

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319125349

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

American Cancer Society Inc

% Catherine E Mickle

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

250 Williams Street NW Suite 400

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

Atlanta, GA 30303

F Name and address of principal officer

GARY M REEDY

250 WILLIAMS STREET STE 400

ATLANTA, GA 30303

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0580

D Employer identification number

13-1788491

E Telephone number

(800) 227-2345

G Gross receipts \$

1,676,056,716

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.cancer.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1922

M State of legal domicile

NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

21

4 Number of independent voting members of the governing body (Part VI, line 1b)

21

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5,160

6 Total number of volunteers (estimate if necessary)

1,120,651

7a Total unrelated business revenue from Part VIII, column (C), line 12

-156,330

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

707,546,352

11,620

81,473,873

-474,905

788,556,940

Current Year

713,260,371

28,772

57,728,313

-1,128,595

769,888,861

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶138,696,166

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

168,051,051

0

395,576,507

12,684,825

Current Year

170,241,534

0

326,605,041

11,588,368

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

1,697,658,010

582,794,769

1,114,863,241

End of Year

1,634,380,835

541,857,169

1,092,523,666

Part II

Signature Block

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

Sign Here

Signature of officer

2019-11-14

Date

CATHERINE E MICKLE CHIEF ADMIN OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00740769

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 5 TIMES SQUARE

Phone no (212) 773-3000

NEW YORK, NY 10036

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

TO SAVE LIVES, CELEBRATE LIVES, AND LEAD THE FIGHT FOR A WORLD WITHOUT CANCER

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 148,958,038	including grants of \$ 101,947,467)	(Revenue \$ 28,772)
See Additional Data				

4b	(Code)	(Expenses \$ 254,895,420	including grants of \$ 36,478,272)	(Revenue \$ 162,135)
See Additional Data				

4c	(Code)	(Expenses \$ 99,401,619	including grants of \$ 23,074,802)	(Revenue \$ 0)
See Additional Data				

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 62,708,672	including grants of \$ 8,740,993)	(Revenue \$ 0)	

4e	Total program service expenses ▶	565,963,749		
-----------	---	-------------	--	--

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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	No
c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
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 Yes	
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 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
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 Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2,449	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 163	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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	5,160			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		1
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 Catherine E Mickle 250 Williams Street STE 400 Atlanta, GA 30303 (404) 329-7934

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 ☐

1

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

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,263,963	170,186	285,707

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 394

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
KPMG LLP, PO BOX 120511 DALLAS, TX 753120511	SYS IMPLEMENTATION	18,148,168
MERKLE INC, PO BOX 64897 BALTIMORE, MD 212644897	PROF FUNDRAISING	8,261,951
APPIRIO INC, PO BOX 120311 DALLAS, TX 753123011	SOFTWARE CONSULTING	6,629,047
BLACKBAUD INC, PO BOX 105090 ATLANTA, GA 303485090	CLOUD SOLUTIONS	5,026,210
RR DONNELLY, PO BOX 730165 DALLAS, TX 753730165	PRINTING SERVICES	4,984,666

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

Form 990 (2018)

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a	Federated campaigns	1a	4,132,867
b	Membership dues	1b	
c	Fundraising events	1c	301,025,924
d	Related organizations	1d	0
e	Government grants (contributions)	1e	5,392,503
f	All other contributions, gifts, grants, and similar amounts not included above	1f	402,709,077
g Noncash contributions included in lines 1a - 1f \$		55,941,119	
h Total. Add lines 1a-1f		713,260,371	

Program Service Revenue

2a	EDUCATIONAL JOURNAL ADVERTISING	Business Code				
		541800	28,772	0	28,772	0
b						
c						
d						
e						
f	All other program service revenue					
g Total. Add lines 2a-2f		28,772				

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)			24,726,533		119,964	24,606,569
4	Income from investment of tax-exempt bond proceeds			0			
5	Royalties			4,084,012			4,084,012
6a	Gross rents	(i) Real	(ii) Personal				
		1,102,821					
	b Less rental expenses	489,724					
	c Rental income or (loss)	613,097	0				
d	Net rental income or (loss)			613,097		-308,224	921,321
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		845,968,886	15,659,325				
	b Less cost or other basis and sales expenses	819,390,576	9,235,855				
	c Gain or (loss)	26,578,310	6,423,470				
d	Net gain or (loss)			33,001,780			33,001,780
8a	Gross income from fundraising events (not including \$ 301,025,924 of contributions reported on line 1c) See Part IV, line 18	a	39,270,400				
	b Less direct expenses	b	39,270,400				
	c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities See Part IV, line 19	a	1,682,521				
	b Less direct expenses	b	309,491				
	c	Net income or (loss) from gaming activities	1,373,030				
10a	Gross sales of inventory, less returns and allowances	a	24,363,078				
	b Less cost of goods sold	b	37,471,809				
	c	Net income or (loss) from sales of inventory	-13,108,731				
Miscellaneous Revenue		Business Code					
11a	GRANT REFUND/RESIGNATION	900099	5,519,057	0	0	5,519,057	
b	OTHER GAINS (LOSSES)	900099	350,395	347,237	3,158	0	
c	REGISTRATIONS	900099	40,545	0	0	40,545	
d	All other revenue						
e Total. Add lines 11a-11d		5,909,997					
12 Total revenue. See Instructions		769,888,861					

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

713,260,371

28,772

24,726,533

0

4,084,012

119,964

24,606,569

0

4,084,012

1,102,821

489,724

613,097

0

613,097

-308,224

921,321

845,968,886

15,659,325

819,390,576

9,235,855

26,578,310

6,423,470

33,001,780

33,001,780

39,270,400

39,270,400

1,682,521

309,491

1,373,030

1,373,030

24,363,078

37,471,809

-13,108,731

-13,108,731

900099

5,519,057

0

0

5,519,057

900099

350,395

347,237

3,158

0

900099

40,545

0

0

40,545

5,909,997

5,909,997

769,888,861

347,237

-156,330

56,437,583

Page 9

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	139,506,206	139,506,206		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	27,546,309	27,546,309		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	3,189,019	3,189,019		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	4,307,122	2,686,532	1,114,201	506,389
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	282,344	123,045	130,697	28,602
7 Other salaries and wages.	261,159,199	186,211,659	14,111,893	60,835,647
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	7,586,425	5,405,954	431,798	1,748,673
9 Other employee benefits.	32,571,502	23,610,854	1,744,218	7,216,430
10 Payroll taxes.	20,698,449	14,721,269	1,171,730	4,805,450
11 Fees for services (non-employees):				
a Management.	692,593	507,905	36,283	148,405
b Legal.	4,658,997	1,693,083	2,532,231	433,683
c Accounting.	480,760	0	480,760	0
d Lobbying.	1,748	1,274	92	382
e Professional fundraising services. See Part IV, line 17.	11,588,368			11,588,368
f Investment management fees.	1,733,958	0	1,733,958	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	36,773,081	28,240,798	1,621,182	6,911,101
12 Advertising and promotion.	33,775,936	23,836,574	303,613	9,635,749
13 Office expenses.	30,826,133	19,292,114	3,204,105	8,329,914
14 Information technology.	24,362,748	17,696,751	1,610,086	5,055,911
15 Royalties.	0	0	0	0
16 Occupancy.	45,709,023	35,853,569	1,971,194	7,884,260
17 Travel.	12,333,591	8,886,767	459,916	2,986,908
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	6,099,290	4,279,649	357,335	1,462,306
20 Interest.	1,176,100	899,438	156,483	120,179
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	14,005,370	9,860,265	809,995	3,335,110
23 Insurance.	2,770,379	2,115,979	151,191	503,209
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PRINTING - EDU & FUNDR	12,790,803	7,157,421	1,622,559	4,010,823
b RECRUITMENT/RELOCATION	1,393,066	990,966	80,380	321,720
c MEDALS/RECOGNITION ITEMS	2,416,067	1,555,737	64,906	795,424
d STATE UBI TAX	1,375	1,375	0	0
e All other expenses	139,809	93,237	15,049	31,523
25 Total functional expenses. Add lines 1 through 24e.	740,575,770	565,963,749	35,915,855	138,696,166
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 ☒ if following SOP 98-2 (ASC 958-720).	146,360,739	98,923,848	6,109,193	41,327,698

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	109,520,975	2	63,089,707
	3 Pledges and grants receivable, net	66,259,287	3	85,327,830
	4 Accounts receivable, net	5,871,687	4	5,314,746
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	3,070,580	8	3,326,496
	9 Prepaid expenses and deferred charges	9,774,985	9	11,122,184
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 495,804,354		
	b Less: accumulated depreciation	10b 267,265,743	220,446,954	10c 228,538,611
	11 Investments—publicly traded securities	835,661,013	11	818,113,845
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	447,052,529	15	419,547,416
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,697,658,010	16	1,634,380,835	
Liabilities	17 Accounts payable and accrued expenses	281,140,082	17	250,565,099
	18 Grants payable	205,877,076	18	205,562,698
	19 Deferred revenue	11,158,665	19	5,371,490
	20 Tax-exempt bond liabilities	4,055,000	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	34,851,280	23	33,186,691
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	45,712,666	25	47,171,191
	26 Total liabilities. Add lines 17 through 25	582,794,769	26	541,857,169
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	482,191,383	27	464,783,055
	28 Temporarily restricted net assets	330,981,308	28	320,704,806
	29 Permanently restricted net assets	301,690,550	29	307,035,805
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,114,863,241	33	1,092,523,666	
34 Total liabilities and net assets/fund balances	1,697,658,010	34	1,634,380,835	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	769,888,861
2	Total expenses (must equal Part IX, column (A), line 25)	2	740,575,770
3	Revenue less expenses Subtract line 2 from line 1	3	29,313,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,114,863,241
5	Net unrealized gains (losses) on investments	5	-43,619,078
6	Donated services and use of facilities	6	101,205
7	Investment expenses	7	0
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,134,793
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,092,523,666

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

RESEARCH PROGRAMS PROVIDE FINANCIAL SUPPORT TO FUND AND CONDUCT RESEARCH INTO THE CAUSES OF CANCER, HOW IT CAN BE PREVENTED, DETECTED EARLY, AND TREATED SUCCESSFULLY, HOW TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH CANCER, AND TO ADVOCATE FOR LAWS AND POLICIES THAT HELP FURTHER CANCER RESEARCH OUR RESEARCH PROGRAM EXPENSES INCLUDED BOTH OUR EXTRAMURAL RESEARCH GRANTS AND INTRAMURAL PROGRAM, WHICH INCLUDED OUR COMPREHENSIVE CANCER PREVENTION STUDY (CPS-3)

Form 990, Part III, Line 4b:

PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE FOR THEM EXPENSES INCLUDED OUR SPECIFIC ASSISTANCE TO INDIVIDUALS THROUGH THE LOOK GOOD FEEL BETTER PROGRAM, OUR 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR NATIONAL CANCER INFORMATION CENTER, AND OUR HOPE LODGE FACILITIES, WHICH PROVIDE FREE, HIGH QUALITY, TEMPORARY LODGING FOR PATIENTS AND THEIR CAREGIVERS CLOSE TO TREATMENT CENTERS, THEREBY EASING THE EMOTIONAL AND FINANCIAL BURDEN OF FINDING AFFORDABLE LODGING

Form 990, Part III, Line 4c:

PREVENTION PROGRAMS PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE AND TO REDUCE THE RISK OF DEVELOPING CANCER. PREVENTION EXPENSES INCLUDED ACTIVITIES SUCH AS OUR ONGOING ADVOCACY EFFORTS TO INCREASE CERTAIN STATE TOBACCO TAXES THROUGH OUR GRANTS TO AFFILIATES AND PROMOTING THE HUMAN PAPILLOMAVIRUS (HPV) VACCINATION IN ADDITION TO GENERAL PREVENTION WORK.

Form 990, Part VII – Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARNOLD M BASKIES MD FACS IMMEDIATE PAST CHAIR	5 0 0 0	X		X				0	0	0
KEVIN J CULLEN MD CHAIR	5 0 2 0	X		X				0	0	0
DANIEL P HEIST CPA VICE CHAIR	3 0 1 0	X		X				0	0	0
JOHN ALFONSO CPA CGMA SECRETARY/TREASURER	5 0 0 0	X		X				0	0	0
CARMEN E GUERRA MD MSCE FACP BOARD SCIENTIFIC OFFICER	3 0 0 0	X		X				0	0	0
AMIT KUMAR PHD DIRECTOR	3 0 0 0	X						0	0	0
BRIAN A MARLOW CFA DIRECTOR	3 0 0 0	X						0	0	0
BRUCE N BARRON DIRECTOR	3 0 0 0	X						0	0	0
EDWARD J BENZ MD FACP DIRECTOR	3 0 0 0	X						0	0	0
GARETH T JOYCE DIRECTOR	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY S SHEDLIN DIRECTOR	3 0 0 0	X						0	0	0
GREGORY L PEMBERTON ESQ DIRECTOR	3 0 0 0	X						0	0	0
JEFFERY L KEAN DIRECTOR	3 0 0 0	X						0	0	0
JENNIFER R CROZIER DIRECTOR	3 0 0 0	X						0	0	0
JORGE LUIS LOPEZ ESQ DIRECTOR	3 0 0 0	X						0	0	0
JOSEPH A AGRESTA JR DIRECTOR	3 0 0 0	X						0	0	0
JOSEPH M NAYLOR DIRECTOR	3 0 0 0	X						0	0	0
MARGARET MCCAFFERY DIRECTOR	3 0 0 0	X						0	0	0
MICHAEL T MARQUARDT DIRECTOR	3 0 0 0	X						0	0	0
SCARLOTT K MUELLER MPH RN DIRECTOR	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM D NOVELLI DIRECTOR	3 0 0 0	X						0	0	0
GARY M REEDY CHIEF EXECUTIVE OFFICER	55 0 7 0			X				884,069	80,370	17,961
CATHERINE E MICKLE CFO, OUTGOING/CAO INCOMING	55 0 7 0			X				405,071	51,554	28,976
ROBERT M KING CFO, INCOMING	55 0 7 0			X				300,630	38,262	27,934
OTIS W BRAWLEY CHIEF MED & SCI OFC, OUTGOING	55 0 0 0				X			595,948	0	17,234
RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	55 0 0 0				X			502,804	0	30,709
SHARON BYERS CHIEF DEV AND MKTG OFFICER	55 0 0 0				X			617,872	0	16,913
MICHAEL L NEAL SENIOR EVP, FIELD OPERATIONS	55 0 0 0				X			491,092	0	39,755
TIMOTHY B PHILLIPS CHIEF LEGAL AND RISK OFFICER	55 0 0 0					X		324,757	0	38,644
IRMA SHRIVASTAVA SVP, STRATEGIC MKTG ALLIANCES	55 0 0 0					X		319,314	0	19,849

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUNG H KIM EVP, NORTHEAST REGION	55 0 0 0					X		386,974	0	17,085
WILTON W WHITE EVP, NORTH CENTRAL REGION	55 0 0 0					X		330,530	0	12,283
DAVID J BENSON EVP, NORTH REGION	55 0 0 0					X		316,804	0	18,364
NANCY C YAW FRMR EVP, LAKESHORE DIVISION	55 0 0 0						X	788,098	0	0

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization American Cancer Society Inc	Employer identification number 13-1788491

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	804,931,290	785,868,454	778,758,190	707,750,261	713,260,371	3,790,568,566
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	804,931,290	785,868,454	778,758,190	707,750,261	713,260,371	3,790,568,566
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						3,790,568,566

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	804,931,290	785,868,454	778,758,190	707,750,261	713,260,371	3,790,568,566
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,026,029	30,250,909	33,859,688	30,563,004	29,913,366	151,612,996
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10						3,942,181,562
12	Gross receipts from related activities, etc (see instructions)					12	359,979,649
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 96 154 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 96 335 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV

Supporting Organizations

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	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	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
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 1-1/2% 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 .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 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization American Cancer Society Inc	Employer identification number 13-1788491
---	--

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?	Yes		17,237,753
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		107,639
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total. Add lines 1c through 1i			17,345,392
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART IV	RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC. ("THE SOCIETY") SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO OTHER ORGANIZATIONS, INCLUDING THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATION SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319125349

SCHEDULE 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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

American Cancer Society Inc

Employer identification number

13-1788491

Part I

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	101,152,733	113,549,288	111,244,190	115,902,123	117,328,894
b Contributions	1,224,905	632,427	647,473	835,482	1,646,646
c Net investment earnings, gains, and losses	-1,725,475	18,678,493	6,691,949	-932,027	3,026,813
d Grants or scholarships					
e Other expenditures for facilities and programs	4,878,810	31,707,475	5,034,999	4,561,388	6,100,230
f Administrative expenses					
g End of year balance	95,773,353	101,152,733	113,548,613	111,244,190	115,902,123

2

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

a

Board designated or quasi-endowment

▶

b

Permanent endowment

▶

100.000%

c

Temporarily restricted endowment

▶

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 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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		23,634,685		23,634,685
b Buildings		279,807,502	127,991,200	151,816,302
c Leasehold improvements		62,397,191	42,733,130	19,664,061
d Equipment		41,659,269	37,880,472	3,778,797
e Other		88,305,707	58,660,941	29,644,766
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				228,538,611

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,280,172
(2) PLANNED GIVING ASSETS	79,009,544
(3) BENEFICIAL INTERESTS IN TRUST	328,125,503
(4) OTHER RECEIVABLES	10,132,197
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	419,547,416

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	0
INVESTMENTS HELD FOR AFFILIATES	21,559,135
GIFT ANNUITY LIABILITY	14,204,000
DEFERRED RENT PAYABLE	8,593,164
CAPITAL LEASES	1,660,763
DUE TO AFFILIATES	1,154,129
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	47,171,191

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐

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	724,206,525
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-43,619,075
b	Donated services and use of facilities	2b	3,946,920
c	Recoveries of prior year grants	2c	-5,519,056
d	Other (Describe in Part XIII)	2d	-489,750
e	Add lines 2a through 2d	2e	-45,680,961
3	Subtract line 2e from line 1	3	769,887,486
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,375
c	Add lines 4a and 4b	4c	1,375
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	769,888,861

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

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

1	Total expenses and losses per audited financial statements	1	756,842,032
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,845,714
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	17,940,980
e	Add lines 2a through 2d	2e	21,786,694
3	Subtract line 2e from line 1	3	735,055,338
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	5,520,432
c	Add lines 4a and 4b	4c	5,520,432
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	740,575,770

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc

Supplemental Information

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY DISTRIBUTIONS FROM THE INVESTMENT EARNING OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATIONS SPENDING POLICY THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATIONS MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990 SCHEDULE D, PART XI, LINE 2D REVENUE OF AFFILIATES \$21,470,488 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$(21,960,238) TOTAL \$(489,750)

Supplemental Information	
Return Reference	Explanation
REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XI, LINE 4B UBIT \$1,375 TOTAL \$1,375

Supplemental Information	
Return Reference	Explanation
EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XII, LINE 2D EXPENSE OF AFFILIATES \$17,940,980 TOTAL \$17,940,980

Supplemental Information	
Return Reference	Explanation
EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XII, LINE 4B GRANT REFUNDS/RESIGNATIONS \$5,519,057 UBIT \$1,375 TOTAL \$5,520,432

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
American Cancer Society Inc

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			3,044,595
b Total from continuation sheets to Part I					1,517,302
c Totals (add lines 3a and 3b)	0	0			4,561,897

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

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶	48
3	Enter total number of other organizations or entities	▶	

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	SCHEDULE F, PART I, LINE 2 THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH GRANT THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY RECEIVING BENCHMARKING GRANT REPORTS THE SOCIETY ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT THE MIDPOINT OF THE GRANT, AND (2) FINAL NARRATIVE AND FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT TO THE EXTENT PAID OUT IN INSTALLMENTS, THE SECOND GRANT INSTALLMENT MAY NOT BE PAID UNTIL SATISFACTORY PROGRESS INTERIM REPORTS HAVE BEEN RECEIVED ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR TWO OF THE TEAMS HAVE STARTED CONDUCTING PERFORMANCE AUDITS BY AN EXTERNAL AUDITOR ON MOST OF OUR GRANTEES/GRANTS NOTED WITHIN THE GRANT AGREEMENTS, THE SECOND PAYMENT WONT BE RELEASED UNTIL SATISFACTORY REVIEW OF THE INTERIM NARRATIVES AND FINANCIAL REPORTS AND A SUCCESSFUL PERFORMANCE AUDIT REPORT

Additional Data

Software ID:

Software Version:

EIN: 13-1788491

Name: American Cancer Society Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	GLOBAL CANCER ADVOCACY	5,883
Europe (Including Iceland and Greenland)	0	0	Program Services	PARTNERSHIPS	25,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	TOBACCO CONTROL	1,671
North America	0	0	Program Services	GLOBAL CANCER ADVOCACY	511

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	GLOBAL CANCER ADVOCACY	484
South America	0	0	Program Services	TOBACCO CONTROL	1,821

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Program Services	GLOBAL CANCER ADVOCACY	24,630
South Asia	0	0	Program Services	TOBACCO CONTROL	1,404

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	CRVCL CANCER AWARENESS	34,471
Sub-Saharan Africa	0	0	Program Services	GLOBAL CANCER ADVOCACY	38,425

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	PAIN MANAGEMENT	1,106,416
Sub-Saharan Africa	0	0	Program Services	PARTNERSHIPS	8,877

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	TOBACCO CONTROL	2,820
Europe (Including Iceland and Greenland)	0	0	Grantmaking		300,755

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Grantmaking		826,782
South America	0	0	Grantmaking		414,426

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Grantmaking		250,219
Sub-Saharan Africa	0	0	Grantmaking		1,517,302

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	GLBL CANCER ADVOCACY	30,000	WIRE			
		Europe (Including Iceland and Greenland)		75,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)		42,500	WIRE			
		Europe (Including Iceland and Greenland)		68,630	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)		82,350	WIRE			
		North America		36,254	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		669,515	WIRE			
		North America		46,114	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		17,818	WIRE			
		North America		27,080	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		90,000	WIRE			
		South America		15,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		50,350	WIRE			
		South America		19,819	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		25,000	WIRE			
		South America		124,802	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		39,455	WIRE			
		South America		50,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia		25,219	WIRE			
		South Asia		170,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia		55,000	WIRE			
		Sub-Saharan Africa		37,242	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		60,000	WIRE			
		Sub-Saharan Africa		100,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		50,000	WIRE			
		Sub-Saharan Africa		15,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		50,000	WIRE			
		Sub-Saharan Africa		49,677	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		47,760	WIRE			
		Sub-Saharan Africa		74,025	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		64,520	WIRE			
		Sub-Saharan Africa		46,850	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		56,360	WIRE			
		Sub-Saharan Africa		10,600	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		30,000	WIRE			
		Sub-Saharan Africa		15,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		135,880	WIRE			
		Sub-Saharan Africa		191,525	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		20,000	WIRE			
		Sub-Saharan Africa		94,910	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		92,835	WIRE			
		Sub-Saharan Africa		108,798	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		35,352	WIRE			
		Sub-Saharan Africa		33,379	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		35,414	WIRE			
		Sub-Saharan Africa		27,200	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		20,000	WIRE			
		Sub-Saharan Africa		5,750	WIRE			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319125349

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

Part I

Fundraising Activities

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

1

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

a

☒ Mail solicitations

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☒ Solicitation of government grants

c

☒ Phone solicitations

g

☒ Special fundraising events

d

☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MERKLE INC 7001 COLUMBIA GATEWAY DR COLUMBIA, MA 21046	DIRECT MAIL STRATEGY		No	44,157,225	8,261,951	35,895,273
CASWELL ZACHRY GRIZZARD LLC 6301 GASTON AVE 715 DALLAS, TX 75214	PLANNED GIV STRATEGY		No	0	895,888	0
SOCIAL CAPITAL INC 980 NORTH MICHIGAN AVENUE STE 1610 CHICAGO, IL 60611	FUNDRAISING CONSULTANT		No	0	263,181	0
CHARITY DYNAMICS 4301 GUADALUPE ST AUSTIN, TX 78751	GENERAL DEV		No	1,561,069	157,496	1,403,573
DINI SPHERIS 2727 ALLEN PKWY STE 1650 HOUSTON, TX 77019	FUNDRAISING CONSULTANT		No	1,663,940	116,591	1,547,349
MR STRATEGIES 2120 L STREET NW 6TH FLOOR WASHINGTON, DC 20037	ONLINE STRATEGY		No	2,316,732	517,548	1,799,184
PMX AGENCY LLC 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	DIRECT MAIL		No	3,966,111	1,346,036	2,620,075
JAMES P LYDDY 810 GREENWOOD DR SPRING LAKE HEIGHTS, NJ 07762	PLANNED GIV STRATEGY		No	0	29,677	0
Total				53,665,077	11,588,368	43,265,454

3

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

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

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.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		RELAY FOR LIFE (event type)	MAKING STRIDES (event type)	784 (total number)	Total events (add col (a) through col (c))
	1 Gross receipts	181,227,758	62,495,820	96,572,746	340,296,324
	2 Less Contributions	168,173,527	57,030,000	75,822,397	301,025,924
	3 Gross income (line 1 minus line 2)	13,054,231	5,465,820	20,750,349	39,270,400
Direct Expenses	4 Cash prizes	0	270	25,892	26,162
	5 Noncash prizes	2,229,328	174,006	329,841	2,733,175
	6 Rent/facility costs	3,070,032	2,102,732	5,662,016	10,834,780
	7 Food and beverages	507,250	198,527	4,776,947	5,482,724
	8 Entertainment	1,225,785	275,546	4,372,298	5,873,629
	9 Other direct expenses	6,021,836	2,714,739	5,583,355	14,319,930
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				39,270,400
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue	74,344		1,608,177	1,682,521
	2 Cash prizes	1,000		213,154	214,154
	3 Noncash prizes			4,990	4,990
	4 Rent/facility costs	4,208		2,180	6,388
	5 Other direct expenses	9,683		74,276	83,959
	6 Volunteer labor	☒ Yes 95 000 % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 95 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				309,491
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				1,373,030

9 Enter the state(s) in which the organization conducts gaming activities See Additional Data Table

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☒ No

b If "No," explain

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	100 000 %

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

Name ► ANNETTA MARTIN

Address ► 250 WILLIAMS STREET NW 4TH FLR
ATLANTA, GA 30303

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► CATHERINE MICKLE

Gaming manager compensation ► \$ _____ 0

Description of services provided ► DIRECTOR/OFFICER

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 1,373,030

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING	SCHEDULE G, PART II MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS FOR AND FIGHTS BACK AGAINST BREAST CANCER BY -HELPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE THEIR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM -HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY CAN FOCUS ON FEELING BETTER -FINDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER AND BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR BREAST CANCER -FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR AFFILIATE, AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR SUPPORT TO THOSE FIGHTING CANCER IT HONORS THOSE WHO HAVE BEEN LOST TO THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING THE DISEASE FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE FIGHT AGAINST CANCER THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED OFFICIALS ABOUT CANCER BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE

Additional Data

Software ID:

Software Version:

EIN: 13-1788491

Name: American Cancer Society Inc

Form 990 Schedule G Part III Line 9

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

CA, CO, FL, GA, ID, IL, IA, KS, LA, MD, MA, MI, MN, MO, MT, NJ, NM, NY, NC, OH, OK, OR, PA, SC, TX, VT, VA, WA, WV, WY

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
American Cancer Society Inc

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 286

3 Enter total number of other organizations listed in the line 1 table 15

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GUEST ROOM PROGRAM	66398	126,333	5,675,231	FMV	GUEST ROOMS
(2) LOOK GOOD, FEEL BETTER	31347	0	7,735,600	FMV	COSMETIC KITS
(3) TRANSPORTATION	34253	5,353,791	0		
(4) WIGS	13178	361,702	7,596,978	FMV	WIGS
(5) OTHER	751	114,959	579,214	FMV	OTHER PAT SUPP ITEMS
(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.

Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2 RESEARCH GRANTS IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIXTY DAYS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIXTY 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 DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING - SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS - INDIRECT COSTS - SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR - SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS THE SOCIETY REQUIRES GRANTEEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND 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 GRANTEEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS 2651 SAULINO CT DEARBORN, MI 48126	23-7444497	501(C)(3)	100,000				
ADVOCATE HEALTH CARE 2025 WINDSOR DR OAK BROOK, IL 60523	36-2169147	501(C)(3)	5,995				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFINIA HEALTHCARE 1717 BIDDLE ST SAINT LOUIS, MO 63106	43-0817642	501(C)(3)	80,000				
AGAPE COMMUNITY HEALTH CENTER 120 KING ST JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL CARE HEALTH CENTER 902 S 6TH ST COUNCIL BLUFFS, IA 51501	42-1466508	501(C)(3)	28,274				
ALLIANCE FOR CHILDHOOD INC PO BOX 5758 ANNAPOLIS, MD 214030704	52-2327902	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMEC HEALTH COMMISSION PO BOX 225 WILLINGBORO, NJ 08046	53-0204696	501(C)(3)	10,000				
AMERICAN ASSOC FOR CANCER RSRCH PO BOX 8500-1916 PHILADELPHIA, PA 191781916	23-6251648	501(C)(3)	20,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF SURGEONS 633 N ST CLAIR ST CHICAGO, IL 606113211	36-2192800	501(C)(3)	1,298,663				
AMHERST H WILDER FOUNDATION 1295 BANDANA BLVD N STE 210 ST PAUL, MN 551085197	41-0693889	501(C)(3)	21,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMISTAD COMMUNITY HEALTH CNTR 1533 S BROWNLEE BLVD CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	50,000				
ARCTIC SLOPE NATIVE ASSOCIATION 7000 UULA ST BARROW, AK 99723	91-0873623	501(C)(3)	25,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART CENTER COLLEGE OF DESIGN 1700 LIDA ST PASADENA, CA 911031924	95-1921340	501(C)(3)	9,000				
ASCENSION ST JOHN HOSPITAL 28000 DEQUINDRE RD WARREN, MI 480922468	38-1359063	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN CANCER CONFERENCE INC 4204 MARINA VILLA DR DUCK KEY, FL 33050	52-1746776	501(C)(3)	16,000				
ASSOCIATION OF ONCOLOGY SOCIAL WORK 1 PARKVIEW PLAZA OAKBROOK TERRACE, IL 60181	13-3736895	501(C)(3)	6,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	50,000				
AXESSPOINTE COMMUNITY HEALTH CENTERS INC 1400 S ARLINGTON ST AKRON, OH 44306	34-1735884	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE MEDICAL SYSTEM INC 3501 SINCLAIR LN BALTIMORE, MD 21213	52-1358241	501(C)(3)	18,750				
BARBARA ANN KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	36-1613280	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ATTN PETER MARABELLA DIRECTOR HOUSTON, TX 77030	76-0481211	501(C)(3)	955,500				
BAYLOR SCOTT & WHITE HEALTH FOUNDATION 1717 SW H K DODGEN LOOP TEMPLE, TX 76502	46-3131350	501(C)(3)	15,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAUFORT JASPER HAMPTON COMP HLTH SVCS INC 1320 RIBAUT RD PORT ROYAL, SC 29935	57-0523586	501(C)(3)	12,500				
BECKMAN RSRCH INST OF THE CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	433,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGEN COMMUNITY COLLEGE FOUNDATION 400 PARAMUS RD PARAMUS, NJ 07652	22-2351891	501(C)(3)	9,000				
BOARD OF HEALTH CITY OF CINCINNATI 3101 BURNET AVE CINCINNATI, OH 45229	31-6000064	GOVT	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF THE UNIV OF WISCONSIN RESEARCH AND SPONSORED PROGRAMS MADISON, WI 537151218	39-0743975	501(C)(3)	792,000				
BOARD OF REGENTS OF THE UNIV OF WISCONSIN SYSTEM UW-MADISON GARA ACCOUNT MILWAUKEE, WI 532780538	37-1555782	501(C)(3)	480,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOB PERKS CANCER ASSISTANCE FUND 1290 DEERBROOK DR PORT MATILDA, PA 16870	20-4220990	501(C)(3)	34,929				
BRIGHAM AND WOMENS HOSPITAL PO BOX 3887 BOSTON, MA 022413149	04-2312909	501(C)(3)	1,509,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWNSVILLE COMMUNITY DEVELOPMENT CORP 592 ROCKAWAY AVE BROOKLYN, NY 11212	11-2544630	501(C)(3)	50,000				
BUTLER COUNTY COMMUNITY HEALTH CONSORTIUM 300 HIGH ST HAMILTON, OH 45011	31-1694200	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABIN CREEK HEALTH SYSTEMS 5722 CABIN CREEK RD DAWES, WV 25054	55-0709223	501(C)(3)	75,000				
CALIFORNIA COLORECTAL CANCER COALITION INC 1710 WEBSTER ST OAKLAND, CA 94612	95-3102332	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	163,500				
CAMC HEALTH EDUC AND RSRCH INSTITUTE INC PO BOX 1547 CHARLESTON, WV 25326	55-0753754	501(C)(3)	90,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I STREET NW STE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	300,000				
CAPITOL CITY FAMILY HEALTH CEN PO BOX 66156 BATON ROUGE, LA 70896	72-1395500	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 441067006	34-1018992	501(C)(3)	1,933,300				
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD W HOLLYWOOD, CA 900481804	95-1644500	501(C)(3)	792,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL CALIFORNIA FOUNDATION FOR HEALTH 1401 GARCES HWY DELANO, CA 932153660	77-0258013	501(C)(3)	10,000				
CENTRAL FLORIDA FAMILY HEALTH 4930 E LAKE MARY BLVD SANFORD, FL 32771	59-1741286	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTROMED 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1787031	501(C)(3)	50,000				
CHATHAM UNIVERSITY WOODLAND RD PITTSBURGH, PA 15232	25-0717890	501(C)(3)	5,964				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVE CHICAGO, IL 60617	36-2893854	501(C)(3)	18,750				
CHILDRENS HOSP OF PHILADELPHIA LOCKBOX 1457 PHILADELPHIA, PA 191781457	23-1352166	501(C)(3)	13,822				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 022414413	04-2703265	501(C)(3)	403,500				
CHILDRENS NATIONAL MEDICAL CENTER CENTER DIRECTOR CENTER FOR CANCER A WASHINGTON, DC 20010	52-1640403	501(C)(3)	144,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES INC 2595 CENTRAL AVE MEMPHIS, TN 381045905	62-1583270	501(C)(3)	10,000				
CHRISTIAN COMMUNITY HEALTH SERVICES DBA CROSSROAD HEALTH CENTER CINCINNATI, OH 45202	31-1321054	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIANA CARE HLTH SERVICES 200 HYGEIA DRIVE NEWARK, DE 19713	51-0103684	501(C)(3)	20,250				
CIRCLE HEALTH SERVICES 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY UNIVERSITY OF NEW YORK 365 5TH AVE NEW YORK, NY 10016	13-1988190	501(C)(3)	40,000				
COASTAL FAMILY HEALTH CENTER PO BOX 239 ASTORIA, OR 971030239	41-2036133	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL HEALTH & WELLNESS PO BOX 939 LA MARQUE, TX 77568	74-1665318	OTHER	18,750				
CODMAN SQUARE HEALTH CENTER INC 637 WASHINGTON STREET DORCHESTER, MA 02124	04-2678774	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY 555 S HOWES ST FORT COLLINS, CO 80523	84-6000545	GOVT	1,447,000				
COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE NEW YORK, NY 100879789	13-5598093	501(C)(3)	430,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMM SVC EDUC & RSCH FUND OF THE SEDMS 5380 ELVAS AVENUE SACRAMENTO, CA 95819	23-7003581	501(C)(3)	16,725				
COMMUNITY FDN OF THE VIRGIN ISLANDS CFVI PO BOX 11790 ST THOMAS, VI 008014790	66-0470703	501(C)(3)	30,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)(3)	42,030				
COMMUNITY HEALTH CENTER OF WYOMING 5000 BLACKMORE ROAD CASPER, WY 82609	83-0326307	501(C)(3)	37,379				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CTRS OF GREATER DAYTON 1323 WEST THIRD ST DAYTON, OH 45402	26-1253235	501(C)(3)	12,500				
COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 STREET MIAMI, FL 33190	59-1372690	501(C)(3)	8,914				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH SERVICES INC 500 ALBANY AVE HARTFORD, CT 061202508	06-0863942	501(C)(3)	7,650				
COMMUNITY HEALTHNET INC 1021 W 5TH AVE GARY, IN 46402	35-2048141	501(C)(3)	12,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEATHLH CARE 1019 PACIFIC AVE STEE 300 TACOMA, WA 98402	91-1349657	501(C)(3)	49,999				
COMMUNITY HLTH CTRS OF SOUTHEASTERN IOWA 1706 WEST AGENCY ROAD BURLINGTON, IA 52655	39-1908462	501(C)(3)	48,076				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONQUER CANCER FOUNDATION 2318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000				
COOK COUNTY HEALTH FOUNDATION 1603 ORRINGTON AVE EVANSTON, IL 602013841	45-4607769	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATIVE EDUCATIONAL SERVICE N19 W23131 PAUL RD STE 100 PEWAUKEE, WI 53072	39-1483818	OTHER	22,500				
COVENANT COMMUNITY CARE INC 559 W GRAND BLVD DETROIT, MI 48216	38-3533998	501(C)(3)	18,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CTR FOR FAMILY HEALTH AND EDUCATION INC 8727 VAN NUYS BLVD PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	18,750				
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BP431C BOSTON, MA 02215	04-2263040	501(C)(3)	1,806,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARTMOUTH-HITCHCOCK CLINIC 1 MEDICAL CENTER DR LEBANON, NH 03756	22-2519596	501(C)(3)	583,000				
DELAWARE VALLEY COMMUNITY HLTH 401 W ALLEGHENY AVE PHILADELPHIA, PA 19133	23-2077750	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER HEALTH & HOSPITAL AUTH PO BOX 17093 DENVER, CO 801270093	84-1343242	GOVT	50,000				
DEPARTMENT OF PUBLIC HLTH & SOCIAL SVCS TOBACCO PREVENTION CONTROL MANGILAO, GU 969136304	000000000	OTHER	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISTRICT CLINIC HOLDINGS INC 1150 45TH STREET WEST PALM BEACH, FL 33407	45-5916550	501(C)(3)	26,333				
DUBOIS COUNTY HEALTH DEPT 1187 SOUTH ST CHARLES STREET JASPER, IN 47546	35-6000141	GOVT	75,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY ACCOUNTS RECEIVABLE UNDERGRADUATE F DURHAM, NC 27708	56-0532129	501(C)(3)	897,000				
EAST LIBERTY FAMILY HEALTH CARE CTR INC 7171 CHURCHLAND ST PITTSBURGH, PA 15206	25-1417228	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	19,740				
EMORY UNIVERSITY GRANTS ATTN OFFICE OF GRANTS CONTRACTS ATLANTA, GA 311935084	58-0566256	501(C)(3)	933,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENLOE MEDICAL CENTER 1531 ESPLANADE CHICO, CA 959263310	94-1603784	501(C)(3)	10,000				
ERIE COUNTY MEDICAL CENTER 462 GRIDER ST BUFFALO, NY 14215	83-0382654	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL RD BALTIMORE, MD 21225	52-1118424	501(C)(3)	50,000				
FAMILY HEALTH CTR OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGLER COLLEGE 74 KING ST ST AUGUSTINE, FL 32084	59-1157081	501(C)(3)	6,000				
FLORIDA ASSCN OF COMMUNITY HEALTH CTRS 2340 HANSEN LN TALLAHASSEE, FL 32301	59-2559163	501(C)(3)	25,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOND DU LAC HUMAN SERVICES 927 TRETTEL LN CLOQUET, MN 55720	41-0965719	OTHER	25,000				
FOUNDCARE INC 2330 S CONGRESS AVE WEST PALM BEACH, FL 334067608	54-2083748	501(C)(3)	26,333				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONTIER NURSING UNIVERSITY INC 170 PROSPEROUS PL LEXINGTON, KY 40509	61-1124267	501(C)(3)	5,906				
GANNON UNIVERSITY 109 UNIVERSITY SQ ERIE, PA 16541	25-0496976	501(C)(3)	6,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GASTON FAMILY HEALTH SERVICES INC 2000 EAST SECOND AVE GASTONIA, NC 280524358	58-1958398	501(C)(3)	50,000				
GENESIS COMMUNITY HEALTH INC 2623 S SEACREST BLVD BOYNTON BEACH, FL 334357541	80-0374741	501(C)(3)	26,333				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND CANYON UNIVERSITY FOUNDATION 3101 N CENTRAL AVE PHOENIX, AZ 85012	94-2940102	501(C)(3)	15,000				
GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD BRANDYWINE, MD 20613	52-0961414	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WATERBURY YMCA 4007 EST DIAMOND RUBY ST CROIX, VI 00820	31-1802333	501(C)(3)	6,938				
GREATER WATERBURY YMCA 136 WEST MAIN ST WATERBURY, CT 06702	06-0646988	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN MOUNTAIN COLLEGE ONE BRENNAN CIRCLE POULTNEY, VT 05764	03-0179299	501(C)(3)	5,481				
H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	535,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CONNECT SOUTH 1950 LAKE PARK DR SE SMYRNA, GA 300807648	46-3967515	501(C)(6)	10,000				
HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD OLATHE, KS 66062	48-1115529	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEKTOEN INST LLC FUND 03838 2240 W OGDEN AVE FL 2 CHICAGO, IL 606129982	36-2244897	501(C)(3)	65,526				
HOPE 7 HEROES CHILDREN'S CANCER FUND 161 FORT WASHINGTON AVE NEW YORK, NY 10032	74-3066193	501(C)(3)	1,186,305				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPARUS INC SHARON ORMAN FINANCE DEPT LOUISVILLE, KY 40205	61-0921718	501(C)(3)	24,000				
HUDSON ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	20,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN HEALTH CENTER OF SCV 1333 MERIDIAN AVE SAN JOSE, CA 95125	94-2476242	501(C)(3)	18,750				
INDIANA STATE UNIVERSITY PH 116 TERRE HAUTE, IN 47809	35-6001670	501(C)(3)	9,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	1,589,000				
INTERAMERICAN HEART FOUNDATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	75-2605363	501(C)(3)	7,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN HEALTHCARE FOUNDATION 36 SOUTH STATE ST 23RD FLOOR SALT LAKE CITY, UT 84111	80-0225150	501(C)(3)	24,000				
INTERNATIONAL COMMUNITY HEALTH 720 8TH AVE SOUTH STE 200 SEATTLE, WA 98104	91-0947084	501(C)(3)	12,475				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESSIE TRICE COMMUNITY HEALTH FDN INC 5607 NW 27TH AVE MIAMI, FL 331422826	59-2681559	501(C)(3)	50,000				
JOHNS HOPKINS UNIVERSITY BOA CENTRAL LOCKBOX CHICAGO, IL 60693	52-0591627	501(C)(3)	3,505,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KERN COMMUNITY COLLEGE DISTRICT FDN 2100 CHESTER AVE BAKERFIELD, CA 933014014	77-0055885	501(C)(3)	6,000				
KEWEENAW BAY INDIAN COMMUNITY 16429 BEARTOWN RD BARAGA, MI 49908	38-1743340	OTHER	23,249				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE HEALTH 755 NORLAND AVE CHAMBERSBURG, PA 17201	25-1546810	501(C)(3)	27,500				
LACKAWANNA COLLEGE 501 VINE ST SCRANTON, PA 18509	24-0839402	501(C)(3)	6,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY COMMUNITY HEALTH SVCS PO BOX 66308 HOUSTON, TX 772666308	76-0009637	501(C)(3)	50,000				
LINCOLN PRIMARY CARE 7400 LYNN AVE HAMLIN, WV 25523	55-0552212	501(C)(3)	45,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOMA LINDA UNIVERSITY 11130 ANDERSON STREET LOMA LINDA, CA 92350	95-1816009	501(C)(3)	10,000				
LONG ISLAND FQHC INC 1600 STEWART AVE STE 300 WESTBURY, NY 11590	27-0216316	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONGVIEW WELLNESS CENTER INC PO BOX 3647 LONGVIEW, TX 75606	75-2723993	501(C)(3)	50,000				
LOOK GOOD FEEL BETTER FOUNDATION 1620 L ST NW WASHINGTON, DC 20036	52-1523017	501(C)(3)	116,974				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIVERSITY CHICAGO SPONSORED PROGRAM ACCOUNTING CHICAGO, IL 60611	36-1408475	501(C)(3)	789,000				
MADISON CO COMMUNITY HLTH CTR 1547 OHIO AVE ANDERSON, IN 46016	35-2098820	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN ST ROUND LAKE PARK, IL 60073	36-4418084	501(C)(3)	13,500				
MARILLAC COMMUNITY HEALTH CENT PO BOX 4148 NEW ORLEANS, LA 701784148	27-3046997	501(C)(3)	8,266				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIN COMMUNITY CLINICS 9 COMMERICAL BLVD NOVATO, CA 94949	94-2237120	501(C)(3)	50,000				
MARY'S CTR FOR MATERNAL & CHILD CARE INC 2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS INSTITUTE OF TECHNOLOGY BLDGE E19-750 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	955,500				
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 022414876	04-1564655	501(C)(3)	3,067,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC PO BOX 4008 ROCHESTER, MN 559034008	41-1937751	501(C)(3)	792,000				
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	792,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDSTAR WASHINGTON HOSP CENTER 110 IRVING ST NW WASHINGTON, DC 20010	52-1272129	501(C)(3)	29,240				
MERCY FOUNDATION - BAKERSFIELD PO BOX 119 BAKERSFIELD, CA 93302	77-0201321	501(C)(3)	8,665				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESSENGERS FOR HEALTH P O BOX 940 CROW AGENCY, MT 59022	27-0566321	501(C)(3)	10,000				
METRO COMMUNITY PROVIDER NETWORK INC 3701 S BROADWAY ENGLEWOOD, CO 801133611	74-2477108	501(C)(3)	30,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD NORTH MIAMI, FL 33181	59-1829984	501(C)(3)	18,750				
MILWAUKEE HEALTH SERVICES INC 2555 N MARTIN L KING JR DR MILWAUKEE, WI 532122709	39-1664109	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOAB HEALTHCARE FOUNDATION 450 WILLIAMS WAY MOAB, UT 845322185	27-2355337	501(C)(3)	9,154				
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PL NEW YORK, NY 100296574	13-6171197	501(C)(3)	1,162,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAINLANDS COMMUNITY HEALTH CTR INC 589 SOUTH STATE ST PROVO, UT 84606	87-0515716	501(C)(3)	68,530				
NASSAU COMMUNITY COLLEGE FOUNDATION INC ONE EDUCATION DR V2276 GARDEN CITY, NY 11530	11-2533314	501(C)(3)	15,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	25,000				
NATIVE AMERICANS FOR COMMUNITY ACTION INC 2717 N STEVES BLVD STE 11 FLAGSTAFF, AZ 86004	86-0268489	OTHER	25,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVE BUFFALO, NY 14207	16-1294447	501(C)(3)	18,750				
NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVENUE N MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	45,866				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK CITY HEALTH AND HOSPITALS CORP 160 WATER STREET NEW YORK, NY 10038	13-2655001	501(C)(3)	50,000				
NEW YORK UNIVERSITY 105 EAST 17TH ST FLOOR 3 NEW YORK, NY 10003	13-5562308	OTHER	30,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 022415026	13-5562309	SECTION 115	602,000				
NEWARK COMMUNITY HEALTH CENTERS INC 741 BROADWAY NEWARK, NJ 071044309	22-2747589	501(C)(3)	11,250				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORFOLK STATE UNIVERSITY FOUNDATION INC 700 PARK AVE NORFOLK, VA 235048050	23-7235954	501(C)(3)	9,000				
NORTH AMERICAN QUITLINE CONSORTIUM 3219 E CAMELBACK RD 416 PHOENIX, AZ 85013	27-0142713	501(C)(3)	128,517				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC COMMUNITY HEALTH CENTER ASSOC 4917 WATERS EDGE DR RALEIGH, NC 27606	56-1240332	501(C)(3)	50,625				
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE STREET PITTSBURGH, PA 15212	25-1715426	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEASTERN UNIVERSITY 960 RENAISSANCE PLACE BOSTON, MA 02115	04-1679980	501(C)(3)	30,000				
NORTHSIDE HOSPITAL INC 1000 JOHNSON FERRY ROAD NE ATLANTA, GA 303421611	58-1954432	501(C)(3)	6,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UNIVERSITY 633 CLARK ROOM G547 EVANSTON, IL 602081112	36-2167817	501(C)(3)	1,410,500				
NYC DEPT OF HEALTH AND MENTAL HYGIENE 42-09 28th Street Long Island city, NY 11101	13-6400434	GOVT	300,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	18,750				
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	16,000				
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 432101063	31-6401599	501(C)(3)	3,397,461				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY ATTN SPONSORED PROJECTS ADMIN PORTLAND, OR 97239	93-1176109	170(B)(1)(A)(V)	4,167,250				
OREGON PACIFIC AREA HEALTH CENTER PO BOX 767 LINCOLN CITY, OR 97367	93-1111753	501(C)(3)	23,674				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERLAKE HOSPITAL FOUNDATION 1035 116TH AVE NE BELLEVUE, WA 98004	91-1050325	501(C)(3)	7,820				
PACK HEALTH LLC 110 12TH ST N BIRMINGHAM, AL 35203	46-4018650	OTHER	200,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKTREE COMMUNITY HEALTH CTR 1450 E HOLT AVE POMONA, CA 91767	22-3914738	OTHER	45,000				
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	500,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA COMMUNITY HEALTH SERVICES PO BOX 960 BREMERTON, WA 98337	94-3079770	501(C)(3)	18,750				
PEOPLES COMMUNITY HEALTH CLINIC INC 905 FRANKLIN ST WATERLOO, IA 507034407	42-1058629	501(C)(3)	31,250				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT & FELLOWS OF HARVARD COLLEGE ATTN OFFICE OF SPONSORED PROGRAMS BOSTON, MA 022415649	04-2103580	501(C)(3)	1,013,000				
PRESTON TAYLOR COMMUNITY HEALTH CTRS INC 725 N PIKE ST GRAFTON, WV 26354	55-0665614	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE PITTSBURGH, PA 15208	25-1300356	501(C)(3)	18,750				
PRIMARY HEALTH CARE INC 9943 HICKMAN RD URBANDALE, IA 50310	42-1350092	501(C)(3)	7,178				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSIVE COMMUNITY HEALTH CTRS INC 3225 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	50,000				
PROVIDENCE ST PETER HOSPITAL 413 LILLY RD NE OLYMPIA, WA 985065133	91-0567732	501(C)(3)	6,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH MANAGEMENT CORPORATION LM500 LOWER MEZZANINE PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	50,000				
PUBLIC HEALTH SEATTLE KING CO 401 FIFTH AVE STE 1250 SEATTLE, WA 98104	91-6001327	501(C)(3)	7,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPHAEL HEALTH CENTER 401 E 34TH ST INDIANAPOLIS, IN 46205	35-1948768	501(C)(3)	64,100				
REGENESIS HEALTH CARE PO BOX 5158 SPARTANBURG, SC 29304	57-1084051	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF CA BERKELEY EXTRAMURAL FUNDS ACCOUNTING BERKELEY, CA 947201103	94-6002123	GOVT	163,500				
REGENTS OF THE UNIV OF CA IRVINE CONTRACTS GRANT ACCOUNTING IRVINE, CA 926971050	94-6002123	GOVT	1,747,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF CA SAN DIEGO ATTN UCSD CASHIERS OFFICE LA JOLLA, CA 920930009	94-6002123	GOVT	275,000				
REGENTS OF THE UNIV OF CA SAN FRAN UCSF MAIN DEPOSITORY LOS ANGELES, CA 900744872	94-6036493	501(C)(3)	1,941,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF CA UCLA ATTN PAYMENT SOLUTIONS COMPLIANCE LOS ANGELES, CA 900959000	95-6006143	501(C)(3)	792,000				
REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD LOS ANGELES, CA 900246503	94-3067788	501(C)(3)	100,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN DIV RESEARCH DEVELOPMNENT ADMIN ANN ARBOR, MI 481091274	38-6006309	GOVT	2,814,500				
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	GOVT	1,329,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL MEDICAL CENTER AT MEMPHIS TRANSPORTATION GRANT PROGRAM MEMPHIS, TN 38103	58-1737037	501(C)(3)	10,000				
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 122010009	14-1368361	501(C)(3)	955,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE - SAN BERNARDINO CTY INDIAN HLTH INC 11980 MOUNT VERNON AVE GRAND TERRACE, CA 92313	95-2846605	501(C)(3)	25,000				
ROSWELL PARK CANCER INSTITUTE ELM CARLTON STREETS BUFFALO, NY 14263	16-1391608	501(C)(3)	792,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	11,250				
SALUD PARA LA GENTE 195 AVIATION WAY WATSONVILLE, CA 950762059	94-2705747	501(C)(3)	44,743				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	18,750				
SAN ANTONIO REGIONAL HOSPITAL 999 SAN BERNARDINO RD UPLAND, CA 917864920	95-1183919	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO STATE UNIVERSITY 5250 CAMPANILE DR SAN DIEGO, CA 921821931	95-6042721	501(C)(3)	396,000				
SC PRIMARY HEALTH CARE ASSOC MINORITY HEALTH ISSUES CONF COLUMBIA, SC 29201	57-0803696	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD TPC-7 LA JOLLA, CA 92037	33-0435954	501(C)(3)	327,000				
SENTARA HEALTHCARE 6015 POPLAR HALL DR NORFOLK, VA 235023819	52-1271901	501(C)(3)	7,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKIN CANCER FOUNDATION INC 205 LEXINGTON AVE NEW YORK, NY 10016	13-2948778	501(C)(3)	10,000				
SLOAN-KETTERING INST FOR CANCER RSCH PO BOX 27106 NEW YORK, NY 10087	13-1924236	501(C)(3)	1,959,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH END COMMUNITY HEALTH CTR 1601 WASHINGTON ST BOSTON, MA 02118	04-2103854	501(C)(3)	18,750				
SOUTHBRIDGE MEDICAL ADVISORY 601 NEW CASTLE AVE WILMINGTON, DE 19801	23-7047824	501(C)(3)	13,125				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST ASIAN EDUCATIONAL DEVELOPMENT INC MILWAUKEE, WI 53205	26-3285743	501(C)(3)	15,000				
SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE ATLANTA, GA 30315	58-1131002	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING BRANCH COMM HLTH CTR 1615 HILLENDAHL BLVD STE 100 HOUSTON, TX 77055	30-0198705	501(C)(3)	11,194				
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 1000 DEPT 949 MEMPHIS, TN 381480949	62-0646012	501(C)(3)	1,684,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY CORWIN FOUNDATION 1008 MINNEQUA AVE PUEBLO, CO 81004	23-7293638	501(C)(3)	7,500				
ST NORBERT COLLEGE INC FINANCIAL AID OFFICE DE PERE, WI 54115	39-1399196	501(C)(3)	6,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST THOMAS RADIOLOGY ASSOCIATES P O BOX 11839 ST THOMAS, VI 00802	66-0434472		7,000				
STANFORD UNIVERSITY BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	1,361,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	18,750				
TAMPA FAMILY HEALTH CENTERS 302 WEST FLETCHER AVE TAMPA, FL 33612	59-2420282	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M RESEARCH FOUNDATION 400 HARVEY MITCHELL PARKWAY COLLEGE STATION, TX 77845	74-1238434	501(C)(3)	792,000				
TEXAS ONCOLOGY FOUNDATION INC 12221 MERIT DR DALLAS, TX 75251	75-2705785	501(C)(3)	25,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOARD OF TRUSTEES OF THE UNIV OF IL 506 S WRIGHT STREET URBANA, IL 618013633	37-6000511	501(C)(3)	37,500				
THE HUNTSVILLE HOSPITAL FDN INC 801 CLINTON AVE E HUNTSVILLE, AL 358013622	63-0752604	501(C)(3)	12,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD PO BOX 2 MILWAUKEE, WI 26509	39-0806261	501(C)(3)	50,000				
THE MIRIAM HOSPITAL OFFICE OF RSCH ADMINISTRATION PROVIDENCE, RI 029034141	05-0258954	501(C)(3)	719,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PENNSYLVANIA STATE UNIV ATTN CONTROLLERS OFFICE HERSHEY, PA 170330850	24-6000376	501(C)(3)	728,000				
THE RECTOR & VISITORS OF THE UNIV OF VA PO BOX 400195 CHARLOTTESVILLE, VA 229044195	54-6001795	501(C)(3)	1,068,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RESEARCH INST OF FOX CHASE CANCER CTR THE RESEARCH INSTITUTE OF FOX CHASE PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	3,108,750				
THE UNIV OF NORTH CAROLINA CHAPEL HILL ATTN OFFICE OF SPONSORED RESEARCH CHAPEL HILL, NC 275991350	56-6001393	501(C)(3)	2,816,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIV OF TEXAS HLTH SCIENCE CTR HOUSTON 7000 FANNIN ST STE 901 HOUSTON, TX 77030	74-6000949	GOVT	163,500				
THE UNIVERSITY OF IOWA 5 W JEFFERSON ST IOWA CITY, IA 52242	42-6004224	501(C)(3)	360,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS HEALTH 7703 FLOYD CURL DR SAN ANTONIO, TX 782293900	74-1586031	GOVT	1,584,000				
THE UNIVERSITY OF TOLEDO 3450 CTRL AVE TOLEDO, OH 43606	34-6401483	OTHER	792,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST ROOM 528 PHILADELPHIA, PA 191075587	23-1352651	501(C)(3)	163,500				
TRENTON MEDICAL CENTER INC 23343 NW COUNTY RD 236 HIGH SPRINGS, FL 32643	59-2871302	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-CITY HEALTH CENTER 39465 PASEO PADRE PKWY FREMONT, CA 94538	23-7255435	501(C)(3)	18,750				
TRUSTEES OF BOSTON UNIVERSITY BUMC 25 BUICK ST BOSTON, MA 02215	04-2103547	501(C)(3)	240,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD STE 6210 HANOVER, NH 037551404	02-0222111	501(C)(3)	800,986				
TRUSTEES OF THE UNIV OF PENNSYLVANIA P221 FRANKLIN BLDG PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	3,167,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF TUFTS UNIVERSITY SPONSORED RESEARCH ACCOUNTING BOSTON, MA 02111	04-2103634	501(C)(3)	163,500				
TUFTS UNIVERSITY 169 HOLLAND ST SOMERVILLE, MA 02144	04-2103634	501(C)(3)	111,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUG RIVER HEALTH ASSOCIATION INC PO BOX 507 GARY, WV 24836	31-0889458	501(C)(3)	25,000				
TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE TYLER, TX 75702	45-2578435	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 920930026	95-2544535	GOVT	239,115				
UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL, MN 55102	27-0052697	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVE NASHVILLE, TN 37210	62-1032792	501(C)(3)	18,750				
UNIV OF TENNESSEE HEALTH SCIENCE CTR 877 MADISON AVE MEMPHIS, TN 38163	31-1626179	501(C)(3)	24,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF TEXAS MD ANDERSON CANCER CTR GRANTS AND CONTRACTS HOUSTON, TX 772104266	74-6001118	GOVT	2,350,000				
UNIVERSITY AT ALBANY SCHOOL OF PUBLIC HEALTH RENSSELAER, NY 121443456	16-1514621	501(C)(3)	20,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY COMMUNITY HEALTH SE 601 BENTON AVE NASHVILLE, TN 372042303	62-1438461	501(C)(3)	50,000				
UNIVERSITY OF ALABAMA OFFICE FOR SPONSORED PROGRAMS TUSCALOOSA, AL 354870135	63-6001138	GOVT	40,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA BIRMINGHAM 701 S 20TH ST AB990 BIRMINGHAM, AL 352940109	63-6005396	501(C)(3)	1,119,000				
UNIVERSITY OF ALABAMA BIRMINGHAM 619 19TH ST S BIRMINGHAM, AL 352940109	63-0649108	501(C)(3)	15,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 857223520	74-2652689	SECTION 115	1,152,000				
UNIVERSITY OF CHICAGO 1427 E 60TH ST STE 120 CHICAGO, IL 60637	36-2177139	501(C)(3)	849,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI CASHIERS OFFICE DEPT A CINCINNATI, OH 452210061	31-6000989	501(C)(3)	782,000				
UNIVERSITY OF COLORADO AT BOULDER PO BOX 910220 DENVER, CO 802910220	84-6000555	GOVT	783,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS DENVER, CO 802910238	18-4064688	501(C)(3)	1,054,500				
UNIVERSITY OF CONNECTICUT OFFICE FOR SPONSORED PROGRAMS STORRS, CT 062691133	06-6070722	501(C)(3)	163,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 454691600	31-0536715	501(C)(3)	11,250				
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES GAINESVILLE, FL 326113201	59-6002052	501(C)(3)	1,584,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST HONOLULU, HI 96822	99-0085260	501(C)(3)	8,350				
UNIVERSITY OF ILLINOIS 1901 S FIRST ST STE A CHAMPAIGN, IL 618207406	37-6006004	501(C)(3)	792,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS CHICAGO 28395 NETWORK PL CHICAGO, IL 606731283	37-6000061	501(C)(6)	221,000				
UNIVERSITY OF KANSAS 3901 RAINBOW BLVD KANSAS CITY, KS 661607702	48-1202402	SECTION 115	111,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE 2301 S THIRD LOUISVILLE, KY 40292	61-1029626	501(C)(3)	80,000				
UNIVERSITY OF LOUISVILLE FOUNDATION INC 215 CENTRAL AVE LOUISVILLE, KY 40208	23-7078461	501(C)(3)	7,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428	31-1678679	501(C)(3)	1,139,000				
University of Miami 1311 Miller Road Coral Gables, FL 33146	59-0624458	501(C)(3)	30,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI 113 FAULKNER UNIVERSITY, MS 38677	64-6001159	501(C)(3)	14,066				
UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA, NE 681985100	47-4049123	OTHER	180,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE RD DURHAM, NH 038240000	02-0437506	501(C)(3)	15,000				
UNIVERSITY OF NEW MEXICO 1 NMU MSC01 ALBUQUERQUE, NM 871310001	85-6000642	GOVT	1,834,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH DAKOTA MEDICAL 264 CENTENNIAL DR STOP 7306 GRAND FORKS, ND 582027306	45-6002491	501(C)(3)	12,500				
UNIVERSITY OF PITTSBURGH CONTROLLERS OFFICE RESEARCH ACCOUNT PITTSBURGH, PA 152517220	25-0965591	501(C)(3)	3,022,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 175 CORPORATE WOODS ROCHESTER, NY 146231452	16-0743209	501(C)(3)	400,000				
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECT ACCOUNTING Suite 250 LOS ANGELES, CA 900898001	95-1642394	501(C)(3)	792,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTIN OFFICE OF ACCOUNTING AUSTIN, TX 787137159	74-1587488	501(C)(3)	854,000				
UNIVERSITY OF UTAH 302 PARK BUILDING SALT LAKE CITY, UT 84112	23-7112869	501(C)(3)	875,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVE MADISON, WI 537264090	39-6006492	501(C)(3)	12,500				
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 752841753	75-6042147	501(C)(3)	2,079,369				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY COMMUNITY HEALTH CENTER 212 S 4TH ST GRAND FORKS, ND 58201	27-0056777	501(C)(3)	35,000				
VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR WAVERLY, OH 45690	31-1072406	501(C)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIV MEDICAL CENTER ATTN FINANCIAL MANAGEMENT DALLAS, TX 753121236	35-2528741	501(C)(3)	111,500				
VANDERBILT UNIVERSITY ATTN OFFICE OF CONTRACT GRANT NASHVILLE, TN 372401591	62-0476822	501(C)(3)	111,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENICE FAMILY CLINIC 2509 PICO BLVD SANTA MONICA, CA 90405	95-2769432	501(C)(3)	18,750				
VIDANT HEALTH FOUNDATION 690 MEDICAL DR Suite 700 GREENVILLE, NC 27834	56-0585243	501(C)(3)	25,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 232843039	54-6001758	501(C)(3)	518,000				
VIRGINIA COMMUNITY HEALTHCARE ASSOCIATION 3831 WESTERRE PKWY HENRICO, VA 23233	54-1231284	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSES ASSOCIATION OF CAPE COD 434 ROUTE 134 SOUTH DENNIS, MA 02660	22-3321236	501(C)(3)	18,750				
WALSH COLLEGE 3838 LIVERNOIS RD TROY, MI 480077006	38-1308480	501(C)(3)	5,325				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY SPONSORED PROJECTS ACCOUNTING ST LOUIS, MO 631121408	43-6401888	501(C)(3)	3,258,500				
WATTS HEALTHCARE CORPORATION 10300 COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLNESS PLAN MEDICAL CENTERS 7700 SECOND AVE DETROIT, MI 48202	27-3971570	501(C)(3)	50,000				
WESLEY COMMUNITY CENTER INC 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN KENTUCKY UNIVERSITY 1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101	61-1605562	501(C)(3)	15,000				
WESTERN WAYNE FAMILY HEALTH CENTERS TAYLOR, MI 48180	30-0281587	501(C)(3)	18,750				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTMORELAND CTY COMM COLLEGE EDU FDN INC 145 PAVILION LN YOUNGWOOD, PA 156971814	25-1511934	501(C)(3)	15,000				
WHITEHEAD INSTITUTE FOR BIOMEDICAL RSCH 455 MAIN ST CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	327,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISTAR INSTITUTE 3451 WALNUT ST PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	792,000				
WOFFORD COLLEGE 429 NORTH CHURCH ST SPARTANBURG, SC 293033663	57-0314422	501(C)(3)	6,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY GRANT CONTRACT FINANCIAL ADM NEW HAVEN, CT 065081873	06-0646973	501(C)(3)	1,504,000				

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

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

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

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

Yes No

1b

2

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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 are not listed on Form 990, Part VII.

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

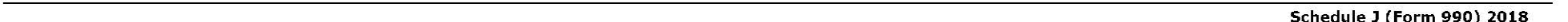
[illegible]

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	NANCY C YAW YAW RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 31 YEARS. RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$788,098 (PART II, LINE 3C) INCLUDES SEVERANCE OF \$194,256 AND EARNED NON-QUALIFIED SUPPLEMENTAL RETIREMENT BENEFITS OF \$593,842. THE FILING ORGANIZATION PAID THESE EARNED BENEFITS IN 2018. SCHEDULE J, PART I, LINE 4B THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"), 457(B), AND 457(F) PLANS AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE 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 ORGANIZATIONS 403(B) PLAN IN THE 457(B) AND 457(F) PLANS AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES. THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP AND 457(F) BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV, LINE 15. THE SERP PLAN WAS FROZEN IN 2016, AND AS A RESULT PAYMENTS ARE NOW MADE ONLY AFTER RETIREMENT RATHER THAN IN INCREMENTAL AMOUNTS DURING THE EXECUTIVE'S SERVICE.

Return Reference	Explanation
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



Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GARY M REEDY CHIEF EXECUTIVE OFFICER	(i)	688,837	102,679	92,553	15,125	1,339	900,533	49,960
	(ii)	62,622	9,334	8,414	1,375	122	81,867	4,269
CATHERINE E MICKLE CFO, OUTGOING/CAO INCOMING	(i)	359,333	35,303	10,435	14,637	11,067	430,775	0
	(ii)	45,733	4,493	1,328	1,863	1,409	54,826	0
ROBERT M KING CFO, INCOMING	(i)	269,840	30,514	276	18,231	6,549	325,410	0
	(ii)	34,343	3,884	35	2,320	834	41,416	0
OTIS W BRAWLEY CHIEF MED & SCI OFC, OUTGOING	(i)	411,788	39,411	144,749	16,500	734	613,182	112,772
	(ii)	0	0	0	0	0	0	0
RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	(i)	443,869	39,911	19,024	16,500	14,209	533,513	0
	(ii)	0	0	0	0	0	0	0
SHARON BYERS CHIEF DEV AND MKTG OFFICER	(i)	504,852	104,904	8,116	16,059	854	634,785	0
	(ii)	0	0	0	0	0	0	0
MICHAEL L NEAL SENIOR EVP, FIELD OPERATIONS	(i)	378,612	43,125	69,355	25,568	14,187	530,847	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY B PHILLIPS CHIEF LEGAL AND RISK OFFICER	(i)	295,554	28,500	703	17,856	20,788	363,401	0
	(ii)	0	0	0	0	0	0	0
NANCY C YAW FRMR EVP, LAKESHORE DIVISION	(i)	0	0	788,098	0	0	788,098	593,842
	(ii)	0	0	0	0	0	0	0
IRMA SHRIVASTAVA SVP, STRATEGIC MKTG ALLIANCES	(i)	275,704	43,200	410	19,224	625	339,163	0
	(ii)	0	0	0	0	0	0	0
JUNG H KIM EVP, NORTHEAST REGION	(i)	356,377	29,750	847	16,387	698	404,059	0
	(ii)	0	0	0	0	0	0	0
WILTON W WHITE EVP, NORTH CENTRAL REGION	(i)	319,372	0	11,158	0	12,283	342,813	0
	(ii)	0	0	0	0	0	0	0
DAVID J BENSON EVP, NORTH REGION	(i)	294,499	21,863	442	11,278	7,086	335,168	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods	X		24,606,278	COST/SELLING PRICE
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .	X	536	9,443,848	FMV
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

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?

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2018)

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.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc

Part I, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ► (COSMETIC KIT)	X	31,347	7,836,750	COST/SELLING PRICE
Other ► (WIGS)	X	12,520	7,644,711	COST/SELLING PRICE
Other ► (GUEST ROOM PROGRAM)	X	65,792	5,647,637	COST/SELLING PRICE
Other ► (HOPE LODGE SUPPLIES)	X	5,168	738,243	COST/SELLING PRICE
Other ► (DONATED SPACE)	X	1	23,652	COST/SELLING PRICE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
American Cancer Society Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

13-1788491

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D DETECTION AND TREATMENT PROGRAMS ARE DIRECTED AT FINDING CANCER BEFORE IT IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT CANCER TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT AND PAIN CONTROL DETECTION/TREATMENT EXPENSES INCLUDED ACTIVITIES SUCH AS OUR COMMUNITY GRANTS FOR BREAST AND COLORECTAL CANCER SCREENINGS, OUR BREAST CANCER AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS USED TO REVIEW THE FORM 990	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 D IRECTORS FINANCE COMMITTEE, AND THE CFO CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH TH E COMMITTEE MEMBERS AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEMB ER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
MONITORING AND ENFORCEMENT OF COMPLIANCE WITH conflict of	of interest policy FORM 990, PART VI, LINE 12C THE AMERICAN CANCER SOCIETY, INC MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS THE CHAIR OF THE BOARD OF DIRECTORS' AUDIT COMMITTEE RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES EMPLOYEES' RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION REVIEW PROCESS	FORM 990, PART VI, LINES 15A & 15B THE AMERICAN CANCER SOCIETY, INC. 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 THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ("DISQUALIFIED PERSONS"). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL: (A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS, (B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA, (C) REVISE IF NECESSARY THE CEO'S PERFORMANCE GOALS, (D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT, (E) ESTABLISH THE CEO'S ANNUAL INCENTIVE PLAN GOALS, DETERMINE THE MEASURES OF PERFORMANCE FOR EACH GOAL, AND DETERMINE WHAT INCENTIVE PLAN AWARD, IF ANY, IS PAYABLE EACH YEAR, (F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD, (G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE, (H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON, (I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVES INCENTIVE PLAN, (J) CONSIDER ALL BENEFITS PROVIDED BY THE AMERICAN CANCER SOCIETY TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS, (K) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE TERMS THAT ARE REASONABLE, (L) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 18 THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO	GENERAL PUBLIC FORM 990, PART VI, LINE 19 THE AMERICAN CANCER SOCIETY, INC TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL ITS MISSION AND ARE OTHERWISE PROTECTED THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION-MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW CANCER ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$(21,960,238) NET CHANGE IN RETIREMENT PLAN LIABILITY \$ 13,825,445 ----- TOTAL \$ (8,134,793)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACS Brightedge Venture LLC 250 WILLIAMS ST NW STE 4B Atlanta, GA 30303 82-2597570	INVESTING	DE	0	-359,755	ACS INC

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ACS CANCER ACTION NETWORK INC 555 11RH STREET NW WASHINGTON, DC 20004 52-1240031	ELIM CANCER	DC	501(c)(4)	N/A	ACS INC	Yes	
(2)ACS DEVELOPMENT I INC 250 WILLIAMS ST NW STE 600 ATLANTA, GA 30303 46-5439010	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
(3)ACS CAPITAL INC 250 WILLIAMS ST NW STE 600 ATLANTA, GA 30303 46-5429467	SUPPORT ACS	GA	501(c)(3)	12a	ACS CAN		No
(4)ACS PRODUCTS INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(c)(3)	12A	ACS INC	Yes	
(5)AMERICAN CANCER SOCIETY INC PUERTO RICO 566 CABO ALVERIO STREET HATO REY, PR 00918 66-0321594	ELIM CANCER	PR	501(c)(3)	7	ACS INC	Yes	
(6)THE JOSEPH AND JAEANETTE M SILBER FDTN 4900 TIEDEMAN RD OH-01-49015 BROOKLAND, OH 44144 34-1363915	ELIM CANCER	OH	501(c)(3)	12	NA		No
(7)ACS DEVELOPMENT COMPANY II INC 250 WILLIAMS ST NW STE 600 ATLANTA, GA 30303 82-1993189	SUPPORT ACS	GA	501(c)(3)	12A	ACS INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ISRAEL FAMILY HOLDINGS LLC 340 S LEMON AVENUE 2625 WALNUT, CA 91789 81-4706366	SUPPORT ACS	DE	RELATED	RELATED	0	978,219		No	0		No	99 000 %
(2) THE BROWER-IADONE FAMILY LLC 2360 CLAUDIA STREET CORONA, CA 92882 47-3426422	SUPPORT ACS	DE	RELATED	RELATED	-24,118	1,112,419		No	-29,557		No	99 000 %

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.

See Additional Data Table

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1788491
Name: American Cancer Society Inc

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER ANNUITY TRUSTS (25)	SUPPORT ACS	NY	NA	Trust					No
(1) CHARITABLE REMAINDER UNITRUSTS (93)	SUPPORT ACS	NY	NA	Trust					No
(2) DISCRETIONARY TRUSTS (13)	SUPPORT ACS	NY	NA	Trust					No
(3) NET INC PRNCPL INVASION REMAINDER (116)	SUPPORT ACS	NY	NA	Trust					No
(4) NET INCOME REMAINDER TRUSTS (49)	SUPPORT ACS	NY	NA	Trust					No
(5) PERPETUAL TRUSTS (75)	SUPPORT ACS	NY	NA	Trust					No
(6) REVOCABLE LIVING TRUSTS (48)	SUPPORT ACS	NY	NA	Trust					No
(7) CHARITABLE LEAD ANNUITY TRUSTS (2)	SUPPORT ACS	NY	NA	TRUST					No
(8) COMBINATION TRUSTS (6)	SUPPORT ACS	NY	NA	TRUST					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK INC	Q	11,455,054	FMV
(1) ACS DEVELOPMENT COMPANY I INC	Q	97,500	FMV
(2) ACS PRODUCTS INC	Q	3,177,978	FMV
(3) AMERICAN CANCER SOCIETY INC PUERTO RICO	Q	2,191,475	FMV
(4) ACS CANCER ACTION NETWORK INC	B	32,806,584	FMV
(5) ACS DEVELOPMENT COMPANY I INC	K	102,500	FMV
(6) AMERICAN CANCER SOCIETY INC PUERTO RICO	B	381,667	FMV
(7) THE JOSEPH AND JEANETTE SILBER FDTN	C	178,943	FMV
(8) ACS PRODUCTS INC	B	230,378	FMV
(9) ACS CANCER ACTION NETWORK INC	L	95,224	FMV
(10) ACS CANCER ACTION NETWORK INC	N	111,090	FMV