501(C)(3) 27,500. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 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 10,000. PATIENT	(8) HENRY W GRADY HEA	LTH SYSTEM FOUNDATION									
7400 N MINERAL DR COEUR D ALENE, ID 83815 94-3036820 501(C)(3) 15,000. PATIENT SUPPORT (10) HHM HEALTH 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT 8515 GREENVILLE AVE DALLAS, TX 75243 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS 65-1259379 501(C)(3) 27,500. PATIENT SUPPORT 1487 N HIGH ST, STE 102 HILLSBORO, OH 45133 31-1765550 501(C)(3) 27,500. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER 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 10,000. PATIENT	191 PEACHTREE ST NE A	TLANTA, GA 30303	58-2130437	501(C)(3)	112,500.				PATIENT SUPPORT		
(10) HHM HEALTH65-1259379501(C)(3)70,000.PATIENT SUPPORT8515 GREENVILLE AVE DALLAS, TX 7524365-1259379501(C)(3)70,000.PATIENT SUPPORT(11) HIGHLAND HEALTH PROVIDERS11-176550501(C)(3)27,500.PATIENT SUPPORT1487 N HIGH ST, STE 102 HILLSBORO, OH 4513331-1765550501(C)(3)27,500.PATIENT SUPPORT(12) HIGHLAND MEDICAL CENTER120 JACKSON RIVER RD MONTEREY, VA 2446554-1652356501(C)(3)10,000.PATIENT SUPPORT2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table1able	(9) HERITAGE HEALTH										
8515 GREENVILLE AVE DALLAS, TX 75243 65-1259379 501(C)(3) 70,000. PATIENT SUPPORT (11) HIGHLAND HEALTH PROVIDERS Image: constraint of the stress of the stre	7400 N MINERAL DR COE	UR D ALENE, ID 83815	94-3036820	501(C)(3)	15,000.				PATIENT SUPPORT		
(11) HIGHLAND HEALTH PROVIDERS and providers providers providers providers 1487 N HIGH ST, STE 102 HILLSBORO, OH 45133 31-176550 501(C)(3) 27,500. providers providers (12) HIGHLAND MEDICAL CENTER 54-1652356 501(C)(3) 10,000. providers providers 120 JACKSON RIVER RD MONTEREY, VA 24465 54-1652356 501(C)(3) 10,000. providers providers 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table table providers providers	(10) HHM HEALTH										
1487 N HIGH ST, STE 102 HILLSBORO, OH 45133 31-1765550 501(C)(3) 27,500. PATIENT SUPPORT (12) HIGHLAND MEDICAL CENTER	8515 GREENVILLE AVE D.	ALLAS, TX 75243	65-1259379	501(C)(3)	70,000.				PATIENT SUPPORT		
(12) HIGHLAND MEDICAL CENTER 54-1652356 501(C)(3) 10,000. PATIENT SUPPORT 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 10,000. PATIENT SUPPORT	(11) HIGHLAND HEALTH P	ROVIDERS									
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	1487 N HIGH ST, STE 1	02 HILLSBORO, OH 45133	31-1765550	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	(12) HIGHLAND MEDICAL	CENTER									
									PATIENT SUPPORT		

SCHEDULE I (Form 990)	Go	overnmei	nts, and Ir	Assistance t ndividuals in	n the United	d States		OMB No. 1545-0047	
	Comj	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.			
Department of the Treasury			Att	tach to Form 990.				Open to Public	
Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection	
Name of the organization							Employer identificat	ion number	
AMERICAN CANCER SOCIET							13-1788491		
Part I General In	formation on Grants and	d Assistanc	e						
1 Does the organiza	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and								
the selection crite	ria used to award the grant	ts or assistanc	e?					Yes No	
2 Describe in Part IV	V the organization's procee	dures for mor	itoring the use	of grant funds in the	e United States.				
Part II Grants and	d Other Assistance to D	omestic Or	anizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.	
	e 21, for any recipient t		-						
			1			•		(1) During a set of second	
	address of organization overnment	(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 CAGU	JAS								
PO BOX 4980 CAGUAS, PR		66-0805404	501(C)(3)	100,000.				PATIENT SUPPORT	
(2) HOLY CROSS HOSPITAL	L								
4725 N FEDERAL HWY FT I		59-0791028	501(C)(3)	10,000.				PATIENT SUPPORT	
(3) HOLYOKE HEALTH CENT	ſER								
230 MAPLE STREET HOLYOK		04-2492730	501(C)(3)	10,000.				PATIENT SUPPORT	
(4) HONORHEALTH FDN VIF	RGINIA G PIPER CANCER CTR								
10460 N 92ND STREET SCC	DTTSDALE, AZ 85258	74-2355411	501(C)(3)	15,000.				PATIENT SUPPORT	
(5) HOPE CANCER RESOURC	CES								
2300 S WALTON BLVD BENT	FONVILLE, AR 72712	71-0595593	501(C)(3)	100,000.				PATIENT SUPPORT	
(6) HOPE CLINIC									
7001 CORPORATE DR STE 1	L20 HOUSTON, TX 77036	20-5200746	501(C)(3)	70,000.				PATIENT SUPPORT	
(7) HOSPITAL ASSOCIATIO	ON OF RHODE ISLAND								
405 PROMENADE STREET PR	ROVIDENCE, RI 02908	05-0275206	501(C)(6)	8,250.				PATIENT SUPPORT	
(8) HOSPITAL SISTERS OF	F ST FRANCIS FDN. INC								
800 E CARPENTER ST SPRI	INGFIELD, IL 62769	37-1186514	501(C)(3)	20,000.				PATIENT SUPPORT	
(9) HOUSTON METHODIST H	HOSPITAL	_							
6565 FANNIN ST HOUSTON,	, TX 77030	74-1180155	501(C)(3)	1,072,000.				SUPPORT/RESEARCH	
(10) HOUSTON METHODIST H	HOSPITAL FOUNDATION								
1707 SUNSET BLVD HOUSTO	DN, TX 77005	76-0094743	501(C)(3)	17,416.				EXTRAMURAL RESEARCH	
(11) HOWARD UNIV. MEDICI	INE AND CANCER CENTER	_							
PO BOX 23122 NEW YORK,	NY 10087-3122	53-0204707	501(C)(3)	52,500.				EXTRAMURAL RESEARCH	
(12) HUNTSVILLE HOSP. FI	ON DR JEANNE SHEPHERD FD	_							
101 SIVLEY ROAD HUNTSVI			501(C)(3)	8,000.				PATIENT SUPPORT	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									
3 Enter total numbe	3 Enter total number of other organizations listed in the line 1 table								

SCHEDULE I (Form 990)	Go	overnmei	nts, and Ir	Assistance t Individuals in	n the United	d States	F	OMB No. 1545-0047	
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.			
Department of the Treasury			At	ach to Form 990.				Open to Public	
Internal Revenue Service		Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection	
Name of the organization							Employer identificat	ion number	
AMERICAN CANCER SOCI	ETY, INC.						13-1788491		
Part I General I	nformation on Grants an	d Assistanc	e						
1 Does the organi	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and								
the selection crit	teria used to award the gran	ts or assistand	e?					Yes No	
2 Describe in Part	: IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants ar	nd Other Assistance to I	Domestic Or	ganizations ar	d Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.	
	ne 21, for any recipient t		-					,	
						•		(1) D	
	d address of organization 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) ICAHN SCHL OF MED) AT MT SINAI								
ONE GUSTAVE L. LEVY P	L NEW YORK, NY 10029	13-6171197	501(C)(3)	3,632,000.				SUPPORT/RESEARCH	
(2) IMD GUEST HOUSE F	OUNDATION								
1933 WEST POLK ST CHI		36-4284387	501(C)(3)	70,000.				PATIENT SUPPORT	
(3) IN TIME OF NEED F	OUNDATION								
1839 E INDEPEND. ST S		82-3114198	501(C)(3)	10,000.				PATIENT SUPPORT	
(4) INDIANA UNIVERSIT	Ϋ́								
PO BOX 78000 DETROIT,	MI 48278	35-1990726	501(C)(3)	1,650,919.				EXTRAMURAL RESEARCH	
(5) INFIRMARY CANCER	CARE								
5 MOBILE INFIRMARY CI	RCLE MOBILE, AL 36607	63-0891904	501(C)(3)	40,000.				PATIENT SUPPORT	
(6) INOVA HEALTH CARE	SERVICES								
8110 GATEHOUSE ROAD F	ALLS CHURCH, VA 22042	54-0620889	501(C)(3)	10,000.				PATIENT SUPPORT	
(7) INTEGRIS HEALTH									
5911 W MEMORIAL RD OK	LAHOMA CITY, OK 73142	73-1034824	501(C)(3)	20,000.				PATIENT SUPPORT	
(8) INTERMOUNTAIN HEA	LTHCARE FOUNDATION								
36 SOUTH STATE ST SAL	T LAKE CITY, UT 84111	80-0225150	501(C)(3)	35,000.				PATIENT SUPPORT	
(9) IOWA HEALTH FOUND	DATION								
1415 WOODLAND AVE DES	MOINES, IA 50309	42-1467682	501(C)(3)	20,000.				PATIENT SUPPORT	
(10) J.B.R. ENTERTAINM	IENT CORP								
8249 NW 36 ST, STE 20	2 MIAMI, FL 33166	84-4564201		10,000.				HISPANIC CELEBRITIES	
(11) JEN'S FRIENDS CAN	CER FOUNDATION								
PO BOX 1842 NORTH CON	WAY, NH 03860	02-0501295	501(C)(3)	10,262.				PATIENT SUPPORT	
(12) JOE DIMAGGIO CHIL	DRENS HOSPITAL FDN. INC								
3329 JOHNSON ST HOLLY			501(C)(3)	6,000.				PATIENT SUPPORT	
2 Enter total numb	per of section 501(c)(3) and	government o	organizations lis	ted in the line 1 tak	ble				
3 Enter total numb	3 Enter total number of other organizations listed in the line 1 table								

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990)			•	ndividuals in				2023
	Cor	nplete if the o	-	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identific	ation number
AMERICAN CANCER SOCI							13-1788491	
	nformation on Grants a							
the selection crit	zation maintain records to teria used to award the gra IV the organization's proc	ints or assistanc	e?					d Yes No
Part II Grants an	nd Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	/ernments. Com	plete if the organiz	ation answered	'Yes" on Form 990,
Part IV, li	ne 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
1 (a) Name an	d address of organization 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) JOHN MUIR HEALTH	FOUNDATION							
1400 TREAT BOULEVARD	WALNUT CREEK, CA 94597	94-2650855	501(C)(3)	20,000.				PATIENT SUPPORT
(2) JOHNS HOPKINS UNI	VERSITY							
12529 COLLECTION CTR	DR CHICAGO, IL 60693	52-0591627	501(C)(3)	1,839,333.				EXTRAMURAL RESEARCH
(3) JPS FOUNDATION								
1500 MAIN ST FORT WOR	TH, TX 76104	75-2717782	501(C)(3)	120,000.				PATIENT SUPPORT
(4) KAISER FDN. HEALT	H 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 CHICA	GO, IL 60602	83-3594048	501(C)(3)	40,000.				PATIENT SUPPORT
(6) KALEIDA HEALTH								
115 FLINT ROAD WILLIA	MSBURG, NY 14221	16-1533232	501(C)(3)	25,000.				PATIENT SUPPORT
(7) KARMANOS CANCER I	NSTITUTE							
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 CANCE	R FOUNDATION							
6501 TRUXTUN AVE BAKE	RSFIELD, CA 93309	85-3730553	501(C)(3)	6,000.				PATIENT SUPPORT
(10) KERN MEDICAL FOUN	DATION							
3511 UNION AVE BAKERS	FIELD, CA 93305	36-4642420	501(C)(3)	7,000.				PATIENT SUPPORT
(11) KETTERING MEDICAL	CENTER FOUNDATION							
3535 SOUTHERN BLVD KE	TTERING, 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
2 Enter total numb	per of section 501(c)(3) and	d government	organizations lis	sted in the line 1 tal	ole			
3 Enter total numb	per of other organizations I	isted in the line	1 table					

Complete if the organization answerde "tes" on Form 90. Open to Itspect Insert of the Treasury Internal Revenue Service Construction Contents on the Service Employer identification number Number of the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ortheria used to award the grants or assistance or assistance or assistance to Domestic Organizations and Aussister Complete if the organization answered "Yes" on F Yes Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) EN (b) EN (b) EN (c) EN (c) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) Part IV, line 21, space spac	(Form 990) Go	rm 990) Governments, and Individuals in the United States								
Dependent of the Tessard Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization Employer identification number 13-1788491 Matter of 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? 13-1788491 PartII General Information on Grants and Assistance?	Com	plete if the or	-			, line 21 or 22.		20 23		
Name of the organization Employer identification number 13-1786491 PARTI General Information on Grants and Assistance 13-1786491 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Yes 2 Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States. Yes PartIII Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on F Part IV, line 21, for any recipient that received more than S5,000. Part II can be duplicated if additional space is needed. Image: state	Department of the Treasury							Open to Public		
ADDRESSON CARCER SOCIETY, INC. Partial Partial Partial Partial Partial Portation contrains and societs and basistance Partial Society of an advance of a 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? Partial Part		Go t	o www.irs.gov/	Form990 for the la	atest information.			Inspection		
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eigibility for the grants or assistance, and the selection criteria used to award the grants or assistance. Image: Control of Control	Name of the organization						Employer identificat	ion number		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Content of the selection criteria used to award the grants or assistance? Image: Content of the selection criteria used to award the grants or assistance? Image: Content of the organization and both the selection criteria used to award the grants or assistance to Domestic Corganizations and Domestic Governments. Complete if the organization answered "Yes" on F 2 Text U, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Part U, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Description of or organization or government. (ii) Description of or organization or government. (ii) Description of or organization or government. (iii) Description of organization or government. (iii) Description of organization or government. (iii) Description of organization organization assistance. (iii) Description of organization organization organization organization assistance. (iii) Description of organization organization organization assistance. (iii) Description of organization organization organizatio							13-1788491			
the selection oriteria used to award the grants or assistance?										
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 dupters of organization (b) EIN (c) REC section (c) Amount of each of additional space is needed. (1) KONAL DESAT 8D INC (c) EIN (c) REC section (c) Amount of each of additional space is needed. (1) KONAL DESAT 8D INC (b) EIN (c) REC section (c) Amount of each of additional space is needed. (1) KONAL DESAT 8D INC (c) Additional space is needed. (c) Amount of each of additional space is needed. (1) KONAL DESAT 8D INC (c) Additional space is needed. (c) Amount of each of additional space is needed. (1) KONAL DESAT 8D INC (c) Additional space is needed. (c) Amount of each of additional space is needed. (1) Additional DR Bakensprintley, ca 93306 86-3078979 10,000. (c) Amount of each of additional space is needed. (1) Lake Lake CHARLES 1 (a) Name of additional space is needed. (c) Additional space is needed. (c) Additional space is needed. (1) Lake CHARLES 1 (a) Name of additional space is needed. (c) Additional space is needed. (c) Additional space is needed. (1) Lake CHARLES 1 (a) Namo of additional sp	1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and			
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on F 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) Nome and address of organization or government (b) EIN (c) RC section (f applicable) (d) Amount of arrange in moncash assistance (f) Pure innocash assistance (f) Pure innoncash assistance (f) Pure innocash assistance <th>5</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Yes No</th>	5							Yes No		
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) EN (c) PC section of (if applicable) (d) Amount of cash organization on oncesh assistance (g) Method of valuability, apprinting. (g) Description of noncesh assistance (h) Purg or an oncesh assistance (1) KOMAL DESAI ND INC 84-807897 10,000. PATLENT 6 PATLENT 6 (2) LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY 9420 ATRENA CIRCLE LA JOLLA, CA 92037 31-0328688 501(C)(3) 14,000. PATLENT 6 (3) LARE CIRCLE LA JOLLA, CA 92037 31-0328688 501(C)(3) 10,807. PATLENT 6 (3) LARE CIRCLE LA JOLLA, CA 92037 31-0328688 501(C)(3) 10,807. PATLENT 6 (3) LARE CIRCLE CIARLES, LA 70601 72-0551863 501(C)(3) 10,807. PATLENT 6 (3) LARE CIRCLE CIARLES, LA 70601 72-0551863 501(C)(3) 20,000. PATLENT 6 (3) LARE CIRCLE ARELES, LA 70601 72-0551863 501(C)(3) 20,000. PATLENT 6 (3) LARE CIRCLE ARELES, LA 70601 72-0551863 501(C)(3) 20,000. PATLENT 6 </th <th>2 Describe in Part IV the organization's proce</th> <th>dures for mor</th> <th>nitoring the use</th> <th>of grant funds in the</th> <th>e United States.</th> <th></th> <th></th> <th></th>	2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.					
1 (a) Name and address of organization or government (b) EIN (c) EIN (c) PUT (d) Address of organization or government (b) EIN (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) PUT (c) PU	Part II Grants and Other Assistance to I	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	'es" on Form 990,		
1 (a) Name and address of organization or government (b) EIN (c) EIN (c) PUT (d) Address of organization or government (b) EIN (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) Address (c) PUT (d) PUT (c) PU	Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.			
(1) KOMAL DESAI MD INC 66-3078979 10,000. PATIENT 5 (2) LA JOLA INSTITUTE FOR ALLERGY 4 IMMUNOLOGY 930 ATHEN CIRCLE LA JOLLA, CA 92037 33-0328688 501(C)(3) 14,000. EXTEMMENT (3) LAKE CHARLES IAN TOLA, CA 92037 33-0328688 501(C)(3) 14,000. EXTEMMENT (3) LAKE CHARLES LA 70601 72-0551963 501(C)(3) 10,807. PATIENT 5 (4) LAKELAND REGIONAL HEALTH SYS 134 LAKELAND HILS BLVD LAKE CHARLES, LA 70601 72-0551963 501(C)(3) 20,000. PATIENT 5 (3) LAKE OF THE AMERICAS NEW YORK, NY 10011 03-0496719 501(C)(7) 10,000. PATIENT 5 (3) LAKE OF THE AMERICAS NEW YORK, NY 10011 03-0496719 501(C)(7) 10,000. PATIENT 5 (4) LAKELAND HILS BLVD LAKE CHARLER 36-3308953 501(C)(3) 37,500. PATIENT 5 (4) LAKE AND YORK, NY 10011 03-0496719 501(C)(3) 120,000. PATIENT 5 (4) LAKE MORDIA LITH SYST FINITH REG CANCER CTR 1415 CALIFORNIA ST HOUSTON, TX 77006 76-0009637 501(C)(3) 30,000. PATIENT 5 (4) LEK MENGRIAL ALTH SYST FINITH	1 (a) Name and address of organization		(c) IRC section	(d) Amount of cash	(e) Amount of	•	(g) Description of	(h) Purpose of grant or assistance		
4500 MORNING DR BAKERSFIELD, CA 93306 86-3078979 10,000. PATIENT 5 (2) LA JOLLA INSTITUTE FOR ALLERGY & LAMUNOLOGY 9420 ATHEMA CIRCLE LA JOLLA, CA 92037 33-0328688 501(C)(3) 14,000. RXTRAMURA (3) LAKE CHARLES (3) LAKE CHARLES, LA 70601 72-0551963 501(C)(3) 10,807. PATIENT 5 (4) LAKELAND REGIONAL HEALTH SYS 1324 LAKELAND REGIONAL HEALTH SYS 1324 LAKELAND REGIONAL HEALTH SYS 1324 LAKELAND HILLS BLVD LAKELAND, FL 33805 59-2650464 501(C)(3) 20,000. PATIENT 5 (5) LAMEDA FFATERNITY 511 AVE OF THE AMERICAS NEW YORK, NY 10011 03-0496719 501(C)(7) 10,000. HEALTH EX (6) LANDOLE CIRCISTIAN HEALTH CENTER 36-3308953 501(C)(3) 37,500. PATIENT 5 (7) LEE MEMORIAL HITH SYST FNITTIN EGO CANCER CTR 8931 COLONTAL CTR TORT MEES, FL 33905 59-0714812 501(C)(3) 120,000. PATIENT 5 (9) LEGACY COMMINITY HEALTH FOUNDATION 70-009637 501(C)(3) 120,000. PATIENT 5 (10) LEHIGH VALLEY HOSTION, FA 18103 23-1689692 501(C)(3) 10,000. PATIENT 5 (10) LENGON KADOLAL LANE WEST COLUMEDA, SC 29169 <t< td=""><td>(1) KOMAL DESAL MD INC</td><td></td><td></td><td></td><td></td><td>,</td><td></td><td></td></t<>	(1) KOMAL DESAL MD INC					,				
(2) LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY 33-0328688 501(C)(3) 14,000. EXTRAMUEA (3) LAKE CHARLES 33-0328688 501(C)(3) 14,000. EXTRAMUEA (4) LAKELAND LAKE CHARLES, LA 70601 72-0551963 501(C)(3) 10,807. PATIENT 5 (14) LAKELAND HILLS BLVD LAKE CHARLES, LA 70601 59-2650464 501(C)(3) 20,000. PATIENT 5 (15) LAMBDA UFSILON LARELAND, FL 33805 59-2650464 501(C)(7) 10,000. PATIENT 5 (15) LAMBDA UFSILON LAREALAND, FL 33805 59-2650464 501(C)(7) 10,000. PATIENT 5 (16) LANNDALE CHRISTIAN HEALTH CENTER 336-3308953 501(C)(3) 37,500. PATIENT 5 (3) LEGACY COMMUNITY HEALTH SYCS 115 COLNIAL CTR FORT MYERS, FL 33905 59-0714812 501(C)(3) 120,000. PATIENT 5 (3) LEGACY COMMUNITY HEALTH SYCS 1415 CALIFORNIA ST HOUSDANTON PATIENT 5 120,000. PATIENT 5 (16) LEGACY COMMUNITY HEALTH SYCS 1415 CALIFORNIA ST HOUSDANTON PATIENT 5 120,000. PATIENT 5 (16) LEGACY COMMUNITY HEALTH SYCS 1415 CALIFORNIA ST HOUSDANTON PATIENT 5 120,00		86-3078979		10 000				PATIENT SUPPORT		
9420 ATHENA CIRCLE LA JOLLA, CA 92037 33-0328688 501(C)(3) 14,000. EXTRAMURAL (3) LAKE CHARLES 1701 OAK PARK BLVD LAKE CHARLES, LA 70601 72-0551963 501(C)(3) 10,807. PATIENT 5 (4) LAKELAND REGIONAL HEALTH SYS 1334 OLAKELAND, FL 33805 59-2650464 501(C)(3) 20,000. PATIENT 5 (5) LAMEDA UPSILON LAMELAND, FL 33805 59-2650464 501(C)(7) 10,000. NEALTH 5 (16) LAMEDA UPSILON LAMERAND, FL 33805 59-2650464 501(C)(7) 10,000. NEALTH 5 (16) LAMEDALE CHRISTIAN HEALTH CENTER 36-3308953 501(C)(3) 37,500. PATIENT 5 (306 UN GOERA NZE CHICAGO, IL 60623 36-3308953 501(C)(3) 37,500. PATIENT 5 (31 LEGRACY COMMUNITY HEALTH SVCS 1415 CALIFORT MYERS, FL 33905 59-0714812 501(C)(3) 30,000. PATIENT 5 (40) LEGRACY COMMUNITY HEALTH SVCS 1415 CALIFORTIAN OR 97208 46-5562403 501(C)(3) 10,000. PATIENT 5 (10) LERIGRY VALLEY HOSPITAL INC 23-1689692 501(C)(3) 10,000. PATIENT 5 (10) LERIGRY VALLEY HOSPITAL INC 23-1689692 </td <td></td> <td></td> <td></td> <td>10,000.</td> <td></td> <td></td> <td></td> <td>Infibit Borrow</td>				10,000.				Infibit Borrow		
(3) LAKE CHARLES (3) LAKE CHARLES (3) LAKE CHARLES, LA 70601 72-0551963 501(C)(3) 10,807. PATIENT 5 1701 OAK PARK BLVD LAKE CHARLES, LA 70601 72-0551963 501(C)(3) 10,807. PATIENT 5 (4) LAKELAND REGIONAL HEALTH SYS 59-2650464 501(C)(3) 20,000. PATIENT 5 1324 LAKELAND HILS BLVD LAKELAND, FL 33805 59-2650464 501(C)(7) 10,000. PATIENT 5 (5) LANEDA UPSILON LAMEDA FRATERNITY 0-0496719 501(C)(7) 10,000. PATIENT 5 (6) LANNDALE CHRISTIAN HEALTH CENTER 36-3308953 501(C)(3) 37,500. PATIENT 5 (7) LEE MEMORIAL HLTH SYST FNUTH REG CANCER CTR 36-3308953 501(C)(3) 120,000. PATIENT 5 (8) LEGACY COMMUNITY HEALTH SVCS 1415 CALIFORNIA ST HOUSTON, TX 77006 76-0009637 501(C)(3) 30,000. PATIENT 5 (9) LEGACY COMMUNITY MEALTH FOUNDATION 70-000647 501(C)(3) 10,000. PATIENT 5 (10) LEHNIGH VALEY HOSPITAL INC 23-1689692 501(C)(3) 10,000. PATIENT 5 (10) LEHNIGH VALEY HOSPITAL INC 23-1689692 501(C)(3) <		33-0328688	501(C)(3)	14,000				EXTRAMURAL RESEARCH		
1701 OAK PARK BLVD LAKE CHARLES, LA 70601 72-0551963 501(C)(3) 10,807. PATIENT 5 (4) LAKELAND REGIONAL HEALTH SYS 1324 LAKELAND, FLI 33805 59-2650464 501(C)(3) 20,000. PATIENT 5 (5) LAWEDA UPSILON LAMEDA FRATERNITY 59-2650464 501(C)(7) 10,000. PATIENT 5 (6) LAMEDA UPSILON LAMEDA FRATERNITY 50-2650464 501(C)(7) 10,000. PATIENT 5 (6) LAMEDA UPSILON LAMEDA FRATERNITY 50-2650464 501(C)(7) 10,000. PATIENT 5 (7) LEE MEMORIAL HEALTH ECHTER 36-3308953 501(C)(3) 37,500. PATIENT 5 (7) LEE MEMORIAL HLTH SYST FNDTN REG CANCER CTR 59-0714812 501(C)(3) 120,000. PATIENT 5 (7) LEE MEMORIAL HLTH SYCS 59-0714812 501(C)(3) 30,000. PATIENT 5 (8) LEGACY COMMUNITY HEALTH SVCS 100,000. PATIENT 5 100,000. PATIENT 5 (9) LEGACY COMMUNITY HEALTH SUCS 100,000. PATIENT 5 100,000. PATIENT 5 (10) LEHIGH VALLEY HOSPITAL INC 23-1689692 501(C)(3) 10,000. PATIENT 5 (10) LEHIGH VALLEY			501(0)(5)	11,0001						
(4) LAKELAND REGIONAL HEALTH SYS patient 5 1324 LAKELAND HILLS BLVD LAKELAND, FL 33805 59-2650464 501(C)(3) 20,000. patient 5 (5) LAMBDA UPSILON LAMEDA FRATERNITY 511 AVE OF THE AMERICAS NEW YORK, NY 10011 03-0496719 501(C)(7) 10,000. HEALTH EC (6) LAWNDALE CHRISTIAN HEALTH CENTER 36-3308953 501(C)(3) 37,500. Patient 5 (7) LEE MERORIAL HILTH SYST FNDTN REG CANCER CTR 931 COLONIAL CTR FORT MYERS, FL 33905 59-0714812 501(C)(3) 120,000. Patient 5 (8) LEGACY COMMUNITY HEALTH SYCS 1415 CALIFORNIA ST HOUSTON, TX 77006 76-0009637 501(C)(3) 30,000. Patient 5 (9) LEGACY HEALTH FOUNDATION 46-5562403 501(C)(3) 10,000. Patient 5 90 LOGA YHEALTH FOUNDATION 23-1689692 501(C)(3) 10,000. Patient 5 (10) LEHIGH VALLEY HOSPITAL INC 23-1689692 501(C)(3) 15,000. Patient 5 (11) LEXINGTON MEICAL CENTER FUNDATION 110 E MEDICAL CENTER FUNDATION 115,000. Patient 5 110 LEHIGH VALLEY HOSPITAL INC 110,000. PATIENT 5 110,000. PATIENT 5 <td></td> <td>72-0551963</td> <td>501(C)(3)</td> <td>10,807.</td> <td></td> <td></td> <td></td> <td>PATIENT SUPPORT</td>		72-0551963	501(C)(3)	10,807.				PATIENT SUPPORT		
1324 LAKELAND HILLS BLVD LAKELAND, FL 33805 59-2650464 501(C)(3) 20,000. PATIENT 5 (5) LAMEDA UPSILON LAMEDA FRATERNITY 03-0496719 501(C)(7) 10,000. HEALTH 60 511 AVE OF THE AMERICAS NEW YORK, NY 10011 03-0496719 501(C)(7) 10,000. HEALTH 60 (6) LAWNDALE CHRISTIAN HEALTH CENTER 36-3308953 501(C)(3) 37,500. PATIENT 5 3860 W OGDEN AVE CHICAGO, IL 60623 36-3308953 501(C)(3) 120,000. PATIENT 5 (7) LEE MEMORIAL HLTH SYST FNDIN REG CANCER CTR 8931 COLONIAL CTR FORT MYERS, FL 33905 59-0714812 501(C)(3) 120,000. PATIENT 5 (8) LEGACY COMMUNITY HEALTH SVCS 1415 CALIFORNIA ST HOUSTON, TX 77006 76-0009637 501(C)(3) 30,000. PATIENT 5 (9) LEGACY HEALTH FOUNDATION 76-0009637 501(C)(3) 10,000. PATIENT 5 (10) LEHIGH VALLEY HOSPITAL INC 100 COLON A 4500 UNIT 96 FORTLAND, OR 97208 46-5562403 501(C)(3) 10,000. PATIENT 5 2100 MACK BLVD, 4TH FL ALLENTOWN, PA 18103 23-1689692 501(C)(3) 15,000. PATIENT 5 110 E MEDICAL LANE WEST COLUMBIA, SC 29169 57-0906045 501(C)(3) 15,000. PATIE										
(5) LAMBDA UPSILON LAMBDA FRATERNITY 03-0496719 501(C)(7) 10,000. HEALTH EQ 511 AVE OF THE AMERICAS NEW YORK, NY 10011 03-0496719 501(C)(7) 10,000. HEALTH EQ (6) LAWNDALE CHRISTIAN HEALTH CENTER 36-3308953 501(C)(3) 37,500. PATIENT S 3860 W OGDEN AVE CHICAGO, IL 60623 36-3308953 501(C)(3) 37,500. PATIENT S (7) LEE MEMORIAL HLTH SYST FNDTN REG CANCER CTR B931 COLONIAL CTR FORT MYERS, FL 33905 59-0714812 501(C)(3) 120,000. PATIENT S (8) LEGACY COMMUNITY HEALTH SVCS 1415 CALIFORNIA ST HOUSTON, TX 77006 76-0009637 501(C)(3) 30,000. PATIENT S (9) LEGACY HEALTH FOUNDATION PO PO 501(C)(3) 10,000. PATIENT S (10) LEGIACY HEALTH FOUNDATION PO PATIENT S PATIENT S 2100 MACK BLVD, 4TH FL ALLENTOWN, PA 18103 23-1689692 501(C)(3) 15,000. PATIENT S (11) LEXINGTON MEDICAL CENTER FOUNDATION PATIENT S PATIENT S PATIENT S 110		59-2650464	501(C)(3)	20,000.				PATIENT SUPPORT		
511 AVE OF THE AMERICAS NEW YORK, NY 10011 03-0496719 501(C)(7) 10,000. HEALTH EQ (6) LAWNDALE CHRISTIAN HEALTH CENTER 36-3308953 501(C)(3) 37,500. PATIENT 5 3860 W OGDEN AVE CHICAGO, IL 60623 36-3308953 501(C)(3) 37,500. PATIENT 5 (7) LEE MEMORIAL HLTH SYST FNDTN REG CANCER CTR 59-0714812 501(C)(3) 120,000. PATIENT 5 (8) LEGACY COMMUNITY HEALTH SVCS 59-0714812 501(C)(3) 30,000. PATIENT 5 (14) LEXINGTON NA TX 77006 76-0009637 501(C)(3) 30,000. PATIENT 5 (9) LEGACY HEALTH FOUNDATION 46-5562403 501(C)(3) 10,000. PATIENT 5 (10) LEHIGH VALLEY HOSPITAL INC 23-1689692 501(C)(3) 15,000. PATIENT 5 (11) LEXINGTON MEDICAL CENTER FOUNDATION 110 E MEDICAL LANE WEST COLUMBIA, SC 29169 57-0906045 501(C)(3) 15,000. PATIENT 5 (12) LIFELONG MEDICAL CARE 57-0906045 501(C)(3) 15,000. PATIENT 5	(5) LAMBDA UPSILON LAMBDA FRATERNITY									
3860 W OGDEN AVE CHICAGO, IL 6062336-3308953501(C)(3)37,500.PATIENT 5(7) LEE MEMORIAL HLTH SYST FNDTN REG CANCER CTR 8331 COLONIAL CTR FORT MYERS, FL 3390559-0714812501(C)(3)120,000.PATIENT 5(8) LEGACY COMMUNITY HEALTH SYCS1415 CALIFORNIA ST HOUSTON, TX 7700676-0009637501(C)(3)30,000.PATIENT 5(9) LEGACY HEALTH FOUNDATION PO BOX 4500 UNIT 96 PORTLAND, OR 9720846-5562403501(C)(3)10,000.PATIENT 5(10) LEHIGH VALLEY HOSPITAL INC 2100 MACK BLVD, 4TH FL ALLENTOWN, PA 1810323-1689692501(C)(3)15,000.PATIENT 5(11) LEXINGTON MEDICAL CENTER FOUNDATION 110 E MEDICAL LANE WEST COLUMBIA, SC 2916957-0906045501(C)(3)15,000.PATIENT 5(12) LIFELONG MEDICAL CARE51-0906045501(C)(3)15,000.PATIENT 5		03-0496719	501(C)(7)	10,000.				HEALTH EQ AMBASSADO		
3860 W OGDEN AVE CHICAGO, IL 6062336-3308953501(C)(3)37,500.PATIENT 5(7) LEE MEMORIAL HLTH SYST FNDTN REG CANCER CTR 8331 COLONIAL CTR FORT MYERS, FL 3390559-0714812501(C)(3)120,000.PATIENT 5(8) LEGACY COMMUNITY HEALTH SYCS1415 CALIFORNIA ST HOUSTON, TX 7700676-0009637501(C)(3)30,000.PATIENT 5(9) LEGACY HEALTH FOUNDATION PO BOX 4500 UNIT 96 PORTLAND, OR 9720846-5562403501(C)(3)10,000.PATIENT 5(10) LEHIGH VALLEY HOSPITAL INC 2100 MACK BLVD, 4TH FL ALLENTOWN, PA 1810323-1689692501(C)(3)15,000.PATIENT 5(11) LEXINGTON MEDICAL CENTER FOUNDATION 110 E MEDICAL LANE WEST COLUMBIA, SC 2916957-0906045501(C)(3)15,000.PATIENT 5(12) LIFELONG MEDICAL CARE51-0906045501(C)(3)15,000.PATIENT 5	(6) LAWNDALE CHRISTIAN HEALTH CENTER									
8931 COLONIAL CTR FORT MYERS, FL 33905 59-0714812 501(C)(3) 120,000. PATIENT 5 (8) LEGACY COMMUNITY HEALTH SVCS 76-0009637 501(C)(3) 30,000. PATIENT 5 (9) LEGACY HEALTH FOUNDATION 76-0009637 501(C)(3) 10,000. PATIENT 5 (10) LEHIGH VALLEY HOSPITAL INC 23-1689692 501(C)(3) 15,000. PATIENT 5 (11) LEXINGTON MEDICAL CENTER FOUNDATION 110 E MEDICAL LANE WEST COLUMBIA, SC 29169 57-0906045 501(C)(3) 15,000. PATIENT 5 (12) LIFELONG MEDICAL CARE 57-0906045 501(C)(3) 15,000. PATIENT 5		36-3308953	501(C)(3)	37,500.				PATIENT SUPPORT		
(8) LEGACY COMMUNITY HEALTH SVCS76-0009637501(C)(3)30,000.PATIENT S1415 CALIFORNIA ST HOUSTON, TX 7700676-0009637501(C)(3)30,000.PATIENT S(9) LEGACY HEALTH FOUNDATIONPO BOX 4500 UNIT 96 PORTLAND, OR 9720846-5562403501(C)(3)10,000.PATIENT SPO BOX 4500 UNIT 96 PORTLAND, OR 9720846-5562403501(C)(3)10,000.PATIENT S(10) LEHIGH VALLEY HOSPITAL INC23-1689692501(C)(3)15,000.PATIENT S2100 MACK BLVD, 4TH FL ALLENTOWN, PA 1810323-1689692501(C)(3)15,000.PATIENT S(11) LEXINGTON MEDICAL CENTER FOUNDATIONF7-0906045501(C)(3)15,000.PATIENT S110 E MEDICAL LANE WEST COLUMBIA, SC 2916957-0906045501(C)(3)15,000.PATIENT S(12) LIFELONG MEDICAL CAREImage: Columbia set of the set of	(7) LEE MEMORIAL HLTH SYST FNDTN REG CANCER CTR									
1415 CALIFORNIA ST HOUSTON, TX 7700676-009637501(C)(3)30,000.PATIENT S(9) LEGACY HEALTH FOUNDATION46-5562403501(C)(3)10,000.PATIENT SPO BOX 4500 UNIT 96 PORTLAND, OR 9720846-5562403501(C)(3)10,000.PATIENT S(10) LEHIGH VALLEY HOSPITAL INC23-1689692501(C)(3)15,000.PATIENT S2100 MACK BLVD, 4TH FL ALLENTOWN, PA 1810323-1689692501(C)(3)15,000.PATIENT S(11) LEXINGTON MEDICAL CENTER FOUNDATION57-0906045501(C)(3)15,000.PATIENT S(12) LIFELONG MEDICAL CARELLLLPATIENT S	8931 COLONIAL CTR FORT MYERS, FL 33905	59-0714812	501(C)(3)	120,000.				PATIENT SUPPORT		
(9) LEGACY HEALTH FOUNDATIONAddressionPATIENT SPO BOX 4500 UNIT 96 PORTLAND, OR 9720846-5562403501(C)(3)10,000.PATIENT S(10) LEHIGH VALLEY HOSPITAL INC23-1689692501(C)(3)15,000.PATIENT S2100 MACK BLVD, 4TH FL ALLENTOWN, PA 1810323-1689692501(C)(3)15,000.PATIENT S(11) LEXINGTON MEDICAL CENTER FOUNDATION10 E MEDICAL LANE WEST COLUMBIA, SC 2916957-0906045501(C)(3)15,000.PATIENT S(12) LIFELONG MEDICAL CAREImage: Columbia and the second s	(8) LEGACY COMMUNITY HEALTH SVCS									
PO BOX 4500 UNIT 96 PORTLAND, OR 97208 46-5562403 501(C)(3) 10,000. PATIENT 9 (10) LEHIGH VALLEY HOSPITAL INC 23-1689692 501(C)(3) 15,000. PATIENT 9 2100 MACK BLVD, 4TH FL ALLENTOWN, PA 18103 23-1689692 501(C)(3) 15,000. PATIENT 9 (11) LEXINGTON MEDICAL CENTER FOUNDATION 57-0906045 501(C)(3) 15,000. PATIENT 9 (12) LIFELONG MEDICAL CARE 57-0906045 501(C)(3) 15,000. PATIENT 9	1415 CALIFORNIA ST HOUSTON, TX 77006	76-0009637	501(C)(3)	30,000.				PATIENT SUPPORT		
(10) LEHIGH VALLEY HOSPITAL INC23-1689692501(C)(3)15,000.PATIENT S2100 MACK BLVD, 4TH FL ALLENTOWN, PA 1810323-1689692501(C)(3)15,000.PATIENT S(11) LEXINGTON MEDICAL CENTER FOUNDATION57-0906045501(C)(3)15,000.PATIENT S110 E MEDICAL LANE WEST COLUMBIA, SC 2916957-0906045501(C)(3)15,000.PATIENT S(12) LIFELONG MEDICAL CARE	(9) LEGACY HEALTH FOUNDATION									
2100 MACK BLVD, 4TH FL ALLENTOWN, PA 18103 23-1689692 501(C)(3) 15,000. PATIENT 5 (11) LEXINGTON MEDICAL CENTER FOUNDATION 57-0906045 501(C)(3) 15,000. PATIENT 5 (12) LIFELONG MEDICAL CARE	PO BOX 4500 UNIT 96 PORTLAND, OR 97208	46-5562403	501(C)(3)	10,000.				PATIENT SUPPORT		
(11) LEXINGTON MEDICAL CENTER FOUNDATION 57-0906045 501(C)(3) 15,000. PATIENT S 110 E MEDICAL LANE WEST COLUMBIA, SC 29169 57-0906045 501(C)(3) 15,000. PATIENT S (12) LIFELONG MEDICAL CARE	(10) LEHIGH VALLEY HOSPITAL INC									
110 E MEDICAL LANE WEST COLUMBIA, SC 29169 57-0906045 501(C)(3) 15,000. PATIENT S (12) LIFELONG MEDICAL CARE PATIENT S	2100 MACK BLVD, 4TH FL ALLENTOWN, PA 18103	23-1689692	501(C)(3)	15,000.				PATIENT SUPPORT		
(12) LIFELONG MEDICAL CARE	(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		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak						

SCHEDULE I	Grants a	nd Other A	Assistance f	to Organiza	tions,		OMB No. 1545-0047
	overnme	nts, and Ir	ndividuals i	n the United	d States		2023
Con	nplete if the o	-	wered "Yes" on F		, line 21 or 22.		
Department of the Treasury			tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	atest information.			Inspection
Name of the organization						Employer identificat	tion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gran Describe in Part IV the organization's procession 	nts or assistand edures for mor	ce? nitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					/es" on Form 990,
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) 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
 Enter total number of section 501(c)(3) and Enter total number of other organizations li 							

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	G	overnme	nts, and Ir	ndividuals i	n the United	d States		2023
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization							Employer identification	ation number
AMERICAN CANCER SOCIE	ETY, INC.						13-1788491	
Part I General I	nformation on Grants ar	nd Assistanc	e					
the selection crit	zation maintain records to s eria used to award the grar IV the organization's proce	nts or assistanc	æ?			• • •		Yes No
	nd Other Assistance to I ne 21, for any recipient		-					Yes" on Form 990,
1 (a) Name and	d address of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	•		,			other)		
(1) MARSHALL FDN. FOR			501(0)(2)	25.000				
PO BOX 1996 PLACERVILI		23-7419011	501(C)(3)	25,000.				PATIENT SUPPORT
(2) MARY BIRD PERKINS			501 (0) (0)	51 500				
4950 ESSEN LANE BATON		23-7010520	501(C)(3)	71,598.				PATIENT SUPPORT
(3) MARY GREELEY MEDIC		-		10.000				
1111 DUFF AVENUE AMES		42-1347891		10,000.				PATIENT SUPPORT
	TERNAL & CHILD CARE INC		501 (7) (0)					
2333 ONTARIO RD NW WAS		52-1594116	501(C)(3)	10,000.				PATIENT SUPPORT
(5) MASS INSTITUTE OF		-						
77 MASSACHUSETTS AVE (04-2103594	501(C)(3)	1,009,500.				EXTRAMURAL RESEARCH
(6) MASSACHUSETTS GENI		-						
BOX 414876 BOSTON, MA	02241-4876	04-1564655	501(C)(3)	4,275,000.				EXTRAMURAL RESEARCH
(7) MAYO CLINIC		_						
PO BOX 860334 MINNEAPO		41-0944601	501(C)(3)	1,600,000.				SUPPORT/RESEARCH
(8) MCLEOD HEALTH FOUR		_						
PO BOX 100551 FLORENCE	E, SC 29502-0551	57-0818672	501(C)(3)	22,500.				PATIENT SUPPORT
(9) MEDCURA HEALTH		_						
5582 MEMORIAL DR STON		58-1413957	501(C)(3)	12,500.				PATIENT SUPPORT
(10) MEDICAL COLLEGE OF		_						
	RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	56,250.				PATIENT SUPPORT
(11) MEDICAL UNIV OF SC		_						
19 HAGOOD AVENUE CHARI		57-6000722	501(C)(3)	582,347.				EXTRAMURAL RESEARCH
(12) MEDICAL UNIVERSITY	Y OF SOUTH CAROLINA FDN.	_						
18 BEE STREET CHARLES		57-6028985		40,000.				PATIENT SUPPORT
	er of section 501(c)(3) and er of other organizations list	0	0					

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Governme	nts, and Ir	ndividuals i	n the United	d States		2023
Co	omplete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		Att	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	ion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part I General Information on Grants	and Assistanc	e					
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro 	ants or assistanc	æ?					Yes No
Part II Grants and Other Assistance to		-					'es" on Form 990,
Part IV, line 21, for any recipier	t that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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) 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) a	nd govornmont	orgonizationa lia	tod in the line 1 tol				

SCHEDULE I (Form 990)			Assistance t ndividuals in	-	•	-	OMB No. 1545-0047 എ ററ	
		•	wered "Yes" on F				2023	
		-	tach to Form 990.	,,,			Open to Public	
Department of the Treasury Internal Revenue Service	Go t		Form990 for the la	test information.			Inspection	
Name of the organization						Employer identifica	tion number	
AMERICAN CANCER SOCIETY, INC.						13-1788491		
Part I General Information on Grants	and Assistanc	e						
 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? 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 a Part IV, line 21, for any recipie		-					es" on Form 990,	
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		501(C)(3)	1,059,500.				EXTRAMURAL RESEARCH	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 								

SCHEDULE I (Form 990)	orm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury		Cot		tach to Form 990.	toot information			Open to Public Inspection	
Internal Revenue Service Name of the organization		Got	o www.irs.gov/i	Form990 for the la	test information.		Employer identificat		
5									
AMERICAN CANCER SOCI	nformation on Grants an	d Assistance	•				13-1788491		
						Laliaibility for the averat			
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,									
Part IV, li	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	•	needed.		
	d address of organization 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) MIDTOWN COMMUNITY	HEALTH CENTER								
2240 ADAMS AVE OGDEN,	UT 84401-1511	87-0540039	501(C)(3)	15,000.				PATIENT SUPPORT	
(2) MILWAUKEE CATHOLI	C HOME								
2462 N PROSPECT AVENU		39-0806215	501(C)(3)	30,000.				PATIENT SUPPORT	
(3) MILWAUKEE CONSORT	IUM FOR HMONG HEALTH INC								
1802 WEST WALNUT STRE	ET MILWAUKEE, WI 53205	83-3737298	501(C)(3)	30,000.				PATIENT SUPPORT	
(4) MISSION EAST DALL	AS								
4550 GUS THOMASSON RD	MESQUITE, TX 75150	72-2935803	501(C)(3)	30,000.				PATIENT SUPPORT	
(5) MISSISSIPPI BAPTI	ST MEDICAL CENTER								
1225 N STATE ST JACKS	ON, MS 39202	64-0881013	501(C)(3)	10,000.				PATIENT SUPPORT	
(6) MISSOURI BAPTIST	MEDICAL CENTER								
3015 N BALLAS ROAD SA	INT LOUIS, MO 63131	43-0652656	501(C)(3)	25,000.				PATIENT SUPPORT	
(7) MONCRIEF CANCER I	NSTITUTE	_							
400 W MAGNOLIA AVE FO	RT WORTH, TX 76104	75-2655008	501(C)(3)	15,000.				PATIENT SUPPORT	
(8) MONTAGE HEALTH FO	UNDATION	_							
40 RYAN COURT SUITE 2		81-2889645	501(C)(3)	7,500.				PATIENT SUPPORT	
(9) MONUMENT HEALTH C	ANCER INSTITUTE	_							
353 FAIRMONT BLVD RAP		46-0319070	501(C)(3)	40,000.				PATIENT SUPPORT	
(10) MOREHOUSE SCHOOL	OF MEDICINE NATL CENTER	_							
720 WESTVIEW DR SW AT		58-1438873	501(C)(3)	52,500.				EXTRAMURAL RESEARCH	
(11) MORGRIDGE INSTITU		_							
330 NORTH ORCHARD MAD		20-8325570	501(C)(3)	49,000.				EXTRAMURAL RESEARCH	
(12) MOUNT SINAI MEDIC		4							
	4306 ALTON RD, 2ND FL MIAMI BEACH, FL 33140 59-0624424 501(C)(3) 50,000. PATIENT SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1 table								
3 Enter total numb	per of other organizations lis	ted in the line							

			Assistance t ndividuals in	-	-	-	OMB No. 1545-0047	
		•	wered "Yes" on F				2023	
Com		-	tach to Form 990.	01111 990, Fait IV,			Open to Public	
Department of the Treasury Internal Revenue Service	Got		Form990 for the la	test information			Inspection	
Name of the organization	601	0 www.ii3.gov/		itest information.		Employer identifica		
AMERICAN CANCER SOCIETY, INC. Part I General Information on Grants and	d Assistanc	•				13-1788491		
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 								
Part II Grants and Other Assistance to D		-					Yes" on Form 990,	
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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) 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		501(C)(3)	30,000.				CONVENTION SPONSOR.	
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 	0	0						

SCHEDULE I (Form 990)	orm 990) 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.								
Internal Revenue Service		Go to	o www.irs.gov/l	Form990 for the la	test information.			Inspection	
Name of the organization							Employer identificati	on number	
AMERICAN CANCER SOCI							13-1788491		
Part I General I	nformation on Grants an	d Assistance	e						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and									
the selection criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,								es" on Form 990,	
	ne 21, for any recipient t		-					,	
1 (a) Name an	d address of organization 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) NATIVE HEALTH						,			
	DG C PHOENIX, AZ 85012	94-2540194	501(C)(3)	15,171.				PATIENT SUPPORT	
	ENCES ENGINEERING AND MED	51 2510191	501(0)(5)	15,171.					
500 FIFTH ST NW WASHI		53-0196932	501(C)(3)	10,000.				PATIENT SUPPORT	
(3) NEA BAPTIST CHARI									
PO BOX 1960 JONESBORO		26-1214372	501(C)(3)	17,500.				PATIENT SUPPORT	
(4) NEBRASKA METHODIS									
8303 DODGE ST OMAHA, 1		47-0595345	501(C)(3)	60,000.				PATIENT SUPPORT	
(5) NEIGHBORCARE HEAL	ТН								
1200 12TH AVE S STE 9		91-0893287	501(C)(3)	20,000.				PATIENT SUPPORT	
(6) NEIGHBORHOOD FAMI	LY PRACTICE								
4115 BRIDGE AVE STE 3	00 CLEVELAND, OH 44113	34-1300581	501(C)(3)	10,000.				PATIENT SUPPORT	
(7) NEIGHBORHOOD HEAL	ТН								
6677 RICHMOND HIGHWAY	ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	20,000.				PATIENT SUPPORT	
(8) NEIGHBORHOOD HEAL	THSOURCE								
3300 FREEMONT AVE N M	INNEAPOLIS, MN 55412	41-1235064	501(C)(3)	10,000.				PATIENT SUPPORT	
(9) NEIGHBORHOOD OUTR	EACH ACCESS TO HEALTH								
7500 N DREAMY DRAW DR	IVE PHOENIX, AZ 85020	27-3188239	501(C)(3)	10,000.				PATIENT SUPPORT	
(10) NEVADA HEALTH CEN	TERS	_							
3325 RESEARCH WAY CAR	SON CITY, NV 89706	94-3199117	501(C)(3)	20,000.				PATIENT SUPPORT	
(11) NEW MEXICO CANCER	CENTER FNDTN	_							
4901 LANG AVE NE ALBU	QUERQUE, NM 87109	77-0591110	501(C)(3)	15,000.				PATIENT SUPPORT	
(12) NEW YORK CITY HEAD	LTH & HOSPITALS	_							
1400 PELHAM PARKWAY SOUTH BRONX, NY 10461 13-2655001 501(C)(3) 7,500. PATIENT SUPPORT									
3 Enter total number of other organizations listed in the line 1 table									

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions.	L	OMB No. 1545-0047	
(Form 990)	Go	overnmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2023	
			-	tach to Form 990.				Open to Public	
Department of the Treasury Internal Revenue Service		Go t		Form990 for the la	test information.			Inspection	
Name of the organization							Employer identificat	ion number	
AMERICAN CANCER SOCI	ETY, INC.						13-1788491		
	nformation on Grants an	d Assistanc	e						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and									
the selection criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
			-					es on Fonn 990,	
Part IV, III	ne 21, for any recipient t	nat received	more than \$5	,000. Part II can t	be duplicated if a	•			
	d address of organization 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) NEW YORK UNIV									
15 WASHINGTON PLACE N	EW YORK, NY 10003	13-5562308	501(C)(3)	80,600.				EXTRAMURAL RESEARCH	
(2) NEW YORK UNIV SCH	L OF MEDICINE								
PO BOX 415026 BOSTON,	MA 02241-5026	13-5562309	SECTION 115	89,933.				EXTRAMURAL RESEARCH	
(3) NEW YORK-PRESBYTE	RIAN FUND INC								
506 6TH STREET BROOKL	YN, NY 11215	13-3160356	501(C)(3)	10,000.				PATIENT SUPPORT	
(4) NEWARK BETH ISRAE	L MEDICAL CENTER								
201 LYONS AVENUE NEWA	RK, NJ 07112	22-3452311	501(C)(3)	35,000.				PATIENT SUPPORT	
(5) NEW YORK-PRESBYTE	RIAN QUEENS								
56-45 MAIN STREET FLU	SHING, NY 11360	11-1839362	501(C)(3)	10,000.				PATIENT SUPPORT	
(6) NORTH CENTRAL TEX.	AS COMMUNITY HEALTH CTR								
200 MLK JR BLVD WICHI	TA FALLS, TX 76301	75-2429644	501(C)(3)	40,000.				PATIENT SUPPORT	
(7) NORTH HUDSON COMM	UNITY 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 GAINESV	ILLE, GA 30501	58-1694098	501(C)(3)	10,000.				PATIENT SUPPORT	
(10) NORTHERN LIGHT HE	(10) NORTHERN LIGHT HEALTH FOUNDATION								
931 UNION ST 3RD FLOOR BANGOR, ME 04401 22-2514163 501(C)(3) 25,011.									
(11) NORTHERN NEVADA H	(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								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table									

SCHEDULE I (Form 990)										
Internal Revenue Service		Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection		
Name of the organization							Employer identificat	ion number		
AMERICAN CANCER SOCI	ETY, INC.						13-1788491			
Part I General I	nformation on Grants and	d Assistanc	e							
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce. the grantees	eliaibility for the arant	s or assistance. and			
	eria used to award the grant							Yes No		
	IV the organization's proceed									
Part II Grants ar	nd Other Assistance to D	omestic Or	anizations ar	d Domestic Gov	ernments Com	nlete if the organiz	ation answered "	es" on Form 990		
	ne 21, for any recipient the		-					cs off off 550,		
					-	•				
	d address of organization 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) NORTHSIDE HOSPITA	L 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		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 MEMO	RIAL FOUNDATION									
541 NORTH FAIRBANKS C	OURT CHICAGO, IL 60611	36-3155315	501(C)(3)	15,000.				PATIENT SUPPORT		
(5) NORTHWESTERN UNIV	ERSITY									
633 CLARK ROOM G547 E	VANSTON, IL 60208	36-2167817	501(C)(3)	2,771,279.				EXTRAMURAL RESEARCH		
(6) NORTON CHILDREN'S	HOSPITAL FOUNDATION									
4965 US HIGHWAY 42 LO	UISVILLE, KY 40222	61-6027530	501(C)(3)	6,000.				PATIENT SUPPORT		
(7) NOVANT HEALTH NEW	HANOVER REGIONAL MED. CTR	_								
2507 DELANEY AVE WILM		85-3777599	501(C)(3)	27,500.				PATIENT SUPPORT		
(8) NOVANT HEALTH PRE	SBYTERIAN MEDICAL CTR FDN.	_								
200 HAWTHORNE LANE CH		58-1413074	501(C)(3)	77,500.				PATIENT SUPPORT		
(9) NYU LANGONE HOSPI	TALS	_								
550 FIRST AVENUE NEW		13-3971298	501(C)(3)	15,000.				PATIENT SUPPORT		
(10) OCHSNER CLINIC FO	UNDATION	_								
1514 JEFFERSON HWY NE		72-0502505	501(C)(3)	235,000.				PATIENT SUPPORT		
(11) OHIO STATE UNIVER		4								
241 11TH AVE, STE 610		31-6401599	501(C)(3)	3,271,500.				EXTRAMURAL RESEARCH		
	ATION C/O OHIOHEALTH FDN.	4								
3430 OHIOHEALTH PARKW		23-7446919		7,500.	l			PATIENT SUPPORT		
	per of section 501(c)(3) and	-	-							
3 Enter total numb	er of other organizations list	ied in the line								

SCHEDULE I (Form 990)	Ge	-	OMB No. 1545-0047					
	Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury			At	tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	ion number
AMERICAN CANCER SOCI	ETY, INC.						13-1788491	
Part I General I	nformation on Grants ar	d Assistanc	e					
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 								
	nd Other Assistance to I ne 21, for any recipient t		-					/es" on Form 990,
	d address of organization 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) OLATHE HEALTH CHA	RITABLE FOUNDATION							
20375 W 151ST ST OLAT		48-1136010	501(C)(3)	20,000.				PATIENT SUPPORT
(2) ONCOLOGY HEMATOLO	GY WEST PC							
17445 ARBOR ST SUITE		47-0754790		20,000.				PATIENT SUPPORT
(3) OREGON HEALTH & S	CIENCE UNIVERSITY FDN.							
PO BOX 29017 PORTLAND		23-7083114	501(C)(3)	10,000.				PATIENT SUPPORT
(4) OREGON HEALTH & S	CIENCE UNIV							
0690 SW BANCROFT ST P		93-1176109	GOVT	715,000.				EXTRAMURAL RESEARCH
(5) ORLANDO HEALTH CA	NCER INSTITUTE							
1414 KUHL AVENUE ORLA	NDO, FL 32806	59-1726273	501(C)(3)	25,000.				PATIENT SUPPORT
(6) ORLANDO VA HEALTH	CARE SYSTEM							
13800 VETERANS WAY OR	LANDO, FL 32827	41-2223518	GOVT	10,000.				PATIENT SUPPORT
(7) OSF HEALTHCARE SY	STEM							
124 SW ADAMS PEORIA,	IL 61602	37-0813229	501(C)(3)	40,000.				PATIENT SUPPORT
(8) OUR LADY OF THE L	AKE FOUNDATION							
5000 HENNESSY BLVD BA	TON ROUGE, LA 70809	72-1014324	501(C)(3)	12,500.				PATIENT SUPPORT
(9) PACIFIC CANCER FO	UNDATION							
95 MAHALANI STREET #8	WAILUKU, HI 96793	51-0548338	501(C)(3)	17,500.				PATIENT SUPPORT
(10) PALI MOMI FOUNDAT	ION							
55 MERCHANT ST, STE 2	600 HONOLULU, HI 96813	38-3840327	501(C)(3)	20,000.				PATIENT SUPPORT
(11) PALOMAR HEALTH FO	UNDATION							
2125 CITRACADO PARKWA	Y ESCONDIDO, CA 92029	93-3573154	501(C)(3)	10,000.				PATIENT SUPPORT
(12) PARK WEST HEALTH	SYSTEM							
3319 WEST BELVEDERE B			501(C)(3)	10,000.				PATIENT SUPPORT
	per of section 501(c)(3) and							
3 Enter total numb	er of other organizations lis	sted in the line	1 table					

C	artment of the Treasury Government of the Treasu								
Internal Revenue Service	Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection		
Name of the organization		U				Employer identificati	on number		
AMERICAN CANCER SOCIETY, INC.						13-1788491			
Part I General Information on Grants	and Assistanc	e							
1 Does the organization maintain records	to substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. and			
the selection criteria used to award the			-	-			Yes No		
2 Describe in Part IV the organization's pr	-								
Part II Grants and Other Assistance					plata if the organiz	ation answard "V	os" on Form 000		
		-					es on Form 990,		
Part IV, line 21, for any recipie	ent that received	more than \$5.	,000. Part II can t	be duplicated if a	•				
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.									
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		501(C)(3)	52,500.				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 									

SCHEDULE I	(Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047	
(Form 990)			•	ndividuals i				2023	
	Com	plete if the or	-	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		Open to Public	
Department of the Treasury		-		tach to Form 990.				Inspection	
Internal Revenue Service		Go te	o www.irs.gov/l	Form990 for the la	itest information.				
Name of the organization							Employer identifica	ition number	
AMERICAN CANCER SOCI							13-1788491		
	nformation on Grants an								
-	zation maintain records to s			-	-				
	teria used to award the grant							Yes No	
2 Describe in Part	t IV the organization's procee	dures for mor	nitoring the use	of grant funds in th	e United States.				
Part II Grants an	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,	
	ne 21, for any recipient t		-						
	id address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	•	(g) Description of	(h) Purpose of grant	
	government		(if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance	
(1) PINK-4-EVER ENDIN	IG DISPARITIES					,			
3901 W 86TH ST INDIAN		26-2994557	501(C)(3)	65,500.				PATIENT SUPPORT	
(2) PRESIDENT & FELLO	WS OF HARVARD COLLEGE								
1033 MASSACHUSETTS AV		04-2103580	501(C)(3)	949,000.				EXTRAMURAL RESEARCH	
(3) PREVEA CANCER CTR	AT HSHS SACRED HEART HOSP								
900 W CLAIREMONT AVE		39-0807060	501(C)(3)	10,000.				PATIENT SUPPORT	
(4) PRIMARY HEALTH SO	DLUTIONS								
300 HIGH STREET 4TH F		31-1694200	501(C)(3)	10,000.				PATIENT SUPPORT	
(5) PRISMA HEALTH									
877 W FARIS ROAD GREE	NVILLE, SC 29605	82-2595551	501(C)(3)	20,000.				PATIENT SUPPORT	
(6) PROSTATE CANCER F	OUNDATION								
1250 FOURTH ST SANTA	MONICA, CA 90401	95-4418411	501(C)(3)	150,000.				PATIENT SUPPORT	
(7) PROVIDENCE COMMUN	IITY HEALTH CTRS INC								
375 ALLENS AVE PROVID	DENCE, RI 02905	05-0368134	501(C)(3)	20,000.				PATIENT SUPPORT	
(8) PROVIDENCE GENERA	L FOUNDATION								
PO BOX 1067 EVERETT,	WA 98206	91-1041617	501(C)(3)	20,000.				PATIENT SUPPORT	
(9) PROVIDENCE HEALTH	ICARE FDN. EASTERN WA								
101 W 8TH AVE SPOKANE	, WA 99204	32-0014330	501(C)(3)	20,000.				PATIENT SUPPORT	
(10) PROVIDENCE MONTAN	IA HEALTH FOUNDATION								
502 W SPRUCE STREET M	IISSOULA, MT 59802	23-7056976	501(C)(3)	10,000.				PATIENT SUPPORT	
(11) PROVIDENCE ST JOS	EPH EUREKA								
PO BOX 511428 LOS ANG	ELES, CA 90051-7983	94-1156596	501(C)(3)	30,000.				PATIENT SUPPORT	
(12) PUBLIC HEALTH TRU	IST OF MIAMI-DADE COUNTY FL								
1611 NW 12TH AVENUE M	IIAMI, FL 33136-1005	59-1713947	501(C)(3)	60,000.				PATIENT SUPPORT	
2 Enter total numb	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
3 Enter total numb	per of other organizations lis	ted in the line	1 table						

SCHEDULE I (Form 990)				Assistance t ndividuals in			-	OMB No. 1545-0047
(•	wered "Yes" on F				2023
	Com		-	tach to Form 990.	onn 990, Fart IV,	, iine 21 of 22.		Open to Public
Department of the Treasury		Got			tost information			Inspection
Internal Revenue Service Name of the organization		Got	5 www.irs.gov/i	Form990 for the la	itest mormation.		Employer identificat	
Ū.								
AMERICAN CANCER SOCI		d Accistana					13-1788491	
	nformation on Grants and							
	zation maintain records to su teria used to award the grant						ts or assistance, and	Yes No
2 Describe in Part	: IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	'es" on Form 990.
	ne 21, for any recipient the		-					
					•	•		
	d address of organization 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) PURDUE UNIVERSITY								
23510 NETWORK PLACE C		35-6002041	501(C)(3)	917,000.				EXTRAMURAL RESEARCH
(2) RALPH H JOHNSON V	A MEDICAL CENTER							
109 BEE ST CHARLESTON		57-0720016	GOVT	10,000.				PATIENT SUPPORT
(3) RAPIDES GEN. HOSP	ITAL AUXILIARY CANCER FUND							
211 4TH STREET ALEXAN		23-7186204	501(C)(3)	10,000.				PATIENT SUPPORT
(4) RED CLIFF HEALTH	SERVICES							
88385 PIKE RD BAYFIEL		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 UN	IIV OF CA							
9500 GILMAN DR LA JOL	LA, CA 92093-0009	95-6006144	501(C)(3)	1,604,500.				SUPPORT/RESEARCH
(7) REGENTS OF THE UN	IV OF CA UCLA							
BOX 951432 LOS ANGELE	S, CA 90095	94-1539563	501(C)(3)	3,477,925.				EXTRAMURAL RESEARCH
(8) REGENTS OF THE UN	IV OF CALIFOR							
BIOSCI III, STE 1400	IRVINE, CA 92697	95-2226406	501(C)(3)	628,000.				EXTRAMURAL RESEARCH
(9) REGENTS OF THE UN	IV OF MICH							
3003 S STATE ST ANN A	RBOR, MI 48109-1274	38-6006309	501(C)(3)	937,968.				EXTRAMURAL RESEARCH
(10) REGENTS OF THE UN	IV OF MINN							
200 OAK STREET SE MIN	NEAPOLIS, 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 CANCE	R FOUNDATION							
PO BOX 3293 MCALLEN,		26-3342668		6,000.				PATIENT SUPPORT
2 Enter total numb	per of section 501(c)(3) and	government o	organizations lis	ted in the line 1 tak	ole			
3 Enter total numb	per of other organizations list	ted in the line	1 table					

SCHEDULE I (Form 990)		омв No. 1545-0047 20 23						
	Com		-	wered "Yes" on F tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service		Got		Form990 for the la				Inspection
Name of the organization			o mmm				Employer identificat	-
AMERICAN CANCER SOCIET	W TNO						13-1788491	
	formation on Grants and	d Assistanc	ρ				13-1700491	
	ation maintain records to s			arante or accieta	noo the grantage	l oligibility for the grapt	c or accistance, and	
-	ria used to award the grant			-	-			Yes No
	V the organization's procee							
	•			0				/ II E 000
	d Other Assistance to D		-					es" on Form 990,
Part IV, line	e 21, for any recipient t	hat received	more than \$5	,000. Part II can I	pe duplicated if a	•	needed.	
	address of organization overnment	(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) RENOWN HEALTH FOUND	DATION							
245 E LIBERTY STREET ST		94-2972749	501(C)(3)	25,000.				PATIENT SUPPORT
(2) RESEARCH FDN. OF CU	JNY BROOKLYN COLLEGE							
230 WEST 41ST STREET NE		13-1988190	501(C)(3)	205,000.				EXTRAMURAL RESEARCH
(3) RESEARCH INS. AT NA	ATIONWIDE CHILDREN'S HOSP							
700 CHILDRENS DRIVE COL		31-6056230	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(4) RIDEOUT MEMORIAL HO	OSPITAL							
989 PLUMAS STREET YUBA		94-1387866	501(C)(3)	15,000.				PATIENT SUPPORT
(5) RIVERSIDE HEALTH FC	DUNDATION							
701 TOWN CENTER DR NEWP	PORT NEWS, VA 23606	52-1241835	501(C)(3)	70,000.				PATIENT SUPPORT
(6) RIVERSIDE MEDICAL C	CENTER							
350 NORTH WALL STREET K	XANKAKEE, IL 60901	36-2414944	501(C)(3)	9,000.				PATIENT SUPPORT
(7) RIVERSTONE HEALTH								
123 SOUTH 27TH ST BILLI	NGS, MT 59101	35-2332179	501(C)(3)	15,000.				PATIENT SUPPORT
(8) ROANOKE CHOWAN COMM	MUNITY HEALTH CENTER							
120 HEALTH CENTER DR AH	IOSKIE, NC 27910	42-1638714	501(C)(3)	10,000.				PATIENT SUPPORT
(9) ROCHESTER REGIONAL	HEALTH							
1425 PORTLAND AVE ROCHE	STER, NY 14621	47-1234999	501(C)(3)	15,000.				PATIENT SUPPORT
(10) ROOTS COMMUNITY HEA	ALTH CENTER							
7272 MAC ARTHUR BLVD OA	AKLAND, CA 94605	26-2583954	501(C)(3)	10,000.				PATIENT SUPPORT
(11) ROSWELL PARK CANCER	R INSTITUTE	_						
ELM & CARLTON STREETS B	BUFFALO, NY 14263	14-1402155	501(C)(3)	275,000.				SUPPORT/RESEARCH
(12) RUNNING REBELS		_						
225 W CAPITOL DRIVE MIL		39-3910464		30,000.				PATIENT SUPPORT
	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total numbe	r of other organizations lis	ted in the line	1 table					

(Form 990) G	artment of the Treasury 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.								
Internal Revenue Service	Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection		
Name of the organization						Employer identificati	on number		
AMERICAN CANCER SOCIETY, INC.						13-1788491			
Part I General Information on Grants an									
1 Does the organization maintain records to a									
the selection criteria used to award the gran							Yes No		
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	United States.					
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,		
Part IV, line 21, for any recipient	that received	more than \$5,	000. Part II can b	e duplicated if a	additional space is r	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) 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									
(12) SANFORD BURNHAM PREBYS MEDICAL DISCOVERY	_								
10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108		300,000.	1.			EXTRAMURAL RESEARCH		
	 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 								

SCHEDULE I (Form 990)	-	OMB No. 1545-0047						
			•	ndividuals in wered "Yes" on F				2023
	Com		-	tach to Form 990.	0111 990, Fait IV,	, 1116 21 01 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go t		Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	
AMERICAN CANCER SOCI	RTY INC						13-1788491	
	nformation on Grants an	d Assistanc	e				19 1700191	
	zation maintain records to s			arante or assista	nce the grantees	' eligibility for the grant	s or assistance and	
	eria used to award the gran							Yes No
	IV the organization's proce							
			-	-			ation and a line	/
	nd Other Assistance to E		-					es" on Form 990,
Part IV, III	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	•	needed.	
	d address of organization 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) SANFORD RESEARCH								
PO BOX 5064 SIOUX FAL	LS, SD 57104	46-0450378	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(2) SANFORD USD MEDIC.	AL CENTER							
PO BOX 5064 SIOUX FAL		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 SARATOG	A SPRING, NY 12866	14-1338547	501(C)(3)	10,000.				PATIENT SUPPORT
(5) SCOTLAND MEMORIAL	HOSPITAL INC							
500 LAUCHWOOD DRIVE L	AURINBURG, 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, 1	WA 98145-5005	91-0564748	501(C)(3)	729,000.				EXTRAMURAL RESEARCH
(8) SEBASTICOOK FAMIL	Y DOCTORS							
118 MOOSEHEAD TRAIL S	TE 5 NEWPORT, ME 04953	01-0546327	501(C)(3)	10,000.				PATIENT SUPPORT
(9) SEBY B JONES REGI	ONAL CANCER CENTER							
336 DEERFIELD RD BOON	E, NC 28607	56-0510824	501(C)(3)	15,000.				PATIENT SUPPORT
(10) SENTARA HEALTHCAR	E SYSTEMS							
1300 SENTARA PARK 1ST	FL VA BEACH, VA 23464	52-1271901	501(C)(3)	60,000.				PATIENT SUPPORT
(11) SHANDS JACKSONVIL	LE							
655 W 8TH ST JACKSONV	ILLE, FL 32209	59-2142859	501(C)(3)	25,000.				PATIENT SUPPORT
(12) SHANDS TEACHING H	OSPITAL AND CLINICS INC							
PO BOX 100386 GAINESV		59-1943502		160,000.				PATIENT SUPPORT
	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total numb	3 Enter total number of other organizations listed in the line 1 table							

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047	
(Form 990)	Go	vernmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2023	
	• • •		-	tach to Form 990.	,,			Open to Public	
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Inspection	
Name of the organization							Employer identifica	tion number	
AMERICAN CANCER SOCI	ETY, INC.						13-1788491		
Part I General I	nformation on Grants and	d Assistance	e						
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eliaibility for the grant	s or assistance. and		
-	eria used to award the grant			-	-			Yes No	
	IV the organization's procee								
	nd Other Assistance to D		5	5		nlete if the organiz	ation answered "	Yes" on Form 990	
	ne 21, for any recipient the		-					163 011 0111 330,	
						•			
	d address of organization 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) SHENANDOAH MEDICA	L CENTER								
300 PERSHING AVE SHEN	ANDOAH, IA 51601	42-1101835	501(C)(3)	10,000.				PATIENT SUPPORT	
(2) SIBLEY MEMORIAL H	OSPITAL FOUNDATION								
5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016 45-0562642 501(C)(3) 45,000.							PATIENT SUPPORT		
(3) SIDNEY KIMMEL COM	PREHENSIVE CANCER CTR								
401 N BROADWAY BALTIMO	ORE, MD 21231	52-0595110	501(C)(3)	30,000.				PATIENT SUPPORT	
(4) SINAI HEALTH SYST	EM								
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 1	BALTIMORE, MD 21215	52-0486540	501(C)(3)	15,000.				PATIENT SUPPORT	
(6) SINGING RIVER HEAD	LTH SYSTEM CANCER CTR								
2809 DENNY AVE PASCAG	OULA, 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 YOR	к, NY 10087	13-1624182	501(C)(3)	1,979,500.				EXTRAMURAL RESEARCH	
(10) SOCIETY OF SURGIC	(10) SOCIETY OF SURGICAL ONCOLOGY								
PO BOX 33425 CHICAGO,	PO BOX 33425 CHICAGO, IL 60694 13-6161070 501(C)(3) 15,000. DEI LECTURE COMMIT.								
(11) SOUTH CAROLINA CAN	11) SOUTH CAROLINA CANCER ALLIANCE								
1800 SAINT JULIAN PL (58-2304781	501(C)(3)	20,000.				PATIENT SUPPORT	
(12) SOUTHEAST GEORGIA	2) SOUTHEAST GEORGIA HLTH SYS CANCER CARE CTR								
2415 PARKWOOD DRIVE B		58-1911751	501(C)(3)	45,000.				PATIENT SUPPORT	
3 Enter total numb	3 Enter total number of other organizations listed in the line 1 table								

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
			ndividuals i	-	•		2023
Con	nplete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		Att	ach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization						Employer identification	ation number
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession 	nts or assistand	;e?					Yes No
Part II Grants and Other Assistance to		-					Yes" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	pe duplicated if a	additional space is r	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) 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 o	organizations lis	ted in the line 1 tak	ole			

Dependent on a mature Co to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number 13-178812 Partial Concerts society net. 13-178812 13-178812 Partial Concerts society net. Isocrets Isocrets Isocrets 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? Isocrets Isocrets Isocrets Partial Control Assistance to Domestic Conganizations and Domestic Governments. Complete if the organization answered "Yes" on Form the attribution or government (b) Fill (BC section (If engletable) (c) Amount of real states (c) Amount of real states (c) Amount of real states 1 (c) Name address of organizations (b) Fill (BC section (If engletable) (c) Amount of real states (c) Amount of real st	SCHEDULE I (Form 990)	Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Name of the organization Employer identification number (11) TRAMP1 PartI	Department of the Treasury Internal Revenue Service		Go t			test information.			Open to Public Inspection	
Part 1 General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection riteria used to award the grants or assistance? Image: Complete the grants or assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part III can be duplicated if additional space is needed. 1 (a) Name and address of organization grant funds in the United States. (a) Amount of grants and States of organization and the grants or assistance (b) EIN (c) IRC section (c) apprecised if additional space is needed. (b) EIN (c) IRC section (c) (c) and content of additional space is needed. 1 (a) Name and address of organization grant funds in the United States. (c) Record additional space is needed. (c) Partners of the organization (c) Partners (c) Partn								Employer identifica	tion number	
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Complete the grants or assistance 2 Describe in Part IV the organizations and Other Assistance to Domestic Organization and Domestic Governments. Complete if the organization answered "Yes" on Form Part IV, line 21, for any recipient that received more than \$5,000. Part III can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) RC section (c) apprecise (c) appre	AMERICAN CANCER SOCI	ETY, INC.						13-1788491		
the selection criteria used to award the grants or assistance? Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Unled States. Text III Cants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 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 (b) EN (c) RC section (d) Amount clash (b) amount clash (c) amou			nd Assistanc	e						
the selection criteria used to award the grants or assistance? Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Unled States. Text III Cants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 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 (b) EN (c) RC section (d) Amount clash (b) amount clash (c) amou	1 Does the organiz	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. and		
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. PartII Grants and Other Assistance to Domestic Organizations and Domestic Observments. Complete if the organization answered "Yes" on Form 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										
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 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) Ell (c) Ell (c) Amount of cash gasistance (b) Amount of cash assistance (b) Amount of cash assistance (c) Amount of ca										
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) None and address of againzation or government (b) EN (b) EN (c) Amount of ceash grant (c) Amount of noncesh assistance (b) Amount of Dock, FMV, againsal. (b) Description of noncesh assistance (b) Description of Dock, FMV, againsal. (c) Description of noncesh assistance (b) Description of Dock, FMV, againsal. (c) Description of noncesh assistance (c) Description of Dock, FMV, againsal. (c) Description of noncesh assistance (c) Description of Dock, FMV, againsal. (c) Description of noncesh assistance (c) Description of Dock, FMV, againsal. (c) Description of noncesh assistance (c) Description of Dock, FMV, againsal. (c) Description of noncesh assistance (c) Description of Dock, FMV, againsal. (c) Description of noncesh assistance (c) Description of Dock, FMV, againsal. (c) Description of noncesh assistance (c) Description of Dock, FMV, againsal.		8		8	8		nlete if the organiz	ation answered "	les" on Form 990	
1 (a) Name and address of organization (b) EIN (c) IRC section (rl applicable (d) Amount of cash grant (a) Amount of noncash assistance (f) Method of Valuability (f) EoK. Paylon (g) Description of noncash assistance (h) Purpose of or assistance (1) SIM HEALTH FOUNDATION ST LOUIS (a) ST DOWNERSORO, NE 71 LOUIS (b) EIN (c) IRC section (rl applicable (c) Amount of cash grant (c) Amount of noncash assistance (c) Description of noncash assistance (c) Purpose of or assistance (2) ST DENNAROS FOUNDATION 225 EAST JACKSON JONESBORO, AR 72401 71-0290019 501(c)(3) 17,500. PATIENT SUPPOR (3) ST DOMINE CANCER CENTRE 3951 OCINATION 24 EAST JACKSON JONESBORO, NK 539216 64-0303091 501(c)(3) 7,000. PATIENT SUPPOR (5) ST ELIZOARETH MEDICAL CENTRE 501(c)(3) 7,000. PATIENT SUPPOR PATIENT SUPPOR (6) ST FRANCIS DOWNATION 47-0625523 501(c)(3) 24,000. PATIENT SUPPOR (6) ST FRANCIS FORMATION 11 ST FRANCIS DE CAPE GIRARDEAU, NO 63703 43-111276 501(c)(3) 25,000. PATIENT SUPPOR (7) ST JOBN'S COMOUNTLY HALITH BOS A STH ST LOS ANGELES, CA 20037 95-4067758 501(c)(3) 20,00				-			• •			
(1) SSR HEALTH FOUNDATION ST LOUIS A3-1552945 501(C)(3) 10,500. PATIENT SUPPOR (2) ST BERNARDS FOUNDATION 225 LAST JACKSON JONESBOO, AR 72401 71-029019 501(C)(3) 17,500. PATIENT SUPPOR (3) ST DOMINIC CANCER CENTER 2969 CURRAN DR SUTE 100 JACKSON, MS 39216 64-030391 501(C)(3) 7,000. PATIENT SUPPOR (4) ST ELIZABETH POUNDATION 55 S 70TH ST LINCOLM, NE 68510 47-0625523 501(C)(3) 24,000. PATIENT SUPPOR (5) ST FLIZABETH POUNDATION 61-044560 501(C)(3) 24,000. PATIENT SUPPOR (6) ST ELIZABETH HEDICAL CENTER INC 1.0445650 501(C)(3) 13,000. PATIENT SUPPOR (1) MEDICAL VILLAGE DRIVE EDGRMOOD, KY 41017 61-0445650 501(C)(3) 25,000. PATIENT SUPPOR (3) ST FEANCIS NCAPE CHEARDEN, MO 63703 43-111276 501(C)(3) 25,000. PATIENT SUPPOR (3) ST JOBN'S COMMUNITY HEALTH 808 W SBTH ST LOS AWELLS, CA 90037 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (3) ST JOBC CHILARE MRILER, MO 3030 02-022215 501(C)(3) 12,500. PATIENT SUPPOR (4)						•	•			
12312 OLIVE BLVD ST LOUIS, NO 63141 43-1552945 501(C)(3) 10,500. PATIENT SUPPOR (2) ST BERNARDS FOUNDATION 71-0290019 501(C)(3) 17,500. PATIENT SUPPOR 225 EAST JACKSON JONESBORO, AR 72401 71-0290019 501(C)(3) 17,500. PATIENT SUPPOR 236 TOMINIC CANCER CENTER			(b) EIN				(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance	
(2) ST BERNARDS FOUNDATION 71-0290019 501(c)(3) 17,500. PATIENT SUPPOR (3) ST DOMINIC CANCER CENTER	(1) SSM HEALTH FOUNDA	TION ST LOUIS								
225 EAST JACKSON JONESBORO, AR 72401 71-029019 501(C)(3) 17,500. PATIENT SUPPOR (3) ST DOMINIC CANCER CENTER 2950 CURRAN DE SUITE 100 JACKSON, MS 39216 64-0303091 501(C)(3) 7,000. PATIENT SUPPOR (4) ST ELIZABETH FOUNDATION 47-0625523 501(C)(3) 24,000. PATIENT SUPPOR (5) ST ELIZABETH MEDICAL CENTER INC 47-0625523 501(C)(3) 13,000. PATIENT SUPPOR (6) ST FARNCIS FOUNDATION 61-0445850 501(C)(3) 13,000. PATIENT SUPPOR (1) MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 61-0445850 501(C)(3) 25,000. PATIENT SUPPOR (1) ST FARNCIS FOUNDATION 95-4067758 501(C)(3) 25,000. PATIENT SUPPOR (1) ST JOHN'S COMMUNITY HEALTH 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (3) ST JOSEPH HOSPITALO FO NASHUA HH 11/2 KINSLEY STREET NASHUA, NH 03060 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR (4) ST JOSEPH HOSPITALE 510(C)(3) 15,000. PATIENT SUPPOR 10/15 JURE FOR SUPARAMINA, GA 31405 58-2288758 501(C)(3) 15,000. PATIENT SUPPOR </td <td>12312 OLIVE BLVD ST LO</td> <td>OUIS, MO 63141</td> <td>43-1552945</td> <td>501(C)(3)</td> <td>10,500.</td> <td></td> <td></td> <td></td> <td>PATIENT SUPPORT</td>	12312 OLIVE BLVD ST LO	OUIS, MO 63141	43-1552945	501(C)(3)	10,500.				PATIENT SUPPORT	
(3) ST DOMINIC CANCER CENTER (4) ST ELIZABETH FOUNDATION (5) ST ELIZABETH FOUNDATION (7) OD (7) PATIENT SUPPOR (4) ST ELIZABETH FOUNDATION (5) ST ELIZABETH FOUNDATION (7) OD	(2) ST BERNARDS FOUND	ATION								
2959 CURRAN DR SUITE 100 JACKSON, MS 39216 64-0303091 501(C)(3) 7,000. PATIENT SUPPOR (4) ST ELIZABETH HOUNDATION 47-0625523 501(C)(3) 24,000. PATIENT SUPPOR (5) ST ELIZABETH MEDICAL CENTER INC 61-0445850 501(C)(3) 13,000. PATIENT SUPPOR (6) ST FRANCIS FOUNDATION 61-0445850 501(C)(3) 13,000. PATIENT SUPPOR (7) ST JOHN'S COMMUNITY HEALTH 61-0445850 501(C)(3) 25,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 75-4067755 501(C)(3) 20,000. PATIENT SUPPOR (9) ST JOSEPH HOSPITAL OF NASHUA NH 02-022215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPH S/CANDLER 510(C)(3) 12,500. PATIENT SUPPOR 262 DANNY THOMAS PLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 1,833,000. PATIENT SUPPOR 232 SWOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 1,833,000. PATIENT SUPPOR 232 SWOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 1,833,000. PATIENT SUPPOR (11) ST LUKES SPISCOAL-PRESENTE	225 EAST JACKSON JONES	SBORO, AR 72401	71-0290019	501(C)(3)	17,500.				PATIENT SUPPORT	
(4) ST ELIZABETH FOUNDATION A7-0625523 501(C)(3) 24,000. PATIENT SUPPOR (5) ST ELIZABETH MEDICAL CENTER INC 61-0445850 501(C)(3) 24,000. PATIENT SUPPOR 1 MEDICAL VILLAGE DRIVE EDERWOOD, KY 41017 61-0445850 501(C)(3) 13,000. PATIENT SUPPOR (6) ST FRANCIS FOUNDATION 211 ST FRANCIS DR CAPE GIRARDEAU, MO 63703 43-111276 501(C)(3) 25,000. PATIENT SUPPOR (7) ST JOHN'S COMMUNITY HEALTH 808 W 58TH ST LOS ANGELES, CA 90037 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 58-2288758 501(C)(3) 15,000. PATIENT SUPPOR (10) ST JUDE CHILDREN'S RESCH HOSP 20-0646012 501(C)(3) 15,000. PATIENT SUPPOR 262 DANNY THONAS FLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 15,000. PATIENT SUPPOR 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 323 S WOODS MILL RD CHESTERFIELM MOSPITALS 31405 501(C)	(3) ST DOMINIC CANCER	CENTER								
555 S 70TH ST LINCOLN, NE 68510 47-0625523 501(C)(3) 24,000. PATIENT SUPPOR (6) ST FELIZABETH MEDICAL CENTER INC 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 61-0445850 501(C)(3) 13,000. PATIENT SUPPOR (6) ST FRANCIS FOUNDATION 211 ST FRANCIS DR CAPE GIRARDEAU, MO 63703 43-1111276 501(C)(3) 25,000. PATIENT SUPPOR (7) ST JOHN'S COMMUNITY HEALTH 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 95-4067758 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR 5353 REYNOLDS STREET SAVANNAH, GA 31405 58-2288758 501(C)(3) 15,000. PATIENT SUPPOR (10) ST JUBE CHILDREN'S RESERCH HOSP 20.0046012 501(C)(3) 1,833,000. EXTRAMURAL RES 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR (12) ST LUKE'S FOUDDATION 10.000. 10,000. PATIENT SUPPOR PATIENT SUPPOR			64-0303091	501(C)(3)	7,000.				PATIENT SUPPORT	
(5) ST ELIZABETH MEDICAL CENTER INC 61-0445850 501(C)(3) 13,000. PATIENT SUPPOR 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 61-0445850 501(C)(3) 13,000. PATIENT SUPPOR (6) ST FRANCIS FOUNDATION 211 ST FRANCIS DR CAPE GRARDEAU, MO 63703 43-111276 501(C)(3) 25,000. PATIENT SUPPOR (7) ST JOHN'S COMMUNITY HEALTH 808 W 58TH ST LOS ANGELES, CA 90037 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 172 KNISLEY STREET NASHUA, NH 03060 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 58-2288758 501(C)(3) 15,000. PATIENT SUPPOR 326 ZDANNY THOMAS PLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 1,833,000. EXTRAMURAL RES 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 1000 E FIR	(4) ST ELIZABETH FOUN	DATION								
1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 61-0445850 501(C)(3) 13,000. PATIENT SUPPOR (6) ST FRANCIS FOUNDATION 43-1111276 501(C)(3) 25,000. PATIENT SUPPOR (7) ST JOHN'S COMMUNITY HEALTH 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (7) ST JOSEPH HOSPITAL OF NASHUA NH 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 58-2288758 501(C)(3) 15,000. PATIENT SUPPOR 262 DANNY THOMAS FLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 1,833,000. PATIENT SUPPOR 232 S WOODS MILL RD CHESTERTELIAN HOSPITALS 32-052680 501(C)(3) 15,000. PATIENT SUPPOR 232 S WOODS MILL RD CHESTERTELIAN HOSPITALS 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 1000 E FIRST ST, STE 102 DULUTH, MN 55805 41-1448118 501(C)(3) 10,000. PATIENT SUPPOR	555 S 70TH ST LINCOLN	, NE 68510	47-0625523	501(C)(3)	24,000.				PATIENT SUPPORT	
(6) ST FRANCIS FOUNDATION 43-111276 501(C)(3) 25,000. PATIENT SUPPOR 211 ST FRANCIS DR CAPE GIRARDEAU, MO 63703 43-111276 501(C)(3) 25,000. PATIENT SUPPOR (7) ST JOHN'S COMMUNITY HEALTH 808 W 58TH ST LOS ANGELES, CA 90037 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 172 KNISLEY STREET NASHUA, NH 03060 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 58-2288758 501(C)(3) 15,000. PATIENT SUPPOR (10) ST JUDE CHILDREN'S RESRCH HOSP 501(C)(3) 15,000. PATIENT SUPPOR 262 DANNY THOMAS PLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 1,833,000. EXTRAMURAL RES 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 1000 E FIRST ST, STE 102 DULUTH, MN 55805 41-144818 501(C)(3) 10,000. PATIENT SUPPOR	(5) ST ELIZABETH MEDIC	CAL CENTER INC								
211 ST FRANCIS DR CAPE GIRARDEAU, MO 63703 43-111276 501(C)(3) 25,000. PATIENT SUPPOR (7) ST JOHN'S COMMUNITY HEALTH 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR 808 W 58TH ST LOS ANGELES, CA 90037 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 02-022215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 02-022215 501(C)(3) 12,500. PATIENT SUPPOR 5353 REYNOLDS STREET SAVANNAH, GA 31405 58-2288758 501(C)(3) 15,000. PATIENT SUPPOR (10) ST JUDE CHILDREN'S RESRCH HOSP 62-0646012 501(C)(3) 1,833,000. EXTRAMURAL RES 262 DANNY THOMAS PLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 1,833,000. EXTRAMURAL RES 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 1000 E FIRST ST, STE 102 DULUTH, MN 55805 41-1448118 501(C)(3) 10,000. PATIENT SUPPOR	1 MEDICAL VILLAGE DRIV	VE EDGEWOOD, KY 41017	61-0445850	501(C)(3)	13,000.				PATIENT SUPPORT	
(7) ST JOHN'S COMMUNITY HEALTH 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR 808 W 58th ST LOS ANGELES, CA 90037 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 02-0222215 501(C)(3) 12,500. PATIENT SUPPOR (10) ST JUDE CHILDREN'S RESECH HOSP 62-0646012 501(C)(3) 15,000. PATIENT SUPPOR 262 DANNY THOMAS PLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 1,833,000. EXTRAMURAL RESECTION 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 1000 E FIRST ST, STE 102 DULUTH, MN 55805 41-1448118 501(C)(3) 10,000. PATIENT SUPPOR	(6) ST FRANCIS FOUNDA	TION								
808 W 58TH ST LOS ANGELES, CA 90037 95-4067758 501(C)(3) 20,000. PATIENT SUPPOR (8) ST JOSEPH HOSPITAL OF NASHUA NH 02-022215 501(C)(3) 12,500. PATIENT SUPPOR 172 KNISLEY STREET NASHUA, NH 03060 02-022215 501(C)(3) 12,500. PATIENT SUPPOR (9) ST JOSEPHS/CANDLER 58-2288758 501(C)(3) 15,000. PATIENT SUPPOR 262 DANNY THOMAS PLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 1,833,000. EXTRAMURAL RES (11) ST LUKES EPISCOPAL-PRESENTERIAN HOSPITALS 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR (12) ST LUKE'S FOUNDATION 41-1448118 501(C)(3) 10,000. PATIENT SUPPOR	211 ST FRANCIS DR CAPI	E GIRARDEAU, MO 63703	43-1111276	501(C)(3)	25,000.				PATIENT SUPPORT	
(8) ST JOSEPH HOSPITAL OF NASHUA NH02-0222215501(C)(3)12,500.PATIENT SUPPOR172 KNISLEY STREET NASHUA, NH 0306002-0222215501(C)(3)12,500.PATIENT SUPPOR(9) ST JOSEPHS/CANDLER58-2288758501(C)(3)15,000.PATIENT SUPPOR(10) ST JUDE CHILDREN'S RESRCH HOSP58-2288758501(C)(3)15,000.PATIENT SUPPOR262 DANNY THOMAS PLACE MEMPHIS, TN 3814862-0646012501(C)(3)1,833,000.EXTRAMURAL RES(11) ST LUKES EPISCOPAL-PRESBYTERIAN HOSPITALS232 S WOODS MILL RD CHESTERFIELD, MO 6301743-0652680501(C)(3)15,000.PATIENT SUPPOR(12) ST LUKE'S FOUNDATION10.00010.000.PATIENT SUPPORPATIENT SUPPOR	(7) ST JOHN'S COMMUNI	TY HEALTH								
172 KNISLEY STREET NASHUA, NH 0306002-022215501(C)(3)12,500.PATIENT SUPPOR(9) ST JOSEPHS/CANDLER58-2288758501(C)(3)15,000.PATIENT SUPPOR5353 REYNOLDS STREET SAVANNAH, GA 3140558-2288758501(C)(3)15,000.PATIENT SUPPOR(10) ST JUDE CHILDREN'S RESRCH HOSP	808 W 58TH ST LOS ANG	ELES, CA 90037	95-4067758	501(C)(3)	20,000.				PATIENT SUPPORT	
(9) ST JOSEPHS/CANDLERAAA5353 REYNOLDS STREET SAVANNAH, GA 3140558-2288758501(C)(3)15,000.PATIENT SUPPOR(10) ST JUDE CHILDREN'S RESRCH HOSP262 DANNY THOMAS PLACE MEMPHIS, TN 3814862-0646012501(C)(3)1,833,000.EXTRAMURAL RES(11) ST LUKES EPISCOPAL-PRESBYTERIAN HOSPITALS232 S WOODS MILL RD CHESTERFIELD, MO 6301743-0652680501(C)(3)15,000.PATIENT SUPPOR(12) ST LUKE'S FOUNDATION10.000 E FIRST ST, STE 102 DULUTH, MN 5580541-1448118501(C)(3)10,000.PATIENT SUPPOR	(8) ST JOSEPH HOSPITA	L OF NASHUA NH								
5353 REYNOLDS STREET SAVANNAH, GA 3140558-2288758501(C)(3)15,000.PATIENT SUPPOR(10) ST JUDE CHILDREN'S RESRCH HOSP </td <td>172 KNISLEY STREET NAS</td> <td>SHUA, NH 03060</td> <td>02-0222215</td> <td>501(C)(3)</td> <td>12,500.</td> <td></td> <td></td> <td></td> <td>PATIENT SUPPORT</td>	172 KNISLEY STREET NAS	SHUA, NH 03060	02-0222215	501(C)(3)	12,500.				PATIENT SUPPORT	
(10) ST JUDE CHILDREN'S RESRCH HOSP62-0646012501(C)(3)1,833,000.EXTRAMURAL RES262 DANNY THOMAS PLACE MEMPHIS, TN 3814862-0646012501(C)(3)1,833,000.EXTRAMURAL RES(11) ST LUKES EPISCOPAL-PRESBYTERIAN HOSPITALS232 S WOODS MILL RD CHESTERFIELD, MO 6301743-0652680501(C)(3)15,000.PATIENT SUPPOR(12) ST LUKE'S FOUNDATION41-1448118501(C)(3)10,000.10,000.PATIENT SUPPOR	(9) ST JOSEPHS/CANDLE	R								
262 DANNY THOMAS PLACE MEMPHIS, TN 38148 62-0646012 501(C)(3) 1,833,000. EXTRAMURAL RES (11) ST LUKES EPISCOPAL-PRESBYTERIAN HOSPITALS 3-0652680 501(C)(3) 15,000. PATIENT SUPPOR 232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR (12) ST LUKE'S FOUNDATION 41-1448118 501(C)(3) 10,000. PATIENT SUPPOR	5353 REYNOLDS STREET	SAVANNAH, GA 31405	58-2288758	501(C)(3)	15,000.				PATIENT SUPPORT	
(11) ST LUKES EPISCOPAL-PRESBYTERIAN HOSPITALS 232 S WOODS MILL RD CHESTERFIELD, MO 6301743-0652680501(C)(3)15,000.PATIENT SUPPOR(12) ST LUKE'S FOUNDATION 1000 E FIRST ST, STE 102 DULUTH, MN 5580541-1448118501(C)(3)10,000.PATIENT SUPPOR	(10) ST JUDE CHILDREN'S	S RESRCH HOSP								
232 S WOODS MILL RD CHESTERFIELD, MO 63017 43-0652680 501(C)(3) 15,000. PATIENT SUPPOR (12) ST LUKE'S FOUNDATION 41-1448118 501(C)(3) 10,000. PATIENT SUPPOR 1000 E FIRST ST, STE 102 DULUTH, MN 55805 41-1448118 501(C)(3) 10,000. PATIENT SUPPOR	262 DANNY THOMAS PLAC	E MEMPHIS, TN 38148	62-0646012	501(C)(3)	1,833,000.				EXTRAMURAL RESEARCH	
(12) ST LUKE'S FOUNDATION 41-1448118 501(C)(3) 10,000. PATIENT SUPPOR	(11) ST LUKES EPISCOPA	L-PRESBYTERIAN HOSPITALS	_							
1000 E FIRST ST, STE 102 DULUTH, MN 55805 41-1448118 501(C)(3) 10,000.	232 S WOODS MILL RD C	HESTERFIELD, MO 63017	43-0652680	501(C)(3)	15,000.				PATIENT SUPPORT	
	(12) ST LUKE'S FOUNDAT	ION	_							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									PATIENT SUPPORT	
3 Enter total number of other organizations listed in the line 1 table			-	-						

Governments, and Individuals in the United States Complete if the organization assertance "Vest" on Form 990, Part IV, line 21 or 22. Attach to Form 990, Tot IV, line 21 or 22. Attach to Form 990, Tot IV, line 21 or 22.	SCHEDULE I (Form 990)				Assistance t			-	OMB No. 1545-0047	
Complete in the organization answere on round systems Open to Public Inspection Description of the Treating intermediation Employe identification number Description of the arganization Employe identification number Part I Central Information on Grants and Assistance Items of the arganization is proceeding in the organization is proceeding in the intermediation in the selection rifering used to sward the grants or assistance? Items of the arganization is proceeding in the organization is proceeding in the intermediation in the organization is proceeding in the intermediation in the organization is proceeding in the intermediation in the organization is proceeding in the organization in the organization is proceeding in the organization in the organization is proceeding in the organization is proceeding in the organization is proceeding in the organization in the organization is proceeding in the organizatin is proc				•					2023	
Department of the Treation Inspection Name of the spantation Englever identification number Name of the spantation Introduction Section Concorner information Introduction Part Of the spantation Concorner information Introduction 1 One the organization Introduction Introduction 2 Describe in Part IV the organization inspin code to substantiate the amount of the grants or assistance, and the selection orient and set to award the grants or assistance? Introduction Yes No 2 Describe in Part IV the organization is procedures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (p) Purpose of grant or assistance (p) Purpose of grant or assistance 11(a) Name and additex construction (b) EN (g) Romain of cont organization (b) Purpose of grant organization (p) Purpose of grant organization (p) Purpose of grant organization 11(a) Name and additex construction (g) Romain of cont organization (g) Romain of cont organization (p) Purpose of grant organization (p) Purpose of grant organization 11(a) State Prostructin Namon of cont organization (g) Romain		Con	iplete if the o	-			line 21 or 22.			
Nume of the organization Employer identification number Additional conclus society, test. 12-1784491 Part II General Information on Grants and Assistance 12-1784491 Additional space and the selection order and the amount of the grants or assistance, and the selection order and the amount or anistance? Yes 2 Describe in Part IV the organization sprocedures for monitoring the use of grant funds in the United States. 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 addres of organization (b) IN (d) RC section (d) Amount of table table is needed. 1 (a) Name and addres of organization (b) IN (d) RC section (d) Amount of table is needed. 1 (a) Name and addres of organization (d) IN (d) RC section (d) Amount of table is needed. 1 (a) Name and addres of organization (d) IN (d) RC section (d) Amount of table is needed. 1 (a) Name and addres of organization (d) IN (d) RC section (d) Amount of table is needed. 1 (a) Name and addres of organization (d) IN (d) RC section (d) Amount of table is needed. 1 (a) Name and addres of organization (d) IN (d) RC sectin is needed. (d) Purpose of grant			C • •							
MARKEN CALCER FORCER ADDRESS 111-10840 Part General Information no Crants and Assistance Information no Crants and Assistance Information no Crants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance? Information of the comparization 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 an address of organization or governments (b) EIN (if Replication or 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) Strats and Other Assistance to Domestic Organization or governments. Complete If the organization assessment or government or government or governments. (a) Description of organization assessment or governments. (1) Strats Batzmit Case PORMETTOM (b) EIN (if Replication organization assessment or governments. (b) Description of organization assessment or governments. (b) Description of organization assessment or governments. (1) Strats Batzmit Case PORMETTOM (c) EIN (c) E			GOT	o www.irs.gov/	Form990 for the la	itest information.		Employer identifie		
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance,	0								ation number	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ortheria used to award the grants or assistance? Image: Content of Conten of Content of Content of			ad Appletone	•				13-1788491		
Interselection criteria used to award the grants or assistance? Ves No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Comparison of the Compari										
1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 2 Describe in 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 dorganization (b) EIN (c) Resc (d) Amont of grant and Other Assistance (b) Description of orash assistance (c) Descripition of orash orash assistance										
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) Nome and address of organization or government (b) EN (c) RC section (f) applicable (d) Amount of cash or government (d) Description of nonceab assistance (d) Amount of cash of assistance (d) Amount of nonceab assistance (d) Amount of nonceab assistance (d) Description of nonceab assistance </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>• • • • • • • • • •</th> <th></th>								• • • • • • • • • •		
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. I (a) Nome and address of organization or government (b) EN (c) EN <th colspa<="" th=""><th>2 Describe in Part</th><th>: IV the organization's proce</th><th>edures for mor</th><th>nitoring the use</th><th>of grant funds in the</th><th>e United States.</th><th></th><th></th><th></th></th>	<th>2 Describe in Part</th> <th>: IV the organization's proce</th> <th>edures for mor</th> <th>nitoring the use</th> <th>of grant funds in the</th> <th>e United States.</th> <th></th> <th></th> <th></th>	2 Describe in Part	: IV the organization's proce	edures for mor	nitoring the use	of grant funds in the	e United States.			
1 (a) Name and address of organization or government (b) EN (c) HC section (f) applicable; (d) Amount of grant (f) Amount of noncash assistance (f) Month of Noncash assistance (g) Description of Noncash assistance (h) Purpose of grant or assistance (1) ST LUKES HEALTH CARE FOUNDATION 555 A AVENUE NE CEDER REATURS, IA 52402 42-1106619 501(c)(3) 30,000. FATLENT SUPFORT (2) ST PETER'S HEALTH FARTNERS 501(c)(3) 10,000. FATLENT SUPFORT (3) ST PETER'S HEALTH FARTNERS 501(c)(3) 10,000. FATLENT SUPFORT (3) ST PETER'S HEALTH FARTNERS 501(c)(3) 10,000. FATLENT SUPFORT (3) ST PETER'S HOSPITAL FOUNDATION INC 501(c)(3) 10,000. FATLENT SUPFORT (3) ST PETER'S HOSPITAL FOUNDATION INC 501(c)(3) 10,000. FATLENT SUPFORT (3) ST DETER'S HANNING BLVD ALBANY, NY 12208 22-2262982 501(c)(3) 15,000. FATLENT SUPFORT (3) ST DETERS' BALLOUNDATA NY ST MONTANTIN INC ST HOMAS Y HOSPITAL FOUNDATION INC FATLENT SUPFORT (3) ST THERES ALLOUNDATA Y ASSEN COUNDATA ASSEN COUNDATA SATSEN SUPPORT FATLENT SUPFORT (4) ST MONGA ST HAMAN HOSPITAL	Part II Grants an	nd Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,	
(1) ST LURES HEALTH CARE FOUNDATION patient support (2) ST MARKS HOSPITAL JEFFERSON CITY NO FDN. 501(C)(3) 30,000. PATIENT SUPPORT (3) ST PETER'S HEALTH CARE FOUNDATION 43-1575307 501(C)(3) 10,000. PATIENT SUPPORT (3) ST PETER'S HEALTH PARTNERS 317 St HANNING BLUD STE 100 ALBARY, NY 12208 45-3570715 501(C)(3) 10,000. PATIENT SUPPORT (4) ST PETER'S HOSPITAL FOUNDATION INC 30.000. PATIENT SUPPORT PATIENT SUPPORT (5) ST TAMMANY HOSPITAL FOUNDATION INC 37-1458857 501(C)(3) 15,000. PATIENT SUPPORT (6) ST TREAS OF KOLKAT, CATHOLIC CHIRCH 45-3854765 501(C)(3) 15,000. PATIENT SUPPORT 1212 SOUTH TYLER STREET COVINTION, LA 70433 37-1458857 501(C)(3) 15,000. PATIENT SUPPORT 1245 STATAMANY HOSPITAL CONDUCTION EXAMPLE TO NUMTON ON CARDINGEN 301(C)(3) 15,000. PATIENT SUPPORT 1245 STATE SOFTAL CATHOLIC CHIRCH 3445 MANNARDVILLE Y MANNARDVILLE, TN 37807 45-3854765 501(C)(3) 7,500. PATIENT SUPPORT 1348 STATE TORAS AT INDORS Y UNCENT CANCER CENTER 10.021/2 01(C)(3) 7,500. PATIENT SUPPORT	Part IV, li	ne 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is i	needed.		
(1) ST LURES HEALTH CARE FOUNDATION patient support (2) ST MARKS HOSPITAL JEFFERSON CITY NO FDN. 501(C)(3) 30,000. PATIENT SUPPORT (3) ST PETER'S HEALTH CARE FOUNDATION 43-1575307 501(C)(3) 10,000. PATIENT SUPPORT (3) ST PETER'S HEALTH PARTNERS 317 St HANNING BLUD STE 100 ALBARY, NY 12208 45-3570715 501(C)(3) 10,000. PATIENT SUPPORT (4) ST PETER'S HOSPITAL FOUNDATION INC 30.000. PATIENT SUPPORT PATIENT SUPPORT (5) ST TAMMANY HOSPITAL FOUNDATION INC 37-1458857 501(C)(3) 15,000. PATIENT SUPPORT (6) ST TREAS OF KOLKAT, CATHOLIC CHIRCH 45-3854765 501(C)(3) 15,000. PATIENT SUPPORT 1212 SOUTH TYLER STREET COVINTION, LA 70433 37-1458857 501(C)(3) 15,000. PATIENT SUPPORT 1245 STATAMANY HOSPITAL CONDUCTION EXAMPLE TO NUMTON ON CARDINGEN 301(C)(3) 15,000. PATIENT SUPPORT 1245 STATE SOFTAL CATHOLIC CHIRCH 3445 MANNARDVILLE Y MANNARDVILLE, TN 37807 45-3854765 501(C)(3) 7,500. PATIENT SUPPORT 1348 STATE TORAS AT INDORS Y UNCENT CANCER CENTER 10.021/2 01(C)(3) 7,500. PATIENT SUPPORT			(b) EIN				(f) Method of valuation (book, FMV, appraisal, other)			
(2) ST MARYS HOSPITAL JEFFERSON CITY MO FDN. A3-1575307 501(c)(3) 10,000. PATIENT SUPPORT (3) ST PETERS HEALTH PARTNERS 43-1575307 501(c)(3) 10,000. PATIENT SUPPORT (4) ST PETERS HEALTH PARTNERS 43-1575307 501(c)(3) 10,000. PATIENT SUPPORT (4) ST PETERS HASPITAL FOUNDATION INC 310 SOUTH MAINING BLVD ALEANY, NY 12208 45-3570715 501(c)(3) 15,000. PATIENT SUPPORT (5) ST TAMANY HOSPITAL FOUNDATION 1127 SOUTH TYLER STREET COUNDATION 1127 SOUTH TYLER STREET COUNDATION PATIENT SUPPORT (5) ST TEMBARY HOSPITAL FOUNDATION 1127 SOUTH TYLER STREET COUNDATION 9411ENT SUPPORT PATIENT SUPPORT (6) ST TERESA OF KOLKATA CATHOLIC CHURCH 37-1458857 501(c)(3) 15,000. PATIENT SUPPORT (10) ST THOMAS RADIOLOGY ASSOC 9149 ESTATE THOMAS ST THONAS, VI 00802 66-0434472 501(c)(3) 7,500. PATIENT SUPPORT (10) ST UNCENT CONCERC CENTERS OF MONTANA 1106 N 301H ST BILLINGS, MT SUDIO IN INC 30,000. 9351 VINCENT HOSPITAL FOUNDATION INC 30,000. PATIENT SUPPORT (10) ST UNCENT HORE CENTER BIN CANCER CENTER 1130 2200 ST SOUTH BIRMINGHEM, A1 35205 501(c)(3)	(1) ST LUKES HEALTH C	ARE FOUNDATION								
2555 MISSION DELVE JEFFERSON CITY, MO 65109 43-1575307 501(C)(3) 10,000. PATIENT SUPPORT (3) ST PETERS HEALTH PARTNERS A A A A A 317 S MANNING HLVD STE 100 ALEANY, NY 12208 45-3570715 501(C)(3) 10,000. PATIENT SUPPORT (4) ST PETER'S HOSPITAL FOUNDATION INC B B B B B 310 S OUTH MANNING HLVD ALEANY, NY 12208 22-2262982 501(C)(3) 15,000. PATIENT SUPPORT (5) ST TAMMANY HOSPITAL FOUNDATION B B B B B B 127 SOUTH MANNING HLVD SUPTIAL FOUNDATION B C B B B B B 130 SOUTH MANNING HLVD SUPTIAL FOUNDATION B C B <t< td=""><td>855 A AVENUE NE CEDAR</td><td>RAPIDS, IA 52402</td><td>42-1106819</td><td>501(C)(3)</td><td>30,000.</td><td></td><td></td><td></td><td>PATIENT SUPPORT</td></t<>	855 A AVENUE NE CEDAR	RAPIDS, IA 52402	42-1106819	501(C)(3)	30,000.				PATIENT SUPPORT	
2555 MISSION DELVE JEFFERSON CITY, MO 65109 43-1575307 501(C)(3) 10,000. PATIENT SUPPORT (3) ST PETERS HEALTH PARTNERS A A A A A 317 S MANNING HLVD STE 100 ALEANY, NY 12208 45-3570715 501(C)(3) 10,000. PATIENT SUPPORT (4) ST PETER'S HOSPITAL FOUNDATION INC B B B B B 310 S OUTH MANNING HLVD ALEANY, NY 12208 22-2262982 501(C)(3) 15,000. PATIENT SUPPORT (5) ST TAMMANY HOSPITAL FOUNDATION B B B B B B 127 SOUTH MANNING HLVD SUPTIAL FOUNDATION B C B B B B B 130 SOUTH MANNING HLVD SUPTIAL FOUNDATION B C B <t< td=""><td>(2) ST MARYS HOSPITAL</td><td>JEFFERSON CITY MO FDN.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) ST MARYS HOSPITAL	JEFFERSON CITY MO FDN.								
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 22-262982 501(C)(3) 15,000. PATIENT SUPPORT (5) ST TAMMANY HOSPITAL FOUNDATION 127 SOUTH TYLER STREET COULNCTOR, LA 70433 37-1458857 501(C)(3) 20,000. PATIENT SUPPORT (6) ST TERESA OF KOLKATA CATHOLIC CHURCH 3445 BAYNARDVILLE, TN 37807 45-3854765 501(C)(3) 15,000. PATIENT SUPPORT (7) ST HOMAS RADIOLOGY ASSOC 9149 ESTAT HOMAS, ST HOMAS, VI 00802 66-0434472 501(C)(3) 7,500. PATIENT SUPPORT (8) ST VINCENT CANCER CENTERS OF MONTANA 10.6 N 30TH ST BILLINGS, MT 59101 81-0232124 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT HONS FITAL POUNDATION INC 30 91(C)(3) 20,000. PATIENT SUPPORT (10) ST VINCENT HORD FITS BURGH, PA 15222 35-6088662 501(C)(3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE 49-6174066 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE			43-1575307	501(C)(3)	10,000.				PATIENT SUPPORT	
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 22-262982 501(C)(3) 15,000. PATIENT SUPPORT (5) ST TAMMANY HOSPITAL FOUNDATION 127 SOUTH TYLER STREET COULNCTOR, LA 70433 37-1458857 501(C)(3) 20,000. PATIENT SUPPORT (6) ST TERESA OF KOLKATA CATHOLIC CHURCH 3445 BAYNARDVILLE, TN 37807 45-3854765 501(C)(3) 15,000. PATIENT SUPPORT (7) ST HOMAS RADIOLOGY ASSOC 9149 ESTAT HOMAS, ST HOMAS, VI 00802 66-0434472 501(C)(3) 7,500. PATIENT SUPPORT (8) ST VINCENT CANCER CENTERS OF MONTANA 10.002. 66-0434472 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT HONSPITAL POUNDATION INC 30.000. 9ATIENT SUPPORT 9ATIENT SUPPORT 9ATIENT SUPPORT (10) ST VINCENT HORD STAL POUNDATION INC 30.000. 9ATIENT SUPPORT 9ATIENT SUPPORT (10) ST VINCENT HORD PATIENTS UNCOLLAGE 53-6088662 501(C)(3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE 30.010(1) 30.000. PATIENT SUPPORT PATIENT SUPPORT (12) ST VINCENT HORD CAN	(3) ST PETERS HEALTH	PARTNERS								
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982 501(C)(3) 15,000. PATIENT SUPPORT (5) ST TAMMANY HOSPITAL FOUNDATION 37-1458857 501(C)(3) 20,000. PATIENT SUPPORT (6) ST TERESA OF KOLKATA CATHOLIC CHURCH 37-1458857 501(C)(3) 20,000. PATIENT SUPPORT (6) ST TERESA OF KOLKATA CATHOLIC CHURCH 45-3854765 501(C)(3) 15,000. PATIENT SUPPORT (7) ST THOMAS RADIOLOGY ASSOC 501(C)(3) 7,500. PATIENT SUPPORT (6) ST VINCENT CANCER CENTERS OF MONTANA 66-0434472 501(C)(3) 7,500. PATIENT SUPPORT (6) ST VINCENT CANCER CENTERS OF MONTANA 81-0232124 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT HOSPITAL FOUNDATION INC 300 FIFTH AVENUE FITTSBURGH, PA 15222 55-6088862 501(C)(3) 20,000. PATIENT SUPPORT (10) ST VINCENT 'S BRUNO CANCER CENTER 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE 30-046966 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE 30-0500. PATIENT SUPPORT PATIENT SUPPORT (13) STANFORD HEALTH CARE 30-0600. PATIENT SUPPORT </td <td></td> <td></td> <td>45-3570715</td> <td>501(C)(3)</td> <td>10,000.</td> <td></td> <td></td> <td></td> <td>PATIENT SUPPORT</td>			45-3570715	501(C)(3)	10,000.				PATIENT SUPPORT	
(5) ST TAMMANY HOSPITAL FOUNDATION PATIENT SUPPORT 1127 SOUTH TYLER STREET COVINGTON, LA 70433 37-1458857 501(C)(3) 20,000. PATIENT SUPPORT (6) ST TERESA OF KOLKATA CATHOLIC CHURCH 3445 MAXNARDVILLE, YN 37807 45-3854765 501(C)(3) 15,000. PATIENT SUPPORT (7) ST THOMAS ST ADIOLOGY ASSOC 66-0434472 501(C)(3) 7,500. PATIENT SUPPORT (8) ST VINCENT CANCER CENTERS OF MONTANA 66-0434472 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT CANCER CENTERS OF MONTANA 81-0232124 501(C)(3) 30,000. PATIENT SUPPORT (10) ST VINCENT HOSPITAL FOUNDATION INC 30.000. PATIENT SUPPORT PATIENT SUPPORT 300 PIFTH AVENUE PITTSBURGH, PA 15222 35-6088862 501(C)(3) 20,000. PATIENT SUPPORT 1103 ZAND ST SOUTH BERMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 1300 PASTEUR DR MC 5554 STANFORD, CA 94305 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT (11)	(4) ST PETER'S HOSPIT	AL FOUNDATION INC								
1127 SOUTH TYLER STREET COVINGTON, LA 70433 37-1458857 501(C)(3) 20,000. PATIENT SUPPORT (6) ST TERESA OF KOLKATA CATHOLIC CHURCH 3445 MANNARDVILLE, NN 37807 45-3854765 501(C)(3) 15,000. PATIENT SUPPORT (7) ST THOMAS RADIOLOGY ASSOC 66-0434472 501(C)(3) 7,500. PATIENT SUPPORT (8) ST VINCENT CANCER CENTERS OF MONTANA 81-0232124 501(C)(3) 7,500. PATIENT SUPPORT (9) ST VINCENT ANCRET CENTERS OF MONTANA 81-0232124 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT HOSPITAL FOUNDATION INC 81-0232124 501(C)(3) 20,000. PATIENT SUPPORT 300 FIFTH AVENUE PITTSBURGH, PA 15222 35-6088862 501(C)(3) 20,000. PATIENT SUPPORT (10) ST VINCENT'S BRIND CANCER CENTER 130 22ND ST SOUTH BIRMINHAM, AL 55205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE 301(C) (3) 20,000. PATIENT SUPPORT PATIENT SUPPORT (12) STANFORD HEALTH CARE - VALLEYCARE 501(C) (3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE - VALLEYCARE 501(C) (3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH			22-2262982	501(C)(3)	15,000.				PATIENT SUPPORT	
(6) ST TERESA OF KOLKATA CATHOLIC CHURCH PATIENT SUPPORT 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 81-0232124 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT HOSPITAL FOUNDATION INC 30,000. PATIENT SUPPORT PATIENT SUPPORT 110 ST VINCENT'S BRUND CANCER CENTER 35-6088862 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT 12) STANFORD HEALT	(5) ST TAMMANY HOSPIT	AL FOUNDATION								
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 81-0232124 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT HOSPITAL FOUNDATION INC 81-0232124 501(C)(3) 20,000. PATIENT SUPPORT 300 FIFTH AVENUE PITTSBURGH, PA 15222 35-608862 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE 304-6174066 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE 30-46174066 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE - VALLEYCARE 30-46174066 501(C)(3) 20,000. PATIENT SUPPORT 5555 W LAS POSITAS BLVD PLEASNTON, CA 94388 94-2172862 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.	1127 SOUTH TYLER STRE	ET COVINGTON, LA 70433	37-1458857	501(C)(3)	20,000.				PATIENT SUPPORT	
(7) ST THOMAS RADIOLOGY ASSOC 66-0434472 501(C)(3) 7,500. PATIENT SUPPORT 9149 ESTATE THOMAS ST THOMAS, VI 00802 66-0434472 501(C)(3) 7,500. PATIENT SUPPORT (6) 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 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 112) STANFORD HEALTH CARE 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT 12) STANFORD HEALTH CARE - VALLEYCARE 94-2172862 501(C)(3) 20,000. PATIENT SUPPORT 5555 W LAS POSITAS BLVD PLEASNTON, CA 94588	(6) ST TERESA OF KOLK	ATA CATHOLIC CHURCH								
9149 ESTATE THOMAS, VI 00802 66-0434472 501(C)(3) 7,500. PATIENT SUPPORT (6) ST VINCENT CANCER CENTERS OF MONTANA 81-0232124 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT HOSPITAL FOUNDATION INC 81-0232124 501(C)(3) 20,000. PATIENT SUPPORT 300 FIFTH AVENUE PITTSBURGH, PA 15222 35-6088862 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT 300 PASTEUR DR MC 5554 STANFORD, CA 94305 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE 94-2172862 501(C)(3) 20,000. PATIENT SUPPORT 2555 W LAS POSITAS BLVD PLEASNTON, CA 94588 94-2172862 501(C)(3) 20,000. PATIENT SUPPORT 2 Enter total number of section 501(c)(3) and Evernment Turbutorsuportsu	3445 MAYNARDVILLE HY	MAYNARDVILLE, TN 37807	45-3854765	501(C)(3)	15,000.				PATIENT SUPPORT	
(8) ST VINCENT CANCER CENTERS OF MONTANA 81-0232124 501(C)(3) 30,000. PATIENT SUPPORT (9) ST VINCENT HOSPITAL FOUNDATION INC 35-608862 501(C)(3) 20,000. PATIENT SUPPORT (10) ST VINCENT'S BRUNO CANCER CENTER 35-608862 501(C)(3) 20,000. PATIENT SUPPORT (11) ST VINCENT'S BRUNO CANCER CENTER	(7) ST THOMAS RADIOLO	GY ASSOC								
1106 N 30TH ST BILLINGS, MT 59101 81-0232124 501 (C) (3) 30,000. PATIENT SUPPORT (9) ST VINCENT HOSPITAL FOUNDATION INC 35-6088862 501 (C) (3) 20,000. PATIENT SUPPORT 300 FIFTH AVENUE PITTSBURGH, PA 15222 35-6088862 501 (C) (3) 20,000. PATIENT SUPPORT (10) ST VINCENT'S BRUNO CANCER CENTER 63-0868066 501 (C) (3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501 (C) (3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE 94-6174066 501 (C) (3) 20,000. PATIENT SUPPORT 300 PASTEUR DR MC 5554 STANFORD, CA 94305 94-6174066 501 (C) (3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE - VALLEYCARE 94-6174066 501 (C) (3) 20,000. PATIENT SUPPORT 5555 W LAS POSITAS BLVD PLEASNTON, CA 94588 94-2172862 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. PATIENT SUPPORT	9149 ESTATE THOMAS ST	THOMAS, VI 00802	66-0434472	501(C)(3)	7,500.				PATIENT SUPPORT	
(9) ST VINCENT HOSPITAL FOUNDATION INCassociated and the second seco	(8) ST VINCENT CANCER	CENTERS OF MONTANA								
300 FIFTH AVENUE PITTSBURGH, PA 15222 35-6088862 501(C)(3) 20,000. PATIENT SUPPORT (10) ST VINCENT'S BRUNO CANCER CENTER 63-086806 501(C)(3) 20,000. PATIENT SUPPORT 1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-086806 501(C)(3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE 63-086806 501(C)(3) 20,000. PATIENT SUPPORT 300 PASTEUR DR MC 5554 STANFORD, CA 94305 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE - VALLEYCARE 94-2172862 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. Let 1 Let 1 Let 1	1106 N 30TH ST BILLIN	GS, MT 59101	81-0232124	501(C)(3)	30,000.				PATIENT SUPPORT	
(10) ST VINCENT'S BRUNO CANCER CENTER63-0868066501(C)(3)20,000.PATIENT SUPPORT1130 22ND ST SOUTH BIRMINGHAM, AL 3520563-0868066501(C)(3)20,000.PATIENT SUPPORT(11) STANFORD HEALTH CARE300 PASTEUR DR MC 5554 STANFORD, CA 9430594-6174066501(C)(3)20,000.PATIENT SUPPORT300 PASTEUR DR MC 5554 STANFORD, CA 9430594-6174066501(C)(3)20,000.PATIENT SUPPORT(12) STANFORD HEALTH CARE - VALLEYCARE94-2172862501(C)(3)20,000.PATIENT SUPPORT2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 tableTable	(9) ST VINCENT HOSPIT	AL FOUNDATION INC								
1130 22ND ST SOUTH BIRMINGHAM, AL 35205 63-0868066 501(C)(3) 20,000. PATIENT SUPPORT (11) STANFORD HEALTH CARE	300 FIFTH AVENUE PITT	SBURGH, PA 15222	35-6088862	501(C)(3)	20,000.				PATIENT SUPPORT	
(11) STANFORD HEALTH CARE 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT 300 PASTEUR DR MC 5554 STANFORD, CA 94305 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE - VALLEYCARE 94-2172862 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 20,000. PATIENT SUPPORT	(10) ST VINCENT'S BRUN	O CANCER CENTER								
300 PASTEUR DR MC 5554 STANFORD, CA 94305 94-6174066 501(C)(3) 20,000. PATIENT SUPPORT (12) STANFORD HEALTH CARE - VALLEYCARE 94-2172862 501(C)(3) 20,000. PATIENT SUPPORT 5555 W LAS POSITAS BLVD PLEASNTON, CA 94588 94-2172862 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	1130 22ND ST SOUTH BI	RMINGHAM, AL 35205	63-0868066	501(C)(3)	20,000.				PATIENT SUPPORT	
(12) STANFORD HEALTH CARE - VALLEYCARE 94-2172862 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 1 table	(11) STANFORD HEALTH C	ARE								
5555 W LAS POSITAS BLVD PLEASNTON, CA 94588 94-2172862 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 1 table	300 PASTEUR DR MC 555	4 STANFORD, CA 94305	94-6174066	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	(12) STANFORD HEALTH C	ARE - VALLEYCARE								
									PATIENT SUPPORT	
	2 Enter total number	per of section 501(c)(3) and	l government o	organizations lis	sted in the line 1 tak	ole				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	00) Governments, and Individuals in the United States 00) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. 00 Attach to Form 990. 00 Go to www.irs.gov/Form990 for the latest information.								
Name of the organization							Employer identificati	on number	
AMERICAN CANCER SOCIE	TTY, INC.						13-1788491		
Part I General Ir	nformation on Grants and	d Assistanc	e						
1 Does the organiz	ation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grants	or assistance, and		
	eria used to award the grant							Yes No	
2 Describe in Part	IV the organization's proceed	dures for mor	itoring the use	of grant funds in the	e United States.				
Part II Grants an	d Other Assistance to D	omestic Or	anizations ar	nd Domestic Gov	ernments. Com	plete if the organization	ation answered "Y	es" on Form 990.	
	ne 21, for any recipient the		-					,	
1 (a) Name and	address of organization 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) STANFORD UNIVERSIT	ΓY								
485 BRDWY UNIV. HALL R		94-1156365	501(C)(3)	2,197,499.				SUPPORT/RESEARCH	
(2) STONY BROOK FOUNDA	ATION								
230 ADMINISTRATION STO		11-6077945	501(C)(3)	20,000.				PATIENT SUPPORT	
(3) STRATEGY GROUP, LL	JC.								
PO BOX 941356 ATLANTA,		75-2720985		7,200.				HEALTH EQ AMBASSADOR	
(4) SUMMA HEALTH SYSTE	EM								
1077 GORGE BLVD AKRON,	OH 44310	34-1624766	501(C)(3)	10,000.				PATIENT SUPPORT	
(5) SUNRISE COMMUNITY	HEALTH CTR								
2930 11TH AVE EVANS, C	CO 80620	84-0613289	501(C)(3)	20,000.				PATIENT SUPPORT	
(6) SUSQUEHANNA HEALTH	I FOUNDATION								
1001 GRAMPIAN BLVD WIL	LIAMSPORT, PA 17701	23-2743470	501(C)(3)	6,000.				PATIENT SUPPORT	
(7) SWEDISH MEDICAL CE	INTER								
747 BROADWAY SEATTLE,	WA 98122	91-0983214	501(C)(3)	45,000.				PATIENT SUPPORT	
(8) TEMPLE UNIVERSITY	HOSPITAL INC								
2450 W HUNTING PARK PH	HILADELPHIA, 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 HOSPIT	TALS OF PROVIDENCE	_							
2001 N OREGON ST EL PA	ASO, TX 79902	74-2792375	501(C)(3)	10,000.				PATIENT SUPPORT	
(11) TEXAS CANCER SPECI	IALISTS FORT WORTH	_							
5801 OAKBEND TRAIL FOR		83-2235275		8,000.				PATIENT SUPPORT	
\	ANCER AND HEMATOLOGY CTR	4							
	01 FANNIN STE 1510 HOUSTON, TX 77030 74-1100555 501(C)(3) 96,000. SUPPORT/RESEARCH								

SCHEDULE I			Assistance t	-	•	F	OMB No. 1545-0047
(Form 990)	Governme	nts, and lı	ndividuals i	n the United	d States		2023
	Complete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part I General Information of	on Grants and Assistanc	e					
1 Does the organization maintai	n records to substantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	I
the selection criteria used to a	ward the grants or assistance	e?	- 				Yes No
2 Describe in Part IV the organiz							
Part II Grants and Other Ass	sistance to Domestic Or	ganizations a	nd Domestic Gov	ernments Com	olete if the organiz	ation answered "	Yes" on Form 990
	y recipient that received	-					
· · · · ·		1		•	•		
1 (a) Name and address of organ or government	ization (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) TEXAS HEALTH RESOURCES FOUNDATI	ON						
612 E LAMAR BLVD ARLINGTON, TX 7601	1 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 C	TR EL PASO						
5001 EL PASO DRIVE EL PASO, TX 7990	5 75-2668018	GOVT	791,000.				EXTRAMURAL RESEARCH
(5) THE UNIVERSITY OF KANSAS HOSPIT	AL AUTHORITY						
3901 RAINBOW BLVD KANSAS CITY, KS 6	6160 48-1202402	GOVT	45,000.				SUPPORT/RESEARCH
(6) THE UNIV. OF NORTH CAROLINA AT	CHAPEL HILL						
104 AIRPORT DRIVE CHAPEL HILL, NC 2	7599 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 14	048 27-3512018	501(C)(3)	10,000.				PATIENT SUPPORT
(10) THE CHRIST HOSPITAL HEALTH NETW	IORK						
2123 AUBURN AVENUE CINCINNATI, OH 4	5219 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 AU	THORITY						
2000 PEPPERELL PARKWAY OPELIKA, AL	36801 27-3711818	501(C)(3)	10,000.				PATIENT SUPPORT
2 Enter total number of section	501(c)(3) and government	organizations lis	sted in the line 1 tak	ble			
3 Enter total number of other or	ganizations listed in the line	1 table					

SCHEDULE I				Assistance f	-	•	F	OMB No. 1545-0047
(Form 990)			•	ndividuals i				2023
	Com	plete if the ol	-	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury		0		tach to Form 990.				Inspection
Internal Revenue Service		Got	o www.irs.gov/	Form990 for the la	itest information.		En la constata a della	
Name of the organization							Employer identific	ation number
AMERICAN CANCER SOCI							13-1788491	
	nformation on Grants an							
the selection crit 2 Describe in Part	zation maintain records to s teria used to award the gran IV the organization's proce	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
	nd Other Assistance to D		-					'Yes" on Form 990,
Part IV, li	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
	d address of organization 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) THE FDN. AT LAKE	CHARLES MEMORIAL HOSPITAL							
1701 OAK PARK BLVD LA	KE CHARLES, LA 70601	72-1103249	501(C)(3)	15,000.				PATIENT SUPPORT
(2) THE FEINSTEIN INS	TITUTES FOR MED. RESEARCH							
125 COMMUNITY DR GREA	T NECK, NY 11021	11-2673595	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(3) THE GEORGE WASHIN	GTON UNIVERSITY							
PO BOX 829896 PHILADE	LPHIA, PA 19182-9896	53-0196584	501(C)(3)	9,000.				PATIENT SUPPORT
(4) THE LAKES COMMUNI	TY HEALTH CENTER							
15954 RIVERS EDGE DR	HAYWARD, WI 54843	35-2297925	501(C)(3)	20,000.				PATIENT SUPPORT
(5) THE LINKS FOUNDAT	ION INC							
1200 MASSACHUSETTS AV	E WASHINGTON, DC 20005	52-1170830	501(C)(3)	25,000.				BLACK FAMILY WELL.
(6) THE LYMPHOLOGY AS	SOCIATION OF NORTH AMERICA							
PO BOX 16183 SAINT LO	UIS, MO 63105	91-2052404	501(C)(6)	75,000.				PATIENT SUPPORT
(7) THE MCCOURT FOUND	DATION							
871 FIGUEROA TERRACE	LOS ANGELES, CA 90012	90-0623963	501(C)(3)	5,935.				RACE SUPPORT & PART
(8) THE METROHEALTH S	YSTEM							
2500 METROHEALTH DRIV	E CLEVELAND, OH 44109	34-6607695	501(C)(3)	125,021.				SUPPORT/RESEARCH
(9) THE MOUNT SINAI H	OSPITAL							
ONE GUSTAVE L LEVY PL	NEW YORK, NY 10029	13-1624096	501(C)(3)	30,000.				PATIENT SUPPORT
(10) THE OHIO STATE UN	IVERSITY							
650 ACKERMAN ROAD COL	UMBUS, 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 VI	SITORS OF THE UNIV. OF VA	_						
PO BOX 400195 CHARLOT	TESVILLE, VA 22904	54-6001796	501(C)(3)	168,000.				PATIENT SUPPORT
2 Enter total numb	per of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tal	ble			
3 Enter total number	per of other organizations lis	ted in the line	1 table					

SCHEDULE I	(Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990)				ndividuals i	-	•		2023
	Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		ZUZJ
Demonstrate of the Transmission	-		-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identif	ication number
AMERICAN CANCER SOCI	ETY, INC.						13-1788491	
Part I General I	nformation on Grants and	d Assistanc	e					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance. a	and
•	eria used to award the grant			•				Yes No
	IV the organization's procee							
	nd Other Assistance to D		-	-		ploto if the organiz	ration answorod	Vos" on Form 000
			-					i tes onronnisso,
	ne 21, for any recipient the	nat received	more man \$5	,000. Part II can i		•		
	d address of organization 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 assistant	
(1) THE REGENTS OF UN	IV. OF CALIFORNIA DAVIS							
1 SHIELDS AVE DAVIS,	CA 95616	94-6036494	501(C)(3)	123,010.				PATIENT SUPPORT
(2) THE REGIONAL MEDI	CAL CENTER AT MEMPHIS FDN.							
877 JEFFERSON AVE MEM	PHIS, TN 38103	58-1737037	501(C)(3)	7,000.				PATIENT SUPPORT
(3) THE RESEARCH INST	. OF FOX CHASE CANCER CTR							
333 COTTMAN AVE PHILA	DELPHIA, PA 19111	23-6296135	501(C)(3)	1,492,000.				EXTRAMURAL RESEARCH
(4) THE ROCKEFELLER U	NIVERSITY							
1230 YORK AVE, BOX 25	9 NEW YORK, NY 10065	13-1624158	501(C)(3)	435,000.				EXTRAMURAL RESEARCH
(5) THEDACARE FAMILY	OF FOUNDATIONS							
1818 N MEADE STREET A	PPLETON, WI 54911	46-4112255	501(C)(3)	30,000.				PATIENT SUPPORT
(6) THOMAS JEFFERSON	UNIVERSITY							
1020 WALNUT ST PHILAD	ELPHIA, PA 19107	23-1352651	501(C)(3)	124,810.				PATIENT SUPPORT
(7) TOURO INFIRMARY F	OUNDATION							
1401 FOUCHER STREET N	EW ORLEANS, LA 70115	72-1169939	501(C)(3)	40,000.				PATIENT SUPPORT
(8) TRAVELERS AID SOC	IETY OF SAN DIEGO INC							
2615 CAMINO DEL RIO S	AN DIEGO, CA 92108	95-1727674	501(C)(3)	10,000.				PATIENT SUPPORT
(9) TRI STATE COMMUNI	TY HEALTH							
4041 KNIGHT ARNOLD RD	MEMPHIS, TN 38118	46-5140089	501(C)(3)	37,500.				PATIENT SUPPORT
(10) TRIAGE CANCER								
PO BOX 4552 CULVER CI	TY, CA 90231	45-5132661	501(C)(3)	105,000.				PATIENT SUPPORT
(11) TRICIA'S TROOPS I	NC							
2410 MILWAUKEE ST DEL	AFIELD, WI 53018	27-3779727	501(C)(3)	30,000.				PATIENT SUPPORT
(12) TRIHEALTH CANCER	INSTITUTE							
5520 CHEVIOT ROAD CIN	CINNATI, OH 45247	27-2413974		15,000.				PATIENT SUPPORT
2 Enter total numb	per of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ole			•
3 Enter total numb	per of other organizations list	ted in the line	1 table					

SCHEDULE I (Form 990)				Assistance f ndividuals in			-	OMB No. 1545-0047
(10111330)			•					2023
	Corr	iplete if the o	-	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		Open to Public
Department of the Treasury		C • •		tach to Form 990.	test information			Inspection
Internal Revenue Service		GOT	o www.irs.gov/	Form990 for the la	itest information.		Employer identifiest	
Name of the organization							Employer identificat	ion number
AMERICAN CANCER SOCI		d Assistans	•				13-1788491	
	nformation on Grants ar							
-	zation maintain records to s			-	-			Yes No
	teria used to award the grar						• • • • • • • • • • •	Yes No
	IV the organization's proce		-					
Part II Grants ar	nd Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	'es" on Form 990,
Part IV, li	ne 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
	d address of organization 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) TRINITY HEALTH FO	UNDATION							
1250 21ST AVENUE SE M		45-0215346	501(C)(3)	30,000.				PATIENT SUPPORT
(2) TRUSTEES OF BOSTO	N UNIV BUMC							
25 BUICK ST BOSTON, M		04-2103547	501(C)(3)	2,052,000.				EXTRAMURAL RESEARCH
(3) TRUSTEES OF THE U	NIV OF PENN							
3451 WALNUT ST PHILAD		23-1352685	501(C)(3)	5,128,167.				SUPPORT/RESEARCH
(4) TRUSTEES OF TUFTS	UNIVERSITY							
169 HOLLAND STREET SO		04-2103634	501(C)(3)	807,000.				SUPPORT/RESEARCH
(5) TULANE UNIV. HEAL	TH SCIENCES CENTER							
1430 TULANE AVE SL-79	NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	50,000.				EXTRAMURAL RESEARCH
(6) TURNER HOUSE CLIN	IC INC							
21 N 12TH STREET #300	KANSAS CITY, KS 66102	48-1151382	501(C)(3)	10,000.				PATIENT SUPPORT
(7) TYLER FAMILY CIRC	LE OF CARE							
523 S FANNIN AVE TYLE	R, 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 HAN	OVER, 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 JACKSON	VILLE							
655 W 8TH STREET JACK	SONVILLE, FL 32209	59-2274759	501(C)(3)	56,250.				PATIENT SUPPORT
(12) UMC FOUNDATION		_						
602 INDIANA AVE LUBBO		75-1639312		10,000.				PATIENT SUPPORT
	per of section 501(c)(3) and							
3 Enter total numb	per of other organizations lis	sted in the line	1 table					

SCHEDULE I	Grants a	nd Other	Assistance f	o Organiza	tions,		OMB No. 1545-0047
(Form 990)		•	ndividuals i				2023
	Complete if the o	-	wered "Yes" on F		line 21 or 22.		Open to Public
Department of the Treasury	•		tach to Form 990.				Inspection
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	itest information.			
Name of the organization						Employer identifica	tion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part I General Information on Grant							
 Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's p 	grants or assistance	ce?					Yes No
Part II Grants and Other Assistance	to Domestic Or	ganizations a	nd Domestic Gov	/ernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, line 21, for any recipie	ent that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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	N.						
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	GOVT	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							
		GOVT	1,089,000.				EXTRAMURAL RESEARCH
PO BOX 210061 CINCINNATI, OH 45221-0061	31-6000989						
PO BOX 210061 CINCINNATI, OH 45221-0061 (12) UNIVERSITY OF FLORIDA	31-6000989						

SCHEDULE I ((Form 990) GC Comp		OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service	Got		tach to Form 990. Form990 for the la	test information			Inspection
Name of the organization	001	0 www.ii3.gov/		test mormation.		Employer identificat	
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part General Information on Grants and	d Assistanc	e				13-1700491	
1 Does the organization maintain records to su			a arante or accieta	nce the grantees	' eligibility for the grant	e or assistance and	
the selection criteria used to award the grant							Yes No
2 Describe in Part IV the organization's proceed							
		9	8		valata if the averagi		
Part II Grants and Other Assistance to D		-					res on Form 990,
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can r	be duplicated if a	•		
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) 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	4						
3917 UNIVERSITY WAY SEATTLE, WA 98195	91-6001537		85,000.				EXTRAMURAL RESEARCH
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list							

SCHEDULE I Grants and Other Assistance to Orga (Form 990) Governments, and Individuals in the U Complete if the organization answered "Yes" on Form 990, F Attach to Form 990.	nited States 2023
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest inform	
Name of the organization	Employer identification number
AMERICAN CANCER SOCIETY, INC.	13-1788491
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grant	antees' eligibility for the grants or assistance, and
the selection criteria used to award the grants or assistance?	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United Sta	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments	
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplica	
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount oncash ass	
(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
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	

SCHEDULE I	(Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990)			•	ndividuals i				2023
	Comp	plete if the or	-	wered "Yes" on F	orm 990, Part IV,	, line 21 or 22.		
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identific	ation number
AMERICAN CANCER SOCI	ETY, INC.						13-1788491	
Part I General I	nformation on Grants and	d Assistanc	e					
the selection crit	zation maintain records to su teria used to award the grant IV the organization's proced	s or assistanc	æ?					d Yes No
Part II Grants ar	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,
Part IV, li	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
	d address of organization 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) UNIVERSITY OF CAL	IFORNIA SANTA BARBARA							
SAASB ROOM 1212 SANTA	BARBARA, CA 93106	95-6006145	501(C)(3)	36,167.				EXTRAMURAL RESEARCH
(2) UNIVERSITY OF FLO	RIDA HEALTH PROTON THERAPY							
2015 N JEFFERSON ST J.		01-0554709	501(C)(3)	35,000.				PATIENT SUPPORT
(3) UNIVERSITY OF HAW	AII FOUNDATION							
1314 S KING ST, STE B		99-0085260	501(C)(3)	15,000.				PATIENT SUPPORT
(4) UNIV OF IOWA HOLD	EN COMPREHENSIVE CANCER CT							
201 S CLINTON ST IOWA		42-6004813	GOVT	50,000.				PATIENT SUPPORT
(5) UNIVERSITY OF KEN	TUCKY MARKEY CANCER FDN.							
115 WALLER AVE, STE 2	04 LEXINGTON, KY 40503	31-0944925	501(C)(3)	50,000.				PATIENT SUPPORT
(6) UNIVERSITY OF KEN	TUCKY RESEARCH FDN.							
PO BOX 931113 CLEVELA	ND, OH 44193	61-6033693	501(C)(3)	1,300,000.				SUPPORT/RESEARCH
(7) UNIVERSITY OF LOU	ISVILLE FOUNDATION							
215 CENTRAL AVENUE LO	UISVILLE, KY 40208	23-7078461	501(C)(3)	50,000.				PATIENT SUPPORT
(8) UNIV OF LOUISVILL	E JAMES GRAHAM BROWN CA CT							
530 S JACKSON ST LOUI	SVILLE, KY 40202	61-0890824	GOVT	762,500.				EXTRAMURAL RESEARCH
(9) UNIVERSITY OF MAR	YLAND MEDICAL SYSTEM FND							
110 S PACA ST, 9TH FL	BALTIMORE, MD 21201	52-2238893	501(C)(3)	180,217.				PATIENT SUPPORT
(10) UNIVERSITY OF MAS	SACHUSETTS							
55 LAKE AVENUE NORTH	WORCESTER, MA 01655	04-3167352	GOVT	1,626,000.				EXTRAMURAL RESEARCH
(11) UNIVERSITY OF MIN	NESOTA FOUNDATION							
PO BOX 860266 MINNEAP	OLIS, MN 55486-0266	41-6042488	501(C)(3)	100,000.				SUPPORT/RESEARCH
(12) UNIVERSITY OF NOR	тн дакота							
2901 UNIVERSITY AVE G	RAND FORKS, ND 58202	45-6014235	GOVT	792,000.				EXTRAMURAL RESEARCH
2 Enter total numb	per of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal				
3 Enter total numb	per of other organizations list	ted in the line	1 table					

SCHEDULE I	Grants ai	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990) Go	overnme	nts, and Ir	ndividuals i	n the United	d States		2023
Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	ion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part I General Information on Grants an	d Assistanc	e					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession 	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to D		-					es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	-	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) 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
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			

Governments, and Individuals in the United States 2023 Department of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions.	L	OMB No. 1545-0047
Complete Inter of galaxitation answere 90. Open to Public Inspection Internal Revenue Service Service 90. Service 90. Inspection Internal Revenue Service Service 90. Service 90. Inspection Part I Service 90. Service 90. Service 90. Service 90. Service 90. Service 90. No No Part I Service 90. Service 90. Service 90. Yes No No 2 Describe 10 Information On Carants and Assistance Inspection Yes No No 2 Describe 10 Art It the organization provide with the grants or assistance, 10. Yes No No 2 Describe 10 Art It the organization provide with the selection criteria used to award the grants or assistance for ganization 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. (a) Purpose of grant more and adverse is ownerment. (b) Purpose of grant or assistance for grants and Domeser 50. (b) Purpose of grant or assistance 10. (b) Purpose of grant or assistance 10. (a) Strategrant assistance 10. (b) Purpose of grant or assistance 10. (c) Purpose of grant or assistance 10. (c) Purpose of grant or assistance 10. (c) Purpose of grant or assistance 10.	(Form 990)		overnme	nts, and Ir	ndividuals i	n the United	d States		2023
Uber Instantion Co to www.irs.gov/Form900 for the latest information. Inspection Name or organization Inspection Image: Inspection Image: Inspection Valuation Co to www.irs.gov/Form900 for the latest information. Image: Inspection Image: Inspection Valuation Control of Control		Coi	mplete if the or	-		orm 990, Part IV,	line 21 or 22.		
Name of the organization Employer identification number AVMENTAX CANCER BOCTETY, DC. 13-1288491 Part1 General Information on Grants and Assistance 13-1288491 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the organization's procedures for monitoring the use of grant funds in the United States. Image: Complete in 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. Image: Complete in the proceeding of grant or assistance in onclean assistance in onclean assistance in onclean assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assistance is needed. Image: Complete in the proceeding of grant or assi	Department of the Treasury								
UNMERCENT OWNER BOTTERY, DRC. 13-178840 Part General Information 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? Ives No 1 Does the organization maintain records to substantiate the amount of the grants or assistance. Ives No 2 Describe in Part IV the organizations procedures for monitoning the use of grant funds in the United States. Part III 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 of governments. (b) EIN (c) IRC section (c) and part of cash of governments. (b) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 11 (a) Name and address of organization of governments. (b) EIN (c) IRC section (c) and part of cash of governments. (b) Part Section (c) and part of cash of governments. (b) Part part of cash of governments. (c) Part part of cash of	Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Part II General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Ives No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Ives	Name of the organization							Employer identifica	tion number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 a government (b) EN (c) EC section (d) Amount of eash (d) Amount	AMERICAN CANCER SOCI	ETY, INC.						13-1788491	
the selection criteria used to award the grants or assistance? Yes No 2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Carlot and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 900, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Part IV, line 21, for any recipient duplicated if additional space is needed. Image: Part IV, line 21, for any recipient duplicated if additional space is needed. Image: Part IV, line 21, for any recipient duplicated if additional space is needed. Image: Part IV, line 21, for any recipient duplicated if additional space is needed. Image: Part IV, line 21, for any recipient duplicated if additional space is needed. Image: Part IV, line 11, for any recipient duplicated if additional space is needed. Image: Part IV, line 12, for any recipient duplicated if additional space is needed. Image: Part IV, line 12, for any recipient duplicated if additional space is needed. Image: Part IV, line 12, for any recipient duplicated duplicated additional space is nee	Part I General I	nformation on Grants a	Ind Assistanc	е					
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) Nome an address of organization or government (b) EIN (l) BEN (c) IRC section (l) applicable (d) Amount of cash grant (h) Amount of grant	the selection crit 2 Describe in Part	eria used to award the gra IV the organization's proc	ants or assistanc edures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
1 (a) Name and address of organization or government (b) EIN (c) IRC section (f applicable) (d) Amount of cash grant (h) Amount of noncash assistance (h) Purpose of grant on assistance (1) UPMC CHILDERN'S COMUNITY PEDIATRICS 25-0765420 501(C) (3) 10,000. PATIENT SUPPORT (2) UPMC MAGRE MOMENS HOSPITAL 25-0765420 501(C) (3) 14,861. PATIENT SUPPORT (3) UPATHER ENT TEXAS FUNCTIONE TS00 EAST ADAMS STREET SYRACUSE, NY 13210 16-1068101 501(C) (3) 30,000. PATIENT SUPPORT (4) UT HEALTH ENT TEXAS FUNCTIONE TS00 EAST ADAMS STREET SYRACUSE, NY 13210 16-1068101 501(C) (3) 30,000. PATIENT SUPPORT (5) UTAH CANCER SPECIALISTS PC 10,000. 22,500. PATIENT SUPPORT PATIENT SUPPORT (6) UTABATHE REST REVERSITY MEDICAL CENTER 1121 E 3900 S SAULT LARE CITY, UT 84124 87-0519651 10,000. PATIENT SUPPORT (6) UTABATH MEDITERY 500 CONSTRUMENT BOR GRADE REPRIES NUTSTIVE 500 CONSTRUMENT BOR GRADE REPRIES NUTSTIVE 501(C) (3) 501(C) (3) 27.6,833. EXTERATORNURAL RESEARCH (10) VENNERSITY MEDICAL CENTER 1161 215T AVE S NABUYLLE, IN 37232 52-2000823 501(C) (3) 159,000. SUPPORT/RESEARCH (10) VENNERSITY MEDICAL CENTER 1161 215T AVE S NABUYLLE, IN 37240 62-0476822 5									Yes" on Form 990,
(1) UPNC CHILDREN'S COMMUNITY PEDIATRICS 25-1781887 10,000. PATIENT SUPPORT (2) UPNC MAGEE WOMEN EN PERFERT STRUCKER, PA 15030 25-1781887 10,000. PATIENT SUPPORT (3) UPSTATE FOUNDATION INC 25-0761887 14,861. PATIENT SUPPORT (4) UT HEALT REST FIRSTBURGE, PA 15213 25-0655420 501(C)(3) 14,861. PATIENT SUPPORT (4) UT HEALT REST FIRSTBURGE, PA 15213 25-076932 501(C)(3) 30,000. PATIENT SUPPORT (4) UT HEALT REST FIRSTBURGE, PA 15213 25-0655420 501(C)(3) 30,000. PATIENT SUPPORT (4) UT HEALT REST FIRSTBURGE, PA 15213 75-0891460 22,500. PATIENT SUPPORT (5) UTAR CANCER SPECIALISTS PC 10,000. PATIENT SUPPORT 121 E 3900 S SALT LARE CITY, UT 84124 87-0519691 10,000. PATIENT SUPPORT (6) UTHEALTH SCHOLO, DENTISTRY 501(C)(3) 40,000. PATIENT SUPPORT 161 2151 AVS STREACH INSTITUTE 501(C)(3) 276,833. PATIENT SUPPORT/RESEARCH (6) UNNERSTAUT UNIVERSITY MEDICAL CENTER 162.007682 501(C)(3) 50,000. EXTRAMURAL RESEARCH (16) UNINCE FAMILU UNIVERSITY 25-2528741 </th <th>Part IV, III</th> <th>ne 21, for any recipient</th> <th>t that received</th> <th></th> <th>,000. Part II can I</th> <th></th> <th>•</th> <th></th> <th></th>	Part IV, III	ne 21, for any recipient	t that received		,000. Part II can I		•		
103 BRALFORD RD WEXFORD, PA 15090 25-1781887 10,000. PATIENT SUPPORT (2) UPEN: MAGEE WOMENS HOSPITAL PATIENT SUPPORT PATIENT SUPPORT 300 HALKET STREET PITSSURGH, PA 15213 25-0965420 501(C)(3) 14,861. PATIENT SUPPORT (3) UPENT SUPPORT 16-1068101 501(C)(3) 30,000. PATIENT SUPPORT (4) UT HEALTH EAST TEXAS PHYSICIANS PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (5) UTAL CANCER SPECIALISTS PC PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (6) UTHALINE AST TEXAS PHYSICIANS 87-0519691 10,000. PATIENT SUPPORT (6) UTHALINE SCHOOL OF DENTISTEY PATIENT SUPPORT PATIENT SUPPORT (7) VAN ANDEL RESEARCH INSTITUTE S0-0200823 501(C)(3) 276,833. PATIENT MUPORT (16) VANDERBILT UNIVERSITY S0-2528741 501(C)(3) 20,000. PATIENT SUPPORT (16) VANDERBILT UNIVERSITY S2-2528741 501(C)(3) 20,000. PATIENT SUPPORT (20) VANDERBI			(b) EIN				(f) Method of valuation (book, FMV, appraisal, other)		
(2) UPMC MAGEE WOMENS BOSPITAL 25-0965420 501(C)(3) 14,861. PATIENT SUPPORT (3) UPSTATE FOUNDATION INC 16-1068101 501(C)(3) 14,861. PATIENT SUPPORT (4) UT HEALTH EAST TEXAS PHYSICIANS 16-1068101 501(C)(3) 30,000. PATIENT SUPPORT (5) UTM CANCER SPECIALISTS PC 16-1068101 501(C)(3) 30,000. PATIENT SUPPORT (12) UTHEALTH EAST TEXAS PHYSICIANS 75-0891460 22,500. PATIENT SUPPORT (12) UTHEALTH EAST TEXAS PHYSICIANS 75-0891460 22,500. PATIENT SUPPORT (12) UTHEALTH ESTOCAL STRECTY, UT 84124 87-0516691 10,000. PATIENT SUPPORT (12) UTHEALTH SCHOOL OF DENTISTRY 501(C)(3) 40,000. EXTRAMURAL RESEARCH (3) WANDERBILL UNIVERSITY MEDICAL CENTER 1161 2151 AVE 5 NASHVILLE, TN 37240 52-2000823 501(C)(3) 276,833. (3) VANDERBILL UNIVERSITY 62-0476822 501(C)(3) 159,000. EXTRAMURAL RESEARCH (30) VANDERBILL UNIVERSITY 87240 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH (30) VANDERBILL UNIVERSITY 62-0476822	(1) UPMC CHILDREN'S C	OMMUNITY PEDIATRICS							
300 HALKET STREET PITTSBURGH, PA 15213 25-0965420 501(C)(3) 14,861. PATIENT SUPPORT (3) UPSTATE FOUNDATION INC	103 BRADFORD RD WEXFO	RD, PA 15090	25-1781887		10,000.				PATIENT SUPPORT
(3) UPSTATE FOUNDATION INC PATIENT SUPPORT 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) UTH CANCER SPECIALISTS FC 1121 E 3900 S SALT LAKE CITY, UT 84124 87-0519691 10,000. PATIENT SUPPORT (6) UTHEALTH SCHOOL OF DENTISTRY 501(C)(3) 40,000. PATIENT SUPPORT (7) VAN ANDEL RESEARCH INSTITUTE 501(C)(3) 276,833. PATIENT SUPPORT/RESEARCH (8) VANDERBILT UNIVERSITY MEDICAL CENTER 52-2000822 501(C)(3) 26,833. PATIENT SUPPORT/RESEARCH (9) VANDERBILT UNIVERSITY 32-2528741 501(C)(3) 159,000. SUPPORT/RESEARCH (10) VENICE FAMILY CLINIC 22-0476822 501(C)(3) 50,000. PATIENT SUPPORT (10) VENICE FAMILY CLINIC 52-2769432 501(C)(3) 50,000. PATIENT SUPPORT (10) VENICE FAMILY CLINIC 52-2769432 501(C)(3) 20,000. PATIENT SUPPORT (11) VLDANT HEALTH FOUNDATION 52-2769432 501(C)(3)	(2) UPMC MAGEE WOMENS	HOSPITAL							
750 DASAT DADAMS STREET STREAD PATIENT SUPPORT (4) UT HEALTH BAST TEXAS PATIENT SUPPORT PATIENT SUPPORT 3910 BROOKSIDE DR, STE 102 TYLER, TX 75701 75-0891460 22,500. PATIENT SUPPORT (5) UTHA CANCER SPECIALISTS PC PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (12) 1 # 300 S SALT LARE CITY, UT 84124 87-0519691 10,000. PATIENT SUPPORT (6) UTHEALTH SCHOOL OF DENTISTY SUPORKSTOWN RD GRAND FARIDS, NI 49503 S01(C) (3) 40,000. EXTRAMURAL RESEARCH (7) VAN ANDEL RESEARCH INSTITUTE S01(C) (3) S01(C) (3) 276,833. EXTRAMURAL RESEARCH (8) VANDERBILT UNIVERSITY MEDICAL CENTER S1200 GROFTOWN RD GRAND FARIDS, NI 49503 S2-2000823 S01(C) (3) 159,000. EXTRAMURAL RESEARCH (9) VANDERBILT UNIVERSITY G2-0476822 S01(C) (3) S0,000. EXTRAMURAL RESEARCH (10) VANDERBILT UNIVERSITY G2-0476822 S01(C) (3) S0,000. EXTRAMURAL RESEARCH (10) VANDERBILT UNIVERSITY G2-0476822 S01(C) (3) S0,000. EXTRAMURA	300 HALKET STREET PIT	TSBURGH, PA 15213	25-0965420	501(C)(3)	14,861.				PATIENT SUPPORT
750 DASAT DADAMS STREET STREAD PATIENT SUPPORT (4) UT HEALTH BAST TEXAS PATIENT SUPPORT PATIENT SUPPORT 3910 BROOKSIDE DR, STE 102 TYLER, TX 75701 75-0891460 22,500. PATIENT SUPPORT (5) UTHA CANCER SPECIALISTS PC PATIENT SUPPORT PATIENT SUPPORT PATIENT SUPPORT (12) 1 # 300 S SALT LARE CITY, UT 84124 87-0519691 10,000. PATIENT SUPPORT (6) UTHEALTH SCHOOL OF DENTISTY SUPORKSTOWN RD GRAND FARIDS, NI 49503 S01(C) (3) 40,000. EXTRAMURAL RESEARCH (7) VAN ANDEL RESEARCH INSTITUTE S01(C) (3) S01(C) (3) 276,833. EXTRAMURAL RESEARCH (8) VANDERBILT UNIVERSITY MEDICAL CENTER S1200 GROFTOWN RD GRAND FARIDS, NI 49503 S2-2000823 S01(C) (3) 159,000. EXTRAMURAL RESEARCH (9) VANDERBILT UNIVERSITY G2-0476822 S01(C) (3) S0,000. EXTRAMURAL RESEARCH (10) VANDERBILT UNIVERSITY G2-0476822 S01(C) (3) S0,000. EXTRAMURAL RESEARCH (10) VANDERBILT UNIVERSITY G2-0476822 S01(C) (3) S0,000. EXTRAMURA	(3) UPSTATE FOUNDATIO	N INC							
3910 BROOKSIDE DR, STE 102 TYLER, TX 75701 75-0891460 22,500. PATIENT SUPPORT (5) UTAH CANCER SPECIALISTS PC 10,000. PATIENT SUPPORT 1121 E 3900 S SALT LAKE CITY, UT 84124 87-0519691 10,000. PATIENT SUPPORT (6) UTHEALTH SCIOOL OF DENTISTRY 500 CAMBRIDGE ST HOUSTON, TX 77054 74-1761309 501(C)(3) 40,000. EXTRAMURAL RESEARCH (7) VAN ANDEL RESEARCH INSTITUTE 500 CAMBRIDGE ST HOUSTON, TX 77054 74-1761309 501(C)(3) 276,833. EXTRAMURAL RESEARCH (8) VANDERBILT UNIVERSITY MEDICAL CENTER 501(C)(3) 276,833. SUPPORT/RESEARCH SUPPORT/RESEARCH (9) VANDERBILT UNIVERSITY 35-2528741 501(C)(3) 159,000. SUPPORT/RESEARCH (9) VANDERBILT UNIVERSITY 2301 VANDERBILT, TN 37232 35-2528741 501(C)(3) 50,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 95-2769432 501(C)(3) 20,000. PATIENT SUPPORT (11) VIDANT HEALTH FOUNDATION 69 60-0777374 501(C)(3) 15,000. PATIENT SUPPORT (12) VIRGINIA COMMONNEALITH UNIV <td< td=""><td></td><td></td><td>16-1068101</td><td>501(C)(3)</td><td>30,000.</td><td></td><td></td><td></td><td>PATIENT SUPPORT</td></td<>			16-1068101	501(C)(3)	30,000.				PATIENT SUPPORT
(5) UTAH CANCER SPECIALISTS PC 87-0519691 10,000. PATIENT SUPPORT (6) UTHEALTH SCHOOL OF DENTISTRY 87-0519691 10,000. PATIENT SUPPORT (6) UTHEALTH SCHOOL OF DENTISTRY 501 (C) (3) 40,000. EXTRAMURAL RESEARCH 500 CAMBRIDGE ST HOUSTON, TX 77054 74-1761309 501 (C) (3) 40,000. EXTRAMURAL RESEARCH (7) VAN ANDEL RESEARCH INSTITUTE 3600 GEORGETONN RD GRAND RAPIDS, MI 49503 52-2000823 501 (C) (3) 276,833. EXTRAMURAL RESEARCH 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 62-0476822 501 (C) (3) 50,000. EXTRAMURAL RESEARCH (11) VIDANT HEALTH FOUNDATION 62-0777374 501 (C) (3) 20,000. PATIENT SUPPORT (12) VIRGUILE, NC 27835 20-0777374 501 (C) (3) 15,000. PATIENT SUPPORT (12) VIGANT HEALTH FOUNDATION 60-0777374 501 (C) (3) 15,000. PATIENT SUPPORT	(4) UT HEALTH EAST TE	XAS PHYSICIANS							
1121 E 3900 S SALT LAKE CITY, UT 84124 87-0519691 10,000. PATIENT SUPPORT (6) UTHEALTH SCHOOL OF DENTISTRY 74-1761309 501(C)(3) 40,000. EXTRAMURAL RESEARCH 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 35-2528741 501(C)(3) 159,000. EXTRAMURAL RESEARCH (9) VANDERBILT UNIVERSITY 35-2528741 501(C)(3) 159,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 95-2769432 501(C)(3) 20,000. PATIENT SUPPORT (11) VIDART HEALTH FOUNDATION 95-2769432 501(C)(3) 20,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV 95-2769432 501(C)(3) 15,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV 95-2769432 501(C)(3) 15,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV 90-0777374 5	3910 BROOKSIDE DR, ST	E 102 TYLER, TX 75701	75-0891460		22,500.				PATIENT SUPPORT
(6) UTHEALTH SCHOOL OF DENTISTRY PA-1761309 501(C)(3) 40,000. EXTRAMURAL RESEARCH 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 35-2528741 501(C)(3) 159,000. SUPPORT/RESEARCH (9) VANDERBILT UNIVERSITY 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 62-0476822 501(C)(3) 20,000. PATIENT SUPPORT (11) VIDANT HEALTH FOUNDATION 62-077374 501(C)(3) 15,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV EXTRAMURAL ROUGH 501(C)(3) 510,789. SUPPORT/RESEARC	(5) UTAH CANCER SPECI.	ALISTS PC							
500 CAMBRIDGE ST HOUSTON, TX 77054 74-1761309 501(C)(3) 40,000. EXTRAMURAL RESEARCH (7) VAN ANDEL RESEARCH INSTITUTE	1121 E 3900 S SALT LA	KE CITY, UT 84124	87-0519691		10,000.				PATIENT SUPPORT
(7) VAN ANDEL RESEARCH INSTITUTE 52-2000823 501(C)(3) 276,833. EXTRAMURAL RESEARCH 3600 GEORGETOWN RD GRAND RAPIDS, MI 49503 52-2000823 501(C)(3) 276,833. EXTRAMURAL RESEARCH (6) 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 501(C)(3) 510,789. 510,789. SUPPORT/RESEARCH	(6) UTHEALTH SCHOOL O	F DENTISTRY							
3600 GEORGETOWN RD GRAND RAPIDS, MI 49503 52-2000823 501(C)(3) 276,833. EXTRAMURAL RESEARCH (8) VANDERBILT UNIVERSITY MEDICAL CENTER 35-2528741 501(C)(3) 159,000. SUPPORT/RESEARCH 1161 21ST AVE S NASHVILLE, TN 37232 35-2528741 501(C)(3) 159,000. SUPPORT/RESEARCH (9) VANDERBILT UNIVERSITY 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH 2301 VANDERBILT PL NASHVILLE, TN 37240 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 62-0476822 501(C)(3) 20,000. PATIENT SUPPORT (11) VIDANT HEALTH FOUNDATION 95-2769432 501(C)(3) 20,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV 20-0777374 501(C)(3) 15,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV 70-0077374 501(C)(3) 510,789. SUPPORT/RESEARCH	500 CAMBRIDGE ST HOUS	TON, TX 77054	74-1761309	501(C)(3)	40,000.				EXTRAMURAL RESEARCH
(8) VANDERBILT UNIVERSITY MEDICAL CENTER 35-2528741 501(C)(3) 159,000. SUPPORT/RESEARCH (9) VANDERBILT UNIVERSITY 35-2528741 501(C)(3) 159,000. EXTRAMURAL RESEARCH (10) VENICE FAMILY CLINIC 62-0476822 501(C)(3) 50,000. EXTRAMURAL RESEARCH 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 FO BOX 842512 RICHMOND, VA 23284-3039 54-6001758 501(C)(3) 510,789. SUPPORT/RESEARCH	(7) VAN ANDEL RESEARC	H INSTITUTE							
1161 21ST AVE S NASHVILLE, TN 3723235-2528741501(C)(3)159,000.SUPPORT/RESEARCH(9) VANDERBILT UNIVERSITY62-0476822501(C)(3)50,000.EXTRAMURAL RESEARCH2301 VANDERBILT PL NASHVILLE, TN 3724062-0476822501(C)(3)50,000.EXTRAMURAL RESEARCH(10) VENICE FAMILY CLINIC62-0476822501(C)(3)20,000.PATIENT SUPPORT604 ROSE AVENUE VENICE, CA 9029195-2769432501(C)(3)20,000.PATIENT SUPPORT(11) VIDANT HEALTH FOUNDATION95-2769432501(C)(3)15,000.PATIENT SUPPORT690 MEDICAL DRIVE GREENVILLE, NC 2783520-0777374501(C)(3)15,000.PATIENT SUPPORT(12) VIRGINIA COMMONWEALTH UNIV20-0777374501(C)(3)510,789.S10,789.SUPPORT/RESEARCH	3600 GEORGETOWN RD GR	AND RAPIDS, MI 49503	52-2000823	501(C)(3)	276,833.				EXTRAMURAL RESEARCH
(9) VANDERBILT UNIVERSITY62-0476822501(C)(3)50,000.EXTRAMURAL RESEARCH2301 VANDERBILT PL NASHVILLE, TN 3724062-0476822501(C)(3)50,000.EXTRAMURAL RESEARCH(10) VENICE FAMILY CLINIC604 ROSE AVENUE VENICE, CA 9029195-2769432501(C)(3)20,000.PATIENT SUPPORT(11) VIDANT HEALTH FOUNDATION95-2769432501(C)(3)20,000.PATIENT SUPPORT(11) VIDANT HEALTH FOUNDATION20-0777374501(C)(3)15,000.PATIENT SUPPORT(12) VIRGINIA COMMONWEALTH UNIV20-0777374501(C)(3)510,789.SUPPORT/RESEARCH	(8) VANDERBILT UNIVER	SITY MEDICAL CENTER							
2301 VANDERBILT PL NASHVILLE, TN 3724062-0476822501(C)(3)50,000.EXTRAMURAL RESEARCH(10) VENICE FAMILY CLINIC95-2769432501(C)(3)20,000.PATIENT SUPPORT604 ROSE AVENUE VENICE, CA 9029195-2769432501(C)(3)20,000.PATIENT SUPPORT(11) VIDANT HEALTH FOUNDATION95-2769432501(C)(3)15,000.PATIENT SUPPORT690 MEDICAL DRIVE GREENVILLE, NC 2783520-0777374501(C)(3)15,000.PATIENT SUPPORT(12) VIRGINIA COMMONWEALTH UNIVPATIENT SUPPORTSUPPORT/RESEARCHSUPPORT/RESEARCH	1161 21ST AVE S NASHV	ILLE, TN 37232	35-2528741	501(C)(3)	159,000.				SUPPORT/RESEARCH
(10) VENICE FAMILY CLINIC 95-2769432 501(C)(3) 20,000. PATIENT SUPPORT 604 ROSE AVENUE VENICE, CA 90291 95-2769432 501(C)(3) 20,000. PATIENT SUPPORT (11) VIDANT HEALTH FOUNDATION 600 MEDICAL DRIVE GREENVILLE, NC 27835 20-0777374 501(C)(3) 15,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV PATIENT SUPPORT 501(C)(3) 510,789. SUPPORT/RESEARCH	(9) VANDERBILT UNIVER	SITY							
604 ROSE AVENUE VENICE, CA 90291 95-2769432 501(C)(3) 20,000. PATIENT SUPPORT (11) VIDANT HEALTH FOUNDATION 20-0777374 501(C)(3) 15,000. PATIENT SUPPORT 690 MEDICAL DRIVE GREENVILLE, NC 27835 20-0777374 501(C)(3) 15,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV FO BOX 842512 RICHMOND, VA 23284-3039 54-6001758 501(C)(3) 510,789. SUPPORT/RESEARCH	2301 VANDERBILT PL NA	SHVILLE, TN 37240	62-0476822	501(C)(3)	50,000.				EXTRAMURAL RESEARCH
(11) VIDANT HEALTH FOUNDATION 20-0777374 501(C)(3) 15,000. End PATIENT SUPPORT 690 MEDICAL DRIVE GREENVILLE, NC 27835 20-0777374 501(C)(3) 15,000. End PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV F0 BOX 842512 RICHMOND, VA 23284-3039 54-6001758 501(C)(3) 510,789. SUPPORT/RESEARCH	(10) VENICE FAMILY CLI	NIC							
690 MEDICAL DRIVE GREENVILLE, NC 27835 20-077374 501(C)(3) 15,000. PATIENT SUPPORT (12) VIRGINIA COMMONWEALTH UNIV 54-6001758 501(C)(3) 150,789. Support/RESEARCH	604 ROSE AVENUE VENIC	E, CA 90291	95-2769432	501(C)(3)	20,000.				PATIENT SUPPORT
(12) VIRGINIA COMMONWEALTH UNIV 54-6001758 501(C)(3) 510,789. End (2000)	(11) VIDANT HEALTH FOU	NDATION							
PO BOX 842512 RICHMOND, VA 23284-3039 54-6001758 501(C)(3) 510,789.	690 MEDICAL DRIVE GRE	ENVILLE, NC 27835	20-0777374	501(C)(3)	15,000.				PATIENT SUPPORT
	(12) VIRGINIA COMMONWE	ALTH UNIV							
2 Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table	PO BOX 842512 RICHMON	D, VA 23284-3039	54-6001758	501(C)(3)	510,789.				SUPPORT/RESEARCH
	2 Enter total numb	per of section 501(c)(3) an	d government o	organizations lis	ted in the line 1 tal	ble			

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990)			•	ndividuals i				2023
	Com	plete if the ol	-	wered "Yes" on F		line 21 or 22.		Open to Public
Department of the Treasury				tach to Form 990.				Inspection
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	atest information.			-
Name of the organization							Employer identific	ation number
AMERICAN CANCER SOCIET							13-1788491	
	formation on Grants an							
the selection crite	ation maintain records to s ria used to award the gran V the organization's proce	ts or assistand	e?				s or assistance, an	d Yes No
Part II Grants and	d Other Assistance to D	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered '	'Yes" on Form 990,
Part IV, line	e 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
	address of organization overnment	(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) VIRGINIA MASON FOUN	ND A TT T ON							
1218 TERRY AVENUE SEAT		91-0565546	501(C)(3)	20,000.				PATIENT SUPPORT
(2) VIRGINIA MASON FRAM		51 0505510	501(0)(5)	20,000.				
1145 BROADWAY PLAZA TAG		91-1145592	501(C)(3)	40,000.				PATIENT SUPPORT
(3) VIRTUA HEALTH FOUNI		71 11 10072	561(6)(5)	10,0001				
303 LIPPINCOTT DR, 4TH		04-3722352	501(C)(3)	15,000.				PATIENT SUPPORT
	SOC COMMUNITY HEALTH CTR							
806 FIFTH AVENUE ASBURY		22-3321236	501(C)(3)	50,000.				PATIENT SUPPORT
(5) VOLUNTEER AUXILIARY								
8201 W BROWARD BLVD PLA		59-1744391	501(C)(3)	10,000.				PATIENT SUPPORT
(6) WAKE FOREST UNIVERS	SITY HEALTH SCIENCES							
MEDICAL CENTER BLVD WIN		22-3849199	501(C)(3)	1,535,331.				SUPPORT/RESEARCH
(7) WASHINGTON UNIV./SI	ITEMAN CANCER CENTER							
CAMPUS BOX 1034 SAINT I	LOUIS, MO 63112	43-0653611	501(C)(3)	67,500.				PATIENT SUPPORT
(8) WASHINGTON UNIVERS	ITY							
700 ROSEDALE AVE ST LOU	JIS, MO 63112-1408	43-6401888	501(C)(3)	3,937,096.				EXTRAMURAL RESEARCH
(9) WATTS HEALTHCARE CO	ORP							
10300 COMPTON AVE LOS A	ANGELES, CA 90002	75-3046480	501(C)(3)	10,000.				PATIENT SUPPORT
(10) WAYNE STATE UNIVERS	SITY							
5057 WOODWARD AVE DETRO	DIT, MI 48202	38-6028429	501(C)(3)	350,000.				EXTRAMURAL RESEARCH
(11) WEILL MED COLLEGE (OF CORNELL U							
1300 YORK AVE BOX 89 NE	EW YORK, NY 10065	13-1623978	501(C)(3)	485,000.				EXTRAMURAL RESEARCH
(12) WELLSPAN HEALTH								
PO BOX 20639 YORK, PA 1	17402	22-2517863	501(C)(3)	7,500.				PATIENT SUPPORT
2 Enter total numbe	er of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number	er of other organizations lis	ted in the line	1 table					

SCHEDULE I (Form 990)									
			-	tach to Form 990.	onn 000, 1 an 11,			Open to Public	
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Inspection	
Name of the organization							Employer identificat		
AMERICAN CANCER SOCI	PTV INC						13-1788491		
	nformation on Grants and	d Assistance	e				19 1/00191		
	zation maintain records to su			a arante or assista	nce the grantees	eliaibility for the grant	e or assistance and		
	teria used to award the grant			-	-			Yes No	
	IV the organization's proced								
			-	-				(
	nd Other Assistance to D		-					es" on Form 990,	
Part IV, li	ne 21, for any recipient th	hat received	more than \$5	,000. Part II can b	be duplicated if a	-	needed.		
	d address of organization 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 FOUNDATI	ON								
1800 PARKWAY PLACE MA		58-1627413	501(C)(3)	15,000.				PATIENT SUPPORT	
(2) WEST JEFFERSON HO	SPITAL FOUNDATION								
1111 MEDICAL CTR BLVD		27-0082033	501(C)(3)	10,000.				PATIENT SUPPORT	
(3) WEST VIRGINIA UNI	VERSITY FOUNDATION INC								
ONE WATERFRONT PLACE		55-6017181	501(C)(3)	33,500.				PATIENT SUPPORT	
(4) WEST VIRGINIA UNI	V RESEARCH								
886 CHESNUT RIDGE RD		55-0665758	501(C)(3)	50,000.				EXTRAMURAL RESEARCH	
(5) WHITE PLAINS HOSP	ITAL								
41 E POST ROAD WHITE	PLAINS, NY 10601	13-1740130	501(C)(3)	10,000.				PATIENT SUPPORT	
(6) WHITEHEAD INSTITU	TE FOR BIOMEDICAL RESEARCH								
9 CAMBRIDGE CENTER CA	MBRIDGE, MA 02142	06-1043412	501(C)(3)	37,333.				EXTRAMURAL RESEARCH	
(7) WILLIAM MARSH RIC	E UNIVERSITY								
6100 MAIN STREET HOUS	TON, TX 77005	74-1109620	501(C)(3)	50,000.				EXTRAMURAL RESEARCH	
(8) WILLIS KNIGHTON H	EALTH SYSTEM								
2600 GREENWOOD ROAD S	HREVEPORT, LA 71130	72-0400933	501(C)(3)	45,000.				PATIENT SUPPORT	
(9) WINCHESTER HOSPIT	AL FOUNDATION								
41 HIGHLAND AVE WINCH	ESTER, MA 01890	04-3399570	501(C)(3)	7,500.				PATIENT SUPPORT	
(10) WOMEN AND INFANTS	HOSPITAL OF RHODE ISLAND								
101 DUDLEY STREET PRO	VIDENCE, RI 02905	05-0258937	501(C)(3)	10,000.				PATIENT SUPPORT	
(11) WYOMING FOUNDATIO	N FOR CANCER CARE								
141 S CENTER ST, SUIT	E 402 CASPER, WY 82601	81-5130255	501(C)(3)	20,000.				PATIENT SUPPORT	
(12) YAKIMA NEIGHBORHO	OD HEALTH SERVICE								
PO BOX 2605 YAKIMA, W		91-0928817		10,000.				PATIENT SUPPORT	
	per of section 501(c)(3) and								
3 Enter total numb	per of other organizations list	ted in the line	1 table						

SCHEDULE I (Form 990)	G			Assistance t ndividuals ir			-	OMB No. 1545-0047			
	Con	nplete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.					
Department of the Treasury			Att	tach to Form 990.				Open to Public			
Internal Revenue Service		Go t	o www.irs.gov/l	Form990 for the la	test information.			Inspection			
Name of the organization							Employer identification	on number			
AMERICAN CANCER SOCIETY							13-1788491				
Part I General Inf	Part I General Information on Grants and Assistance										
	tion maintain records to										
the selection criter	ia used to award the gra	nts or assistanc	æ?					Yes No			
2 Describe in Part IV	the organization's proce	edures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants and	Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,			
Part IV, line	21, for any recipient	that received	more than \$5	,000. Part II can b	e duplicated if a	additional space is r	needed.				
	ddress of organization vernment	(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 HOSP:	ITAL										
20 YORK STREET NEW HAVE		06-0646652	501(C)(3)	50,000.				PATIENT SUPPORT			
(2) YALE UNIVERSITY											
PO BOX 1873 NEW HAVEN, O	CT 06508-1873	06-0646973	501(C)(3)	5,618,158.				EXTRAMURAL RESEARCH			
(3) ACS OF PUERTO RICO :	INC										
URB LA MERCED 566 HATO H	REY, PR 00918	66-0321594	501(C)(3)	7,888.				HOPE LODGE			
_(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
	of section 501(c)(3) and of other organizations li	•	•								

13-1788491

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
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					

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

13-1788491

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.

(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
		recipients cash grant	recipients cash grant non-cash assistance	

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

13-1788491

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								
2								
3								
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.

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,

13-1788491

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								
2								
3								
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.

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

13-1788491

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								
2								
3								
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.

ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR

OUTSTANDING PAYMENTS DUE.

FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS. THE SOCIETY REQUIRES GRANTEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS. NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND

13-1788491

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

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

13-1788491

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					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide th	ne information re	equired in Part I,	line 2, Part III, o	column (b); and any c	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.

SCHI	EDULE J	Compen	ısat	tion Information	1	OMB No.	1545-0	047
(Forn	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					ଇଜ	99)
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					ZU	23	
	nent of the Treasury	Α	Attach	n to Form 990.		Open t		
	Revenue Service of the organization	Go to www.irs.gov/Form99	90 for	r instructions and the latest information.	Employer identificati		ectio	n
	0						71	
Part		ER SOCIETY, INC. ns Regarding Compensation			13-17884	91		
Tari	Questio	is Regularing compensation					Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovide	d any of the following to or for a pers	on listed on Forr	n 🗌		
		Section A, line 1a. Complete Part III to p						
		ss or charter travel		Housing allowance or residence for				
	Travel fo	or companions		Payments for business use of perso				
	Tax inde	mnification and gross-up payments		Health or social club dues or initiation	on fees			
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	xpens	es described above? If "No," com	plete Part III t	5		
	explain					1b		<u> </u>
2	•	anization require substantiation prior		e				
		stees, and officers, including the CEC			checked on lin			
-						2		
3		n, if any, of the following the organization CEO/Executive Director. Check all the						
		ization to establish compensation of the						
	X Compen	isation committee		Written employment contract				
		dent compensation consultant	x	Compensation survey or study				
		0 of other organizations	Х	Approval by the board or compensation	ation committee			
4	During the year	ar, did any person listed on Form 990,	Part	VII, Section A, line 1a, with respect t	o the filing			
	organization of	or a related organization:			-			
а		verance payment or change-of-control pa				4a		X
b	-	or receive payment from a supplement				4b 4c	X	
С	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							X
	If Yes to an	y of lines 4a-c, list the persons and pr	rovia	e the applicable amounts for each in	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	raani	izations must complete lines 5-9				
5		listed on Form 990, Part VII, Section	-	-	av or accrue an	v		
•	-	contingent on the revenues of:		,,				
а	•	ion?				5a		х
		rganization?				5b		Х
		e 5a or 5b, describe in Part III.						
6	-	listed on Form 990, Part VII, Section	ion A	A, line 1a, did the organization pa	ay or accrue an	у		
	-	n contingent on the net earnings of:						
а		ion?				6a		X
b		rganization?				6b		X
		e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Sectio						v
8		described on lines 5 and 6? If "Yes," de ounts reported on Form 990, Part VII, j						X
5		contract exception described in F				e		
								x
9		ine 8, did the organization also foll						
-		ection 53.4958-6(c)?				9		
For Pa		tion Act Notice, see the Instructions for Fo				dule J (F	orm 99	0) 2023

13-1788491

Page **2**

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

For each individual whose compensation must be reported 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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KAREN E. KNUDSEN, PHD	(i)	819,190.	472,043.	2,163.	77,154.	29,093.	1,399,643.	NONE
1 CHIEF EXECUTIVE OFFICER	(ii)	70,620.	40,693.	186.	6,651.	2,508.	120,658.	NONE
KAEL REICIN	(i)	592,180.	345,213.	86,854.	19,701.	25,737.	1,069,685.	43,956.
2 CHIEF FIN. & STRATEGY OFFICER	(ii)	63,448.	36,987.	9,306.	2,111.	2,758.	114,610.	4,795.
MICHAEL L. NEAL	(i)	519,608.	279,156.	32,226.	75,940.	22,216.	929,146.	NONE
3 CHIEF OF ORG. ADVANCEMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDRE C. BOKHOOR	(i)	501,243.	294,000.	870.	48,967.	27,273.	872,353.	NONE
4 CHIEF PEOPLE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM L. DAHUT	(i)	563,453.	242,550.	4,087.	48,228.	1,088.	859,406.	NONE
5 CHIEF SCIENTIFIC OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIMOTHY B. PHILLIPS	(i)	401,447.	185,267.	1,872.	56,594.	18,054.	663,234.	NONE
6 CHIEF LEGAL AND RISK OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN B. WOODWARD	(i)	399,788.	151,910.	1,001.	70,664.	27,558.	650,921.	NONE
7 SENIOR EVP, FIELD OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KIMBERLY MARTINEZ	(i)	406,636.	102,000.	990.	30,646.	11,775.	552,047.	NONE
8 CHIEF MARKETING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ARIF KAMAL	(i)	493,841.	NONE	540.	12,350.	11,388.	518,119.	NONE
9 CHIEF PATIENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EMILY SANDMAN	(i)	333,080.	140,400.	323.	16,837.	10,281.	500,921.	NONE
10 SENIOR VICE PRESIDENT, PEOPLE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUNG H. KIM	(i)	NONE	NONE	128,068.	NONE	NONE	128,068.	176,692.
11 FORMER CHIEF OPERATING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHERINE E. MICKLE	(i)	NONE	NONE	106,594.	NONE	NONE	106,594.	204,245.
12 FORMER CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	15,881.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(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.

Schedule J (Form 990) 2023

AMERICAN CANCER SOCIETY, INC.

Part ||| 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)

Noncash Contributions

OMB No. 1545-0047

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.

2 23 M **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number 13-1788491

(a) Check if applicable(b) Number of contributions or items contribution amounts reported on Form 990, Part VIII, line 1g(d) Method of determining nocash contribution amounts1Art - Works of art
2 Art - Historical treasures
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 - Pathership, 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 - Commercial 17 Real estate - Other
goodsX27,798,140.COST6Cars and other vehiclesX2,0431,981,080.MARKET VALUE7Boats and planes
6 Cars and other vehicles. X 2,043 1,981,080. MARKET VALUE 7 Boats and planes
8 Intellectual property X 227 1,766,330. MARKET VALUE 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 X 55 78,040. MARKET VALUE 14 Qualified conservation contribution - Other 15 Real estate - Residential
8 Intellectual property X 227 1,766,330. MARKET VALUE 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 X 55 78,040. MARKET VALUE 14 Qualified conservation contribution - Other 15 Real estate - Residential
9 Securities - Publicly traded X 227 1,766,330. MARKET VALUE 10 Securities - Closely held stock
11 Securities - Partnership, LLC, or trust interests
or trust interests X 55 78,040. MARKET VALUE 12 Securities - Miscellaneous X 55 78,040. MARKET VALUE 13 Qualified conservation contribution - Historic structures Image: Conservation contribution - Other Image: Conservation conservation contribution - Other Image: Conservation conservation conser
12 Securities - Miscellaneous X 55 78,040. MARKET VALUE 13 Qualified conservation contribution - Historic structures
13 Qualified conservation contribution - Historic structures Image: Conservation contribution - Other Image: Conservation contribution - Other 14 Qualified conservation contribution - Other Image: Conservation contribution - Other Image: Conservation contribution - Other 15 Real estate - Residential Image: Conservation contribution Image: Conservation contribution - Other 16 Real estate - Commercial Image: Conservation contribution Image: Conservation conservation 17 Real estate - Other Image: Conservation conservation Image: Conservation conservation 18 Collectibles Image: Conservation conservation Image: Conservation conservation 19 Food inventory Image: Conservation conservation Image: Conservation conservation 20 Drugs and medical supplies Image: Conservation conservation Image: Conservation conservation
contribution - Historic structures 14 Qualified conservation contribution - Other contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies
structures
14 Qualified conservation contribution - Other
contribution - Other
15 Real estate - Residential Image: Constraint of the state - Commercial Image: Constraint of the state - Commercial 16 Real estate - Commercial Image: Constraint of the state - Commercial Image: Constraint of the state - Commercial 17 Real estate - Other Image: Constraint of the state - Commercial Image: Constraint of the state
16 Real estate - Commercial
17 Real estate - Other Image: Collectibles Image: Collectibles 18 Collectibles Image: Collectibles Image: Collectibles 19 Food inventory Image: Collectibles Image: Collectibles 20 Drugs and medical supplies Image: Collectibles Image: Collectibles
18 Collectibles
19 Food inventory
20 Drugs and medical supplies
21 Taxidermy
21 Taxidermy
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
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?
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?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?
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

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

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 I	NONCASH CONTRIBUTION	IS	
DESCRIPTION	(A) CHECH	(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.	
	:	=================	=================	

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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



Name of the organization

FORM 990, PART I, LINE 1:

AMERICAN CANCER SOCIETY, INC

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.

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.



Department of the Treasury Internal Revenue Service

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

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.



Name of the organization AMERICAN CANCER SOCIETY, INC

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

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.



 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 ide

AMERICAN CANCER SOCIETY, INC.

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

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



Department of the Treasury Internal Revenue Service

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

AMERICAN CANCER SOCIETY, INC.

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 SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES. THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG.

FORM 990, PART XI, LINE 9:

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

Schedule O (Form 990 or 990-EZ) 2023					
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,

Schedule O (Form 990 or 990-EZ) 2023		Page 2
Name of the organization	Employer	identification number
AMERICAN CANCER SOCIETY, INC.	13-17	788491
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES		
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)

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.

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CANCER SOCIETY, INC.

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

(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)					l
					l
(3)					
					l
(4)					
]				
(5)					
]				l
(6)					
	1				l

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II 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		х
(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	ОН	501(C)(3)	12 III-0	N/A		х
(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

OMB No. 1545-0047

2

Employer identification number

13-1788491

Open to Public

Inspection

23

Schedule R (Form 990) 2023

AMERICAN CANCER SOCIETY, INC.

13-1788491

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	Disprop	h) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	0 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.		х			х	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	(h) Percentage ownership	
(1) SEE SUPPLEMENTAL PAGE							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2023

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

Not	te: 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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		Х
b	Gift, grant, or capital contribution to related organization(s)		1b	Х	
	Gift, grant, or capital contribution from related organization(s).		1c	Х	
	Loans or loan guarantees to or for related organization(s)		1d		Х
	Loans or loan guarantees by related organization(s)		1e		Х
	• • • • • • • • • • • • • • • • • • • •				
f	Dividends from related organization(s)		1f		Х
a	Sale of assets to related organization(s)		1g		Х
	Purchase of assets from related organization(s)		1h		Х
i	Exchange of assets with related organization(s).		1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).		1j		Х
,					
k	Lease of facilities, equipment, or other assets from related organization(s)		1k	х	
	Performance of services or membership or fundraising solicitations for related organization(s)		11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s).		1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Х	
	Sharing of paid employees with related organization(s)		10	Х	
•					
p	Reimbursement paid to related organization(s) for expenses.		1p	Х	
-	Reimbursement paid by related organization(s) for expenses		1q	Х	
4					
r	Other transfer of cash or property to related organization(s)		1r	х	
s	Other transfer of cash or property from related organization(s).		1s	х	
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			s.	
	(a) (b) (c)		(d)		
	Name of related organization Transaction Amount involved type (a - s) type (a - s) type (a - s)	Method o amou			ng
	iype (a - 5)	amou		Jiveu	

ISA		Scl	nedule R (Form 990) 2023
(6) ACS CANCER ACTION NETWORK, INC.	N	135,759.	FMV
(5) ACS CAPITAL, INC.	S	6,107,690.	FMV
(4) ACS CANCER ACTION NETWORK, INC.	L	120,635.	FMV
(3) ACS DEVELOPMENT COMPANY II, INC.	K	729,518.	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	R	8,891,951.	FMV
(1) ACS CANCER ACTION NETWORK, INC.	В	34,045,757.	FMV

JSA

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	Yes	6 No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				a	
b	Gift, grant, or capital contribution to related organization(s)				b	
С	Gift, grant, or capital contribution from related organization(s)				c	
d	Loans or loan guarantees to or for related organization(s)				d	
е	Loans or loan guarantees by related organization(s)			1	e	
	• • • • • • • • • • • • • • • • • • • •					
f	Dividends from related organization(s)			1	f	
g	Sale of assets to related organization(s)			1	g	
h	Purchase of assets from related organization(s)				h	
i	Exchange of assets with related organization(s).			1	i	
j	Lease of facilities, equipment, or other assets to related organization(s)				j	
•						
k	Lease of facilities, equipment, or other assets from related organization(s)				k	
I	Performance of services or membership or fundraising solicitations for related organization(s)				1	
m	Performance of services or membership or fundraising solicitations by related organization(s)				m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				n	
	Sharing of paid employees with related organization(s)				o	
p	Reimbursement paid to related organization(s) for expenses.				p	
a	Reimbursement paid by related organization(s) for expenses					
r	Other transfer of cash or property to related organization(s)			1	r	
S	Other transfer of cash or property from related organization(s).				s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and trans	action thresho	olds.	
	(a)	(b)	(c)	(d		
	Name of related organization	Transaction type (a - s)	Amount involved	Method of d amount i		
					nivoiveu	
(1)	ACS CANCER ACTION NETWORK, INC.	Q	26,053,965.	FMV		

(2) ACS DEVELOPMENT COMPANY I, INC.	К	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)			
JSA		Sc	hedule R (Form 990) 2023

3E1309 1.000

13-1788491

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			(d) Predominant income (related, unrelated, excluded from tax under	from tax linder ulgalizations:		(f) (g) Share of Share of total income end-of-year assets		(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(Yes	No	
(1)													
(2)													
(3)													
(4)	_												
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

 Part VII
 Supplemental Information

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

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

(A) NAME/ADDRESS/EIN		(B) PRIMARY ACTIVITY	DOMICIL		(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	OWNERSHIP	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	Х
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	Х
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	х
REVOCABLE LIVING TRUSTS (20) N/A NEW YORK, NY 00000	99-9999999	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	х
CHARITABLE LEAD ANNUITY TRUSTS (3) N/A NEW YORK, NY 00000	99-9999999	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	х
COMBINATION TRUSTS (4) N/A NEW YORK, NY 00000	99-9999999	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE	x

13-1788491