

## PUBLIC INSPECTION COPY

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**Open to Public  
Inspection**A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

AMERICAN CANCER SOCIETY, INC.

## Doing Business As

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

250 WILLIAMS STREET NW

Room/suite

400

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

ATLANTA, GA 30303

**F** Name and address of principal officer:

DR. JOHN SEFFRIN

250 WILLIAMS STREET NW, STE ATLANTA, GA 30303

**D** Employer identification number

13-1788491

**E** Telephone number

(800) 227-2345

**G** Gross receipts \$ 1,240,454,891.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

**H(c)** Group exemption number ▶ 0580**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	<b>1</b>	Briefly describe the organization's mission or most significant activities: THROUGH OUR 11 GEOGRAPHIC DIVISIONS & NATIONWIDE CORPORATE CENTER, WE SERVED OVER 40 MILLION PEOPLE IN 5,000+ COMMUNITIES THROUGH RESEARCH, EDUCATION, ADVOCACY & SERVICE.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	42.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	42.
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	8,428.
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	3,000,000.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-37,884.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-48,767.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	216,822,172.	871,904,237.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-106,018.	24,767.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,840,311.	43,164,625.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,165,068.	4,436,145.
	<b>12</b>		230,721,533.	919,529,774.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	62,912,967.	143,954,418.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	174,475,938.	494,979,980.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	2,317,846.	4,556,778.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 201,303,109.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	118,168,670.	280,497,153.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	357,875,421.	923,988,329.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-127,153,888.	-4,458,555.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	1,866,161,853.	1,878,381,083.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.	767,418,074.	587,112,728.
		1,098,743,779.	1,291,268,355.	

**Part II** Signature Block

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

Sign Here

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ CATHERINE MICKLE CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: KATHY PITTS Preparer's signature: *Kathy Pitts* Date: 09/24/14 Check ☐ if self-employed PTIN: P00292940

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

Firm's address ▶ 1901 6TH AVENUE NORTH, STE 1200 BIRMINGHAM, AL 35203 Phone no. 205-251-2000

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

For Paperwork Reduction Act Notice, see the separate instructions.

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13-1788491

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**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER,  
SAVING LIVES, AND DIMINISHING SUFFERING FROM THE DISEASE, THROUGH  
RESEARCH, EDUCATION, ADVOCACY, AND SERVICE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **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 \$ 180,462,695. including grants of \$ 98,641,181. ) (Revenue \$ 24,767. )

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

GRANTS TO AFFILIATES: \$4,031,231

**4b** (Code: ) (Expenses \$ 270,832,670. including grants of \$ 36,086,330. ) (Revenue \$ 557,941. )

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

GRANTS TO AFFILIATES: \$7,057,238

**4c** (Code: ) (Expenses \$ 130,275,019. including grants of \$ 4,443,975. ) (Revenue \$ 0 )

PREVENTION PROGRAMS PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS  
WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE AND TO  
REDUCE THE RISK OF DEVELOPING CANCER. PREVENTION EXPENSES INCLUDED  
ACTIVITIES SUCH AS OUR ONGOING ADVOCACY EFFORTS TO INCREASE  
CERTAIN STATE TOBACCO TAXES IN ADDITION TO GENERAL PREVENTION  
WORK.

GRANTS TO AFFILIATES: \$16,640,994

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 90,851,727. including grants of \$ 4,782,932. ) (Revenue \$ 0 )

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

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b> X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b> X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

JSA

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

		Yes	No
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	X
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	X
<b>23</b>	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>	<b>23</b>	X
<b>24 a</b>	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>	<b>24a</b>	X
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25 a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	X
<b>b</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>	<b>25b</b>	X
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .	<b>26</b>	X
<b>27</b>	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>	<b>27</b>	X
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28a</b>	X
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28b</b>	X
<b>c</b>	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>	<b>28c</b>	X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>	<b>31</b>	X
<b>32</b>	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>	<b>32</b>	X
<b>33</b>	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>	<b>33</b>	X
<b>34</b>	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>	<b>34</b>	X
<b>35 a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</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>	<b>35b</b>	X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	X
<b>37</b>	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>	<b>37</b>	X
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	X

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**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 3,124		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 57		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X	
<b>2a</b> 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 . . . . .	<b>2a</b> 8,428		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	X	
<b>4a</b> 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)? . . . . .	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

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

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

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	42		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	42		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		X
<b>6</b> Did the organization have members or stockholders? . . . . .	6		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	8b	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		X

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

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

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CATHERINE E. MICKLE 250 WILLIAMS STREET, 4TH FLOOR ATLANTA, GA 30303 404-329-7934

JSA

3E1042 1.000

Form **990** (2013)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA M. LEBLANC, EDD IMMEDIATE PAST CHAIR	5.00 0	X		X				0	0	0
(2) W. PHIL EVANS, MD, FACR IMMEDIATE PAST PRESIDENT	5.00 0	X		X				0	0	0
(3) JOHN ALFONSO, CPA DIRECTOR, LAY	3.00 0	X						0	0	0
(4) VINCENT F. BARBETTA, CLU, CHFC DIRECTOR, LAY	3.00 0	X						0	0	0
(5) DEBRA J. COHEN DIRECTOR, LAY	3.00 0	X						0	0	0
(6) WILLIAM E. COULTER, EDD DIRECTOR, LAY	3.00 0	X						0	0	0
(7) BRYAN K. EARNEST DIRECTOR, LAY	3.00 0	X						0	0	0
(8) EUGENE D. HEFLIN DIRECTOR, LAY	3.00 0	X						0	0	0
(9) ALLEN H. HENDERSON, PHD DIRECTOR, LAY	3.00 0	X						0	0	0
(10) SUSAN D. HENRY, LCSW DIRECTOR, LAY	3.00 0	X						0	0	0
(11) JEFFREY L. KEAN DIRECTOR, LAY	3.00 0	X						0	0	0
(12) JOSEPH R. MAHONEY, CPA DIRECTOR, LAY	3.00 0	X						0	0	0
(13) LINDA Z. MOWAD, RN DIRECTOR, LAY	3.00 0	X						0	0	0
(14) SCARLOTT K. MUELLER, RN, MPH DIRECTOR, LAY	3.00 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) ARNOLD M. BASKIES, MD, FACS DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 16) PATRICIA K. BRADLEY, PHD, RN DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 17) KARLYNN BRINTZENHOFESZOC, PHD DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 18) ROBERT K. BROOKLAND, MD DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 19) JUDITH E. CALHOUN, PHD, ARNP DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 20) WIL R. COUNTS, RPH, PHD DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 21) WILLIE H. GOFFNEY, MD, FACS DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 22) JOHN W. HAMILTON, DDS DIRECTOR, MEDICAL	3.00 1.00	X						0	0	0
( 23) MICHAEL E. KASPER, MD, FACRO DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 24) CLEMENT S. ROSE, MD DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 25) DONALD K. WARNE, MD, MPH DIRECTOR, MEDICAL	3.00 0	X						0	0	0
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								8,819,364.	115,973.	2,228,352.
<b>d Total (add lines 1b and 1c)</b> . . . . .								8,819,364.	115,973.	2,228,352.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 360

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) MARIA J. WORSHAM, PHD, FACMG DIRECTOR, MEDICAL	3.00 0	X						0	0	0
( 27) SHEILA P. BURKE, MPA, RN, FAAN DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 28) JAMES B. CONWAY, MS DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 29) CAROL JACKSON DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 30) HASKELL SEARS WARD DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 31) GRAHAM A. COLDITZ, MD, DRPH DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 32) KEVIN J. CULLEN, MD DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 33) KEVIN OEFFINGER, MD DIRECTOR, AT LARGE	3.00 0	X						0	0	0
( 34) GARY M. REEDY CHAIR OF THE BOARD	5.00 2.00	X		X				0	0	0
( 35) VINCENT T. DEVITA, JR., MD PRESIDENT	5.00 3.00	X		X				0	0	0
( 36) PAMELA K. MEYERHOFFER, FAHP CHAIR-ELECT	5.00 0	X		X				0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 360

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) TIM E. BYERS, MD, MPH PRESIDENT-ELECT	5.00 0	X		X				0	0	0
( 38) ROBERT E. YOULE VICE CHAIR	5.00 0	X		X				0	0	0
( 39) DOUGLAS K. KELSEY, MD, PHD, FA FIRST VICE PRESIDENT	5.00 0	X		X				0	0	0
( 40) ENRIQUE HERNANDEZ, MD SECOND VICE PRESIDENT	5.00 0	X		X				0	0	0
( 41) DANIEL P. HEIST, CPA TREASURER	5.00 0	X		X				0	0	0
( 42) ROBERT R. KUGLER, ESQ. SECRETARY	5.00 3.00	X		X				0	0	0
( 43) JOHN R. SEFFRIN CHIEF EXECUTIVE OFFICER	55.00 5.00			X				845,787.	76,890.	11,624.
( 44) CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	55.00 6.00			X				358,269.	39,083.	13,100.
( 45) OTIS W. BRAWLEY CHIEF MEDICAL OFFICER	55.00 0				X			628,407.	0	23,829.
( 46) GREGORY P. BONTRAGER CHIEF OPERATING OFFICER	55.00 0				X			690,473.	0	76,739.
( 47) JOSEPH C. CAHOON, JR. SENIOR EVP, FIELD OPERATIONS	55.00 0				X			535,885.	0	5,692.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 360

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) LINDA MACMASTER CHIEF REV. & MRKTING, OUTGOING	55.00 0				X			345,636.	0	37,520.
( 49 ) DONALD GUDAITIS EVP, NEW ENGLAND, OUTGOING	55.00 0					X		1,686,164.	0	456,820.
( 50 ) JARILYN JOHNSTON-ALLEN EVP, MIDWEST, OUTGOING	55.00 0					X		1,243,668.	0	603,410.
( 51 ) DONALD DISTASIO EVP, EASTERN, OUTGOING	55.00 0					X		1,152,329.	0	221,993.
( 52 ) FRANCIS P. MCGRADY EVP, EAST CENTRAL, OUTGOING	55.00 0					X		775,608.	0	592,550.
( 53 ) REUEL E. JOHNSON VP, RELAY FOR LIFE, OUTGOING	55.00 0					X		557,138.	0	185,075.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 360

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

**Section B. Independent Contractors**

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

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

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

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**Part VIII Statement of Revenue**

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

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

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Form 990 (2013)

AMERICAN CANCER SOCIETY, INC.

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**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	107,846,645.	107,846,645.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	33,369,059.	33,369,059.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16, . . .	2,738,714.	2,738,714.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,076,003.	2,017,920.	2,186,421.	871,662.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	12,377,177.	6,856,980.	2,291,711.	3,228,486.
<b>7</b> Other salaries and wages . . . . .	343,047,138.	224,561,356.	19,400,251.	99,085,531.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	58,372,852.	39,119,004.	2,333,859.	16,919,989.
<b>9</b> Other employee benefits . . . . .	49,808,245.	33,159,972.	2,823,347.	13,824,926.
<b>10</b> Payroll taxes . . . . .	26,298,565.	17,307,960.	1,447,389.	7,543,216.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	384,895.	258,744.	22,534.	103,617.
<b>b</b> Legal . . . . .	1,679,906.	724,816.	747,173.	207,917.
<b>c</b> Accounting . . . . .	967,245.		967,245.	
<b>d</b> Lobbying . . . . .	5,000.	5,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	4,556,778.			4,556,778.
<b>f</b> Investment management fees . . . . .	2,829,566.		2,829,566.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	53,163,321.	40,591,446.	2,856,370.	9,715,505.
<b>12</b> Advertising and promotion . . . . .	22,397,352.	20,358,854.	265,017.	1,773,481.
<b>13</b> Office expenses . . . . .	42,934,627.	26,928,672.	4,879,564.	11,126,391.
<b>14</b> Information technology . . . . .	14,792,854.	10,720,299.	778,926.	3,293,629.
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	39,148,161.	28,335,130.	2,277,132.	8,535,899.
<b>17</b> Travel . . . . .	16,086,435.	10,288,302.	683,841.	5,114,292.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings . . . .	8,457,652.	4,836,498.	947,983.	2,673,171.
<b>20</b> Interest . . . . .	2,072,958.	1,949,491.	91,911.	31,556.
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . .	22,206,892.	14,875,638.	1,302,633.	6,028,621.
<b>23</b> Insurance . . . . .	2,890,692.	2,111,142.	139,676.	639,874.
<b>24</b> 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.)				
<b>a</b> GRANTS TO AFFILIATES -----	32,910,495.	32,665,464.	16,185.	228,846.
<b>b</b> PRINT-EDUCATION&FNDRSNG -----	13,928,562.	8,650,015.	850,038.	4,428,509.
<b>c</b> UBIT TAXES -----	1,193.		1,193.	
<b>d</b> MISCELLANEOUS -----	3,639,347.	2,144,990.	123,144.	1,371,213.
<b>e</b> All other expenses -----				
<b>25</b> Total functional expenses. Add lines 1 through 24e	923,988,329.	672,422,111.	50,263,109.	201,303,109.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	185,639,572.	112,980,095.	7,552,378.	65,107,099.

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AMERICAN CANCER SOCIETY, INC.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	135,440,458.	<b>2</b>	172,343,123.
	<b>3</b> Pledges and grants receivable, net . . . . .	28,885,785.	<b>3</b>	27,129,364.
	<b>4</b> Accounts receivable, net . . . . .	4,507,844.	<b>4</b>	4,699,515.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	3,826,470.	<b>8</b>	4,025,176.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,300,021.	<b>9</b>	9,109,800.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	572,215,200.		
	<b>b</b> Less: accumulated depreciation . . . . .	288,054,936.		
		303,969,980.	<b>10c</b>	284,160,264.
	<b>11</b> Investments - publicly traded securities . . . . .	1,027,513,240.	<b>11</b>	986,977,966.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets. See Part IV, line 11 . . . . .	353,718,055.	<b>15</b>	389,935,875.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,866,161,853.	<b>16</b>	1,878,381,083.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	413,872,835.	<b>17</b>	249,784,911.
	<b>18</b> Grants payable . . . . .	220,340,197.	<b>18</b>	208,796,588.
	<b>19</b> Deferred revenue . . . . .	10,489,982.	<b>19</b>	10,594,572.
	<b>20</b> Tax-exempt bond liabilities . . . . .	48,883,780.	<b>20</b>	6,535,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,537,761.	<b>23</b>	41,506,924.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	72,293,519.	<b>25</b>	69,894,733.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	767,418,074.	<b>26</b>	587,112,728.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	614,730,820.	<b>27</b>	756,319,942.
	<b>28</b> Temporarily restricted net assets . . . . .	220,068,825.	<b>28</b>	254,879,104.
	<b>29</b> Permanently restricted net assets . . . . .	263,944,134.	<b>29</b>	280,069,309.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	1,098,743,779.	<b>33</b>	1,291,268,355.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,866,161,853.	<b>34</b>	1,878,381,083.

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AMERICAN CANCER SOCIETY, INC.

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**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2013)

## PUBLIC INSPECTION COPY

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2013****Open to Public Inspection**

▶ Attach to Form 990 or Form 990-EZ.

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

AMERICAN CANCER SOCIETY, INC.

**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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013



## PUBLIC INSPECTION COPY

AMERICAN CANCER SOCIETY, INC.

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Schedule A (Form 990 or 990-EZ) 2013

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**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	368,976,523.	352,035,141.	350,778,337.	216,822,172.	871,904,237.	2,160,516,410.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	7,312,367.	7,225,284.	8,467,852.	8,984,317.	27,579,534.	59,569,354.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	73,527.	28,259.	51,145.	134,205.	0	287,136.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) - ATCH-1 . . . . .				557,760.	953,806.	1,511,566.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						2,221,884,466.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	111,915,469.
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.24 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.36 %
<b>16a</b> <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

## PUBLIC INSPECTION COPY

AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule A (Form 990 or 990-EZ) 2013

Page **3****Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

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

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

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

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule A (Form 990 or 990-EZ) 2013

Page **4**

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)****Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
**▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of organization

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.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2013

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Schedule C (Form 990 or 990-EZ) 2013

AMERICAN CANCER SOCIETY, INC.

13-1788491

Page **2**

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

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

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

Schedule C (Form 990 or 990-EZ) 2013

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule C (Form 990 or 990-EZ) 2013

Page **3**

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers?		X	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b>	Media advertisements?		X	
<b>d</b>	Mailings to members, legislators, or the public?		X	
<b>e</b>	Publications, or published or broadcast statements?		X	
<b>f</b>	Grants to other organizations for lobbying purposes?	X		17,028,825.
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		27,655.
<b>i</b>	Other activities?		X	
<b>j</b>	Total. Add lines 1c through 1i			17,056,480.
<b>2 a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

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

SEE PAGE 4

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

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SCHEDULE C, PART IV

GENERAL LOBBYING NARRATIVE

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

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . ☐ 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" to 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) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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Schedule D (Form 990) 2013

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13-1788491

Schedule D (Form 990) 2013

Page **2****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 **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	102,734,090.	35,285,733.	32,585,547.	32,232,899.	31,193,130.
<b>b</b> Contributions . . . . .	3,639,657.	64,302,632.	1,170,697.	790,819.	903,908.
<b>c</b> Net investment earnings, gains, and losses . . . . .	15,529,578.	3,145,725.	2,781,051.	2,557,247.	821,379.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	4,574,431.		1,251,562.	2,995,418.	685,518.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	117,328,894.	102,734,090.	35,285,733.	32,585,547.	32,232,899.

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

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
**b** Permanent endowment ▶ 100.0000 %  
**c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .  
**(ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		36,847,528.		36,847,528.
<b>b</b> Buildings . . . . .		299,852,918.	109,216,002.	190,636,916.
<b>c</b> Leasehold improvements . . . . .		78,761,918.	39,852,049.	38,909,869.
<b>d</b> Equipment . . . . .		99,347,011.	82,748,592.	16,598,419.
<b>e</b> Other . . . . .		57,405,825.	56,238,293.	1,167,532.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				284,160,264.

Schedule D (Form 990) 2013

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule D (Form 990) 2013

Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule D (Form 990) 2013

Page **4**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	970,504,813.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	3,341,837.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	6,432,327.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	48,653,772.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	58,427,936.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	912,076,877.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,827,066.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	4,625,831.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	7,452,897.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	919,529,774.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	936,740,700.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	6,287,365.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	9,293,265.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	15,580,630.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	921,160,070.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,827,066.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,193.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,828,259.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	923,988,329.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 5

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY.

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

SCHEDULE D, PART XI, LINE 2D

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

REVENUE OF AFFILIATES: \$16,133,509

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

RENTAL EXPENSES: \$425,413

TOTAL: \$48,653,772

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 4B

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

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

TOTAL: \$4,625,831

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

EXPENSES OF AFFILIATES: \$13,492,490

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

RENTAL EXPENSES: \$425,413

TOTAL: \$9,293,265

RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN

SCHEDULE D, PART XII, LINE 4B

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

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

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

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Schedule F (Form 990) 2013

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
<b>(1)</b> MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	2,126.
<b>(2)</b> MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	8,956.
<b>(3)</b> NORTH AMERICA			PROGRAM SERVICES	BREAST CNCR PROGRAM	968.
<b>(4)</b> NORTH AMERICA			PROGRAM SERVICES	CNCR PREVENTION	590.
<b>(5)</b> NORTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	8,828.
<b>(6)</b> NORTH AMERICA			PROGRAM SERVICES	PATIENT SUPPORT	467.
<b>(7)</b> NORTH AMERICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	1,363.
<b>(8)</b> NORTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	582.
<b>(9)</b> RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	PATIENT SUPPORT	3,399.
<b>(10)</b> SOUTH AMERICA			PROGRAM SERVICES	BREAST CNCR PROGRAM	285,889.
<b>(11)</b> SOUTH AMERICA			PROGRAM SERVICES	CNCR PREVENTION	5,382.
<b>(12)</b> SOUTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	68,786.
<b>(13)</b> SOUTH AMERICA			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	10,755.
<b>(14)</b> SOUTH AMERICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	4,847.
<b>(15)</b> SOUTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	23,436.
<b>(16)</b> SOUTH ASIA			PROGRAM SERVICES	ACCESS TO PAIN RELIEF	1,768.
<b>(17)</b> SOUTH ASIA			PROGRAM SERVICES	CNCR PREVENTION	4,833.
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2013

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH ASIA			PROGRAM SERVICES	CAPACITY BUILDING	8,155.
(2) SOUTH ASIA			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	2,395.
(3) SOUTH ASIA			PROGRAM SERVICES	PATIENT SUPPORT	893.
(4) SOUTH ASIA			PROGRAM SERVICES	TOBACCO CONTROL	2,964.
(5) SUB-SAHARAN AFRICA			PROGRAM SERVICES	ACCESS TO PAIN RELIEF	10,962.
(6) SUB-SAHARAN AFRICA			PROGRAM SERVICES	BREAST CNCR PROGRAM	4,160.
(7) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CNCR PREVENTION	30,811.
(8) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	16,691.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CRVCL CNCR AWRNESS	2,095.
(10) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GLOBAL CNCR ADVOCACY	86,769.
(11) SUB-SAHARAN AFRICA		2.	PROGRAM SERVICES	PAIN MANAGEMENT	193,192.
(12) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PALLIATIVE CARE SRVCE	12,528.
(13) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PATIENT SUPPORT	5,324.
(14) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	35,126.
(15) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	413,052.
(16)					
(17)					
<b>3a</b> Sub-total. . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2013



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RSRCH PROF. AWARD	161,500.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	BREAST CNCR RESEARCH	50,435.	WIRE			
(3)			NORTH AMERICA	TOBACCO CONTROL	37,750.	WIRE			
(4)			SOUTH AMERICA	BREAST CNCR PROGRAM/ADVO	557,729.	WIRE			
(5)			SOUTH AMERICA	CAPACITY BUILDING	93,510.	WIRE			
(6)			SOUTH AMERICA	PATIENT SUPPORT PROG	15,000.	WIRE			
(7)			SOUTH AMERICA	TOBACCO CONTROL	23,825.	WIRE			
(8)			SUB-SAHARAN AFRICA	ACCESS TO PAIN RELIEF	50,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	BREAST CNCR ADVOCACY	15,000.	WIRE			
(10)			SUB-SAHARAN AFRICA	CNCR PREVENTION	54,479.	WIRE			
(11)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	1,590,908.	WIRE			
(12)			SUB-SAHARAN AFRICA	PAIN MANAGEMENT	88,578.	WIRE			
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . 38.
- 3 Enter total number of other organizations or entities. . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule F (Form 990) 2013

Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2013

**Part V Supplemental Information**

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

SCHEDULE F, PART V

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

THE SOCIETY DOES MONITOR AND CONDUCT AN EVALUATION OF OPERATIONS UNDER  
EACH GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE  
SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO  
EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY  
RECEIVING BENCHMARKING GRANT REPORTS. THE SOCIETY ALSO CONDUCTS FINANCIAL  
MONITORING OF GRANTEES. NARRATIVE AND FINANCIAL REPORTS CONTAINING  
DETAILED INFORMATION ABOUT GRANT ACTIVITIES MUST BE FURNISHED BY ALL  
GRANTEES TO THE SOCIETY AS FOLLOWS: (1) INTERIM NARRATIVE AND FINANCIAL  
REPORTS AT THE MIDPOINT OF THE GRANT; AND (2) FINAL NARRATIVE AND  
FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION  
OF THE GRANT. THE SECOND GRANT INSTALLMENT MAY NOT BE PAID UNTIL  
SATISFACTORY PROGRESS INTERIM REPORTS HAVE BEEN RECEIVED. ALL GRANT  
REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS  
AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR.

**PUBLIC INSPECTION COPY**

**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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

**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" to 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.

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> 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			
<b>1</b> CHARITY DYNAMICS, INC.	GEN DVLPMNT CONSULTING		X	128,860.	56,545.	72,315.
<b>2</b> FISHBAIT MARKETING, LLC	FUNDRAISING CONSULTANT		X	1,069,356.	158,130.	911,226.
<b>3</b> MERKLE GROUP, INC.	DIRECT MAIL STRATEGY		X	43,735,994.	2,224,075.	41,511,919.
<b>4</b> PARADYSZ MATERA	DIRECT MAIL CONSULTANT		X	4,197,410.	119,063.	4,078,347.
<b>5</b> CASWELL ZACHRY GRIZZARD	PLANNED GVG STRATEGY		X		1,089,051.	-1,089,051.
<b>6</b> ALLAN JAMIESON	PARTICIPANT RCRTMNT		X	355,076.	15,000.	340,076.
<b>7</b> TIMOTHY RUNION	STRATEGIC GUIDANCE		X		7,200.	-7,200.
<b>8</b> THE RUSS REID COMPANY, INC.	EVENT STRATEGY		X	937,736.	528,011.	409,725.
<b>9</b> M+R STRATEGIC SERVICES, INC.	ONLINE STRATEGY		X	3,076,341.	329,703.	2,746,638.
<b>10</b> MLH STRATEGIES	EVENT STRATEGY		X		30,000.	-30,000.
<b>Total</b>				53,500,773.	4,556,778.	48,943,995.

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

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

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule G (Form 990 or 990-EZ) 2013

Page **2**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

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

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

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

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

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

b If "Yes," explain: \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2013

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule G (Form 990 or 990-EZ) 2013

Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |            |
|--------------------------------------|------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> | %          |
| <b>b</b> An outside facility         | <b>13b</b> | 100.0000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LORANCE HUI

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

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

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶ CATHERINE E. MICKLE

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

Description of services provided ▶ OVERSIGHT/MANAGEMENT

☒ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 1,281,444.

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

SCHEDULE G, PART II

SUPPLEMENTAL INFORMATION REGARDING FNDRSNG EVENTS

MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS

FOR AND FIGHTS BACK AGAINST BREAST CANCER BY:

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

Schedule G (Form 990 or 990-EZ) 2013

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13-1788491

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- |                                      |            |   |
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Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

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

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

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

WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING

TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM.

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

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

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

Schedule G (Form 990 or 990-EZ) 2013



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Address ▶ \_\_\_\_\_

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Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

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

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

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

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

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

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

RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE

DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR

Schedule G (Form 990 or 990-EZ) 2013

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Address ▶ \_\_\_\_\_

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Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

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

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

BREAST CANCER.

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

Schedule G (Form 990 or 990-EZ) 2013

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|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
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Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

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

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

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

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

Name ▶

Address ▶

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
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- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED

OFFICIALS ABOUT CANCER. BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING

STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE.

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AMERICAN CANCER SOCIETY, INC.

13-1788491

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Page **3**

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Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

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

MANDATORY DISTRIBUTION, LINE 17

SUPPLEMENTAL INFORMATION FOR FUNDRAISING EVENTS

CA - 687,089

CO - 14,260

ID - 222

GA - 21,011

Schedule G (Form 990 or 990-EZ) 2013

**PUBLIC INSPECTION COPY**

AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule G (Form 990 or 990-EZ) 2013

Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

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

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

MD - 49,110

MI - 52,150

NJ - 40,081

NY - 167,554

VA - 207,755

WA - 42,212

Schedule G (Form 990 or 990-EZ) 2013

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule G (Form 990 or 990-EZ) 2013

Page **3**

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- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
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Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
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**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

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

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

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

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

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

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Schedule I (Form 990) (2013)



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

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

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

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

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

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

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

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(1) CHILDREN'S DEFENSE FUND - NY 15 MAIDEN LN STE 1200 NEW YORK, NY 10038	52-0895622	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(2) CHILDREN'S HEALTHCARE OF ATLANTA 1920 BRIACLIFF RD., #372 ATLANTA, GA 30329	58-2367819	501(C)(3)	24,000.				MASTERS TRAINING - ONCOLOGY
(3) CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-6121916	OTHER	720,000.				RESEARCH SCHOLAR GRANT
(4) CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CTR BLVD. PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(5) CHRISTIAN FAITH FELLOWSHIP CHURCH 7210 N 76TH ST MILWAUKEE, WI 53223	39-1631872	501(C)(3)	46,896.				BREAST EDUCATION AND HEALTH
(6) CHRISTIANA HEALTH CARE SVCS 4701 OGLETOWN STANTON NEWARK, DE 19713	52-1479538	501(C)(3)	10,000.				HEALTH PROGRAMS
(7) CINCINNATI CHILDREN'S HOSPITAL MED. CTR 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	725,000.				RESEARCH SCHOLAR GRANT
(8) CLEVELAND CLINIC FOUNDATION 303 CHESTNUT COMMONS ELYRIA, OH 44035	34-0714585	501(C)(3)	25,000.				BREAST HEALTH PROGRAMS
(9) CLEVELAND CLINIC FOUNDATION 303 CHESTNUT COMMONS ELYRIA, OH 44195	34-0714585	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP
(10) CLINICA TEPEYAC 5075 LINCOLN ST DENVER, CO 80216	84-1285505	501(C)(3)	45,147.				BREAST EDUCATION AND HEALTH
(11) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD C. SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(12) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	402,000.				POSTDOCTORAL FELLOWSHIP

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

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

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(1) CURATORS OF THE UNIVERSITY OF MISSOURI 321 UNIVERSITY HALL KANSAS CITY, MO 64110	43-6003859	501(C)(3)	86,737.				TOBACCO CONTROL
(2) DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2663040	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(3) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	450,000.				POSTDOCTORAL FELLOWSHIP
(4) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(5) DARTMOUTH COLLEGE 11 ROPE FERRY RD, #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	800,000.				RESEARCH PROFESSOR AWARD
(6) DETROIT COMM HLTH CONNECTION 13901 E JEFFERSON AVE DETROIT, MI 48215	38-2824772	501(C)(3)	36,000.				COLORECTAL EDUCATION
(7) DISABILITY RIGHTS LEGAL CTR CANCER LEGAL RES. CTR LOS ANGELES, CA 90015	95-2960607	501(C)(3)	50,000.				CANCER EDUCATION
(8) DORCHESTER HOUSE MULTI SERVICE 1353 DORCHESTER AVE BOSTON, MA 02122	23-7125970	501(C)(3)	80,625.				BREAST EDUCATION AND HEALTH
(9) DR JACQUELINE DELMONT MD PC 55 NORTH MAIN ST FREEPORT, NY 11520	52-2248589	OTHER	39,375.				BREAST EDUCATION AND HEALTH
(10) DUKE UNIVERSITY MEDICAL CENTER 2200 W. MAIN ST, #710 DURHAM, NC 27705	56-0532129	501(C)(3)	1,258,500.				RESEARCH PROFESSOR AWARD
(11) EAST VALLEY COMMUNITY HLTH CTR 420 S GLENDALE AVE WEST COVINA, CA 91790	23-7068586	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(12) EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745	86-0816675	501(C)(3)	22,500.				BREAST EDUCATION AND HEALTH

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(1) EPHRATA COMMUNITY HOSPITAL 460 N READING ROAD EPHRATA, PA 17522	23-1370484	501(C)(3)	14,275.				BREAST EDUCATION AND HEALTH
(2) ESTAMOS UNIDOS DE PENNSYLVANIA PO BOX 60709 HARRISBURG, PA 17106	33-1069614	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(3) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE ST LOUIS, MO 63111	23-7076112	501(C)(3)	36,177.				BREAST EDUCATION AND HEALTH
(4) FEEL YOUR BOOBIES FOUNDATION PO BOX 41 MIDDLETOWN, PA 17057	20-2938710	501(C)(3)	7,900.				BREAST EDUCATION AND HEALTH
(5) FIRST BAPTIST CHURCH OF BALTIMORE ST INC 1200 BALTIMORE ST MOBILE, AL 36605	63-0621082	501(C)(3)	6,000.				BREAST EDUCATION AND HEALTH
(6) FLAGLER HOSPITAL INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-0675143	501(C)(3)	19,200.				BRST AND COLORECTAL PROGRAMS
(7) FORT HEALTHCARE 611 SHERMAN AVE E FT ATKINSON, WI 53538	39-0286215	501(C)(3)	11,056.				CANCER EDUCATION
(8) FOURTH BAPTIST CHURCH 726 SOUTH STREET PORTSMOUTH, VA 23704	54-1264179	OTHER	9,000.				BREAST EDUCATION AND HEALTH
(9) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE. SEATTLE, WA 98109	23-7156071	501(C)(3)	1,753,500.				RESEARCH PROFESSOR AWARD
(10) FRIENDS OF CANCER RESEARCH 1800 M ST NW, #1050 S WASHINGTON, DC 20036	52-1983273	501(C)(3)	20,000.				CANCER EDUCATION
(11) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030	54-0836354	OTHER	717,000.				RESEARCH PROFESSOR AWARD
(12) GEORGE WASHINGTON UNIVERSITY 2121 EYE ST. NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	853,779.				RESEARCH & CANCER EDUCATION

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

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

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(1) <u>JOHNS HOPKINS UNIVERSITY</u> W400 3400 N CHARLES ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	737,987.				RESEARCH PROFESSOR AWARD
(2) <u>KANSAS UNIVERSITY ENDOWMENT ASSOCIATION</u> 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)(3)	49,940.				BREAST EDUCATION AND HEALTH
(3) <u>KNOX COMMUNITY HOSPITAL</u> 1330 COSHOCTON AVE MT VERNON, OH 43050	31-0929576	501(C)(3)	23,550.				BREAST EDUCATION AND HEALTH
(4) <u>LA RED HEALTH CENTER</u> 21444 CARMEAN WAY B80 GEORGETOWN, DE 19947	14-1850828	501(C)(3)	10,000.				CANCER EDUCATION
(5) <u>LAC COURTE OREILLES BAND OF OJIBWE</u> 13380 W TREPANIA RD HAYWARD, WI 54843	39-1165322	OTHER	7,500.				CANCER EDUCATION
(6) <u>LAKE HEALTH FOUNDATION</u> 7590 AUBURN RD CONCORD TOWNSHIP, OH 44077	34-1425870	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(7) <u>LATINA BREAST CANCER AGENCY</u> 4271 MISSION ST SAN FRANCISCO, CA 94112	01-0628124	501(C)(3)	6,250.				BREAST EDUCATION AND HEALTH
(8) <u>LEE MEMORIAL HEALTH SYSTEM FOUNDATION</u> 2780 CLEVELAND AV #719, FT. MYERS, FL 33901	59-0714812	501(C)(3)	18,542.				CAMP PROGRAMS
(9) <u>LELAND STANFORD JUNIOR UNIVERSITY</u> 340 PANAMA STREET STANFORD, CA 94305	94-1156365	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(10) <u>LIFECARE ALLIANCE</u> 1699 WEST MOUND ST COLUMBUS, OH 43223	31-4379494	501(C)(3)	35,500.				BREAST EDUCATION AND HEALTH
(11) <u>LIMA MEMORIAL HOSPITAL</u> 1001 BELLEFONTAINE AVE LIMA, OH 45804	34-4434676	501(C)(3)	18,750.				BREAST EDUCATION AND HEALTH
(12) <u>LINN COMMUNITY CARE</u> 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	31,450.				IMPROVE HEALTHCARE SYSTEMS

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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(1) MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501(C)(3)	202,000.				RESEARCH PROFESSOR AWARD
(2) MERCY FOUNDATION 411 LAUREL STE 2250 DES MOINES, IA 50314	23-7358794	501(C)(3)	25,000.				PATIENT SUPPORT PROGRAMS
(3) METHODIST HOSPITAL FOUNDATION 1707 SUNSET BLVD HOUSTON, TX 77005	76-0094743	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(4) METRO NEW YORK HEALTH CARE FOR ALL CAMPAIGN 40 WORTH ST NEW YORK, NY 10013	13-3870324	OTHER	29,000.				IMPROVE HEALTHCARE SYSTEMS
(5) MIAMI DADE AHEC 1200 NW 78TH AVE #209 MIAMI, FL 33126	65-0009277	501(C)(3)	24,536.				COLORECTAL EDUCATION
(6) MIAMI-DADE CO DEPT OF HEALTH 8600 NW 17 ST STE 200 DORAL, FL 33126	59-3502843	OTHER	50,000.				BREAST EDUCATION AND HEALTH
(7) MIDLAND ALLISON CANCER CTR TX ONCOLOGY 400 ROSALIND REDFERN GR MIDLAND, TX 79701	94-3207296	501(C)(3)	58,090.				PATIENT SUPPORT PROGRAMS
(8) MIGRANT CLINICIANS NETWORK PO BOX 164285 AUSTIN, TX 78716	74-2662919	501(C)(3)	36,250.				RESEARCH PROFESSOR AWARD
(9) MILWAUKEE CATHOLIC HOME 2330 N PROSPECT AVE MILWAUKEE, WI 53211	39-0806215	501(C)(3)	7,500.				BREAST EDUCATION AND HEALTH
(10) MILWAUKEE HEALTH CARE SERVICES 2555 MARTIN LUTHER KING MILWAUKEE, WI 53212	39-1664109	501(C)(3)	44,125.				BREAST EDUCATION AND HEALTH
(11) MOFFITT CANCER CTR, UNIV. OF SOUTH FLORIDA 3702 SPECTRUM BLVD #165 TAMPA, FL 33612	59-3102112	GOV'T.	150,000.				RESEARCH PROFESSOR AWARD
(12) MOUNT SINAI SCHOOL OF MEDICINE 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	821,000.				RESEARCH PROFESSOR AWARD

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

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(1) NORTH CAROLINA STATE UNIV. ATHLETICS BOX 8503 RALEIGH, NC 27695	56-6000756	OTHER	14,420.				BREAST EDUCATION AND HEALTH
(2) NORTHEAST DPT OF HEALTH & HUMAN SVCS 301 CENTENNIAL MALL S LINCOLN, NE 68509	47-0491233	OTHER	6,250.				COLORECTAL EDUCATION
(3) N.E. OH NEIGHBORHOOD HEALTH SVCS INC 4800 PAYNE AVE 4800 CLEVELAND, OH 44103	34-1014291	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(4) NORTHEAST VALLEY HEALTH CORP 531 5TH ST UNIT A SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	80,000.				BRST AND COLORECTAL EDUCATION
(5) NORTHEASTERN UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	501(C)(3)	102,000.				RESEARCH PROFESSOR AWARD
(6) NORTHERN VALLEY INDIAN HEALTH INC. 207 N BUTTE ST WILLOWS, CA 95988	94-1747220	501(C)(3)	36,250.				BRST AND COLORECTAL EDUCATION
(7) NORTHPOINT HEALTH & WELLNESS CTR 1313 PENN AVE N MINNEAPOLIS, MN 55411	41-6005801	OTHER	58,474.				BRST EDUCATION & HLTHCARE SYSTEMS
(8) NORTHWESTERN MEMORIAL HOSPITAL 541 N FAIRBANKS STE 1651 CHICAGO, IL 60611	37-0960170	501(C)(3)	217,000.				COLORECTAL EDUCATION
(9) NORTHWESTERN UNIVERSITY, EVANSTON CAMPUS 1801 MAPLE AVE. EVANSTON, IL 60201	36-2167817	501(C)(3)	1,360,693.				RESEARCH PROFESSOR AWARD
(10) NUEVA VIDA INC 2000 P STREET NW #300 COLUMBIA, SC 29202	54-1943145	501(C)(3)	11,250.				BREAST EDUCATION AND HEALTH
(11) NYU SCHOOL OF MEDICINE 550 FIRST AVE NBV 15S6 NEW YORK, NY 10016	13-5562308	501(C)(3)	10,000.				CANCER EDUCATION
(12) OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	50,000.				RESEARCH PROFESSOR AWARD

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(1) OHIO NORTH EAST HEALTH SYSTEMS 726 WICK AVE YOUNGSTOWN, OH 44505	34-1609341	501(C)(3)	50,000.				BREAST EDUCATION AND HEALTH
(2) OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	501(C)(3)	1,590,000.				RESEARCH PROFESSOR AWARD
(3) OLYMPIC MEDICAL CENTER 939 CAROLINE ST PORT ANGELES, WA 98362	91-6001709	501(C)(3)	9,400.				CANCER EDUCATION
(4) OPEN CITIES HEALTH 409 NORTH DUNLAP ST ST. PAUL, MN 55104	36-3381598	501(C)(3)	49,500.				IMPROVE HEALTHCARE SYSTEMS
(5) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SAM JACKSON PK. PORTLAND, OR 97239	93-1176109	OTHER	717,000.				RESEARCH PROFESSOR AWARD
(6) OREGON STATE UNIVERSITY B308 KERR ADMIN BLDG CORVALLIS, OR 97331	48-1278540	501(C)(6)	720,000.				RESEARCH PROFESSOR AWARD
(7) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	800,333.				CANCER EDUCATION
(8) PENNSYLVANIA STATE UNIVERSITY 130 BRISTOL UNIVERSITY PARK, PA 17033	24-6000376	501(C)(3)	116,250.				RESEARCH PROFESSOR AWARD
(9) PERSONAL CARE PRODUCTS COUNCIL 1620 L ST NW 12TH FL WASHINGTON, DC 20036	13-1390920	501(C)(6)	857,627.				PATIENT SUPPORT PROGRAMS
(10) PINK RIBBON GIRLS PO BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	12,000.				BREAST EDUCATION AND HEALTH
(11) PORTICO HEALTHNET 2610 UNIV. AVE W ST PAUL, MN 55114	41-1814659	501(C)(3)	8,500.				IMPROVE HEALTHCARE SYSTEMS
(12) PREMIER COMMUNITY HEALTH 23 JASPER ST DAYTON, OH 45409	31-1122883	501(C)(3)	6,092.				BREAST EDUCATION AND HEALTH

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(1) PRIMARY HEALTH SOLUTIONS 210 S SECOND ST 2ND FL HAMILTON, OH 45011	31-1694200	501(C)(3)	10,534.				BREAST EDUCATION AND HEALTH
(2) PRINCETON UNIVERSITY 87 PROSPECT AVE PRINCETON, NJ 08544	21-0634501	501(C)(3)	150,000.				RESEARCH PROFESSOR AWARD
(3) PROGRESSIVE COMM HEALTH CENTER 3522 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	43,460.				RESEARCH AND BRST CNCER PRGMS
(4) PROJECT RENEWAL 200 VARICK ST 9TH FL NEW YORK, NY 10014	13-2602882	501(C)(3)	33,750.				CANCER EDUCATION
(5) PUEBLO COMMUNITY HEALTH CENTER 110 ROUTT AVE PUEBLO, CO 81004	84-0921521	501(C)(3)	26,250.				BREAST EDUCATION AND HEALTH
(6) PURDUE UNIVERSITY 155 S GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	60,000.				RESEARCH PROFESSOR AWARD
(7) RAPHAEL HEALTH CENTER 401 E 34TH ST INDIANAPOLIS, IN 46205	35-1948768	501(C)(3)	34,500.				BREAST EDUCATION AND HEALTH
(8) RED CLIFF HEALTH SERVICES 88385 PIKE RD BAYFIELD, WI 54814	39-1178866	OTHER	7,500.				CANCER EDUCATION
(9) RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310	74-3177454	501(C)(3)	14,400.				COLORECTAL EDUCATION
(10) SAN BERNARDINO COUNTY INDIAN HEALTH INC 11555 1/2 POTRERO RD BANNING, CA 92220	95-2846605	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(11) ROCKEFELLER UNIVERSITY 1230 YORK AVE BOX 82 NEW YORK, NY 10065	13-1624158	501(C)(3)	102,000.				RESEARCH PROFESSOR AWARD
(12) ROSALIND FRANKLIN UNIVERSITY 3333 GREEN BAY RD NORTH CHICAGO, IL 60064	36-2181973	501(C)(3)	100,000.				RESEARCH PROFESSOR AWARD

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

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OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SC HISPANIC LATINO HEALTH COALITION PO BOX 722 COLUMBIA, SC 29202	01-0606946	501(C)(3)	6,250.				BREAST EDUCATION AND HEALTH
(2) SOUTHEAST LANCASTER HEALTH SER 333 N ARCH ST LANCASTER, PA 17603	23-2160896	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
(3) SOUTHERN IL HOSPITAL SERVICES 1239 E MAIN ST CARBONDALE, IL 62901	37-0618939	501(C)(3)	25,000.				COLORECTAL EDUCATION
(4) SOUTHERN ILLINOIS UNIV. SCHOOL OF MEDICINE PO BOX 19607 SPRINGFIELD, IL 62794	37-0661220	501(C)(3)	32,500.				COLORECTAL EDUCATION
(5) SPOKANE REGIONAL HEALTH DISTR 1101 W COLLEGE #401 SPOKANE, WA 99201	91-1527532	501(C)(3)	5,681.				WORKPLACE SYSTEMS
(6) ST CROIX TRIBAL HEALTH 24663 ANGELINE AVE WEBSTER, WI 54893	39-1210835	OTHER	7,500.				CANCER EDUCATION
(7) ST JOSEPH MEDICAL CENTER TWELFTH & WALNUT ST READING, PA 19603	23-2865460	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(8) ST JOSEPH'S MERCY FOUNDATION 1100 JOHNSON FERRY RD #LL80, ATL, GA 30342	58-1448522	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(9) ST LUKE'S UNIVERSITY HOSPITAL 801 OSTRUM ST BETHLEHEM, PA 18015	23-1352213	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(10) ST THOMAS COMMUNITY HEALTH CTR 1986 MAGAZINE ST NEW ORLEANS, LA 70130	14-1958494	501(C)(3)	39,813.				BREAST EDUCATION AND HEALTH
(11) STANFORD UNIVERSITY 3172 PORTER DR PALO ALTO, CA 94304	94-1156365	501(C)(3)	1,563,666.				RESEARCH PROFESSOR AWARD
(12) SUMMA FOUNDATION 525 E MARKET ST AKRON, OH 44304	34-1219001	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH

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(1) SUSAN G KOMEN BREAST CANCER BOX 1906 SPOKANE, WA 99210	75-1835298	501(C)(3)	15,764.				BREAST EDUCATION AND HEALTH
(2) TEMPLE UNIVERSITY 1938 LIACOURAS WALK PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	400,000.				RESEARCH PROFESSOR AWARD
(3) TX ASSOC. OF COMMUNITY HEALTH CTES INC 5900 SW PKWY BLDG 3 AUSTIN, TX 78735	74-2308695	501(C)(3)	5,750.				COLORECTAL EDUCATION
(4) THE ACADEMY OF MEDICINE-CINCINNATI 2300 WALL ST, #F CINCINNATI, OH 45212	31-0524369	501(C)(6)	18,750.				BREAST EDUCATION AND HEALTH
(5) THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710	20-8090459	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH
(6) THE METHODIST HOSPITAL FOUNDATION 1707 SUNSET BLVD HOUSTON, TX 77057	76-0094743	501(C)(3)	23,714.				BREAST EDUCATION AND HEALTH
(7) THE METROHEALTH FOUNDATION 2500 METROHEALTH DR CLEVELAND, OH 44109	34-6607695	501(C)(3)	36,250.				BREAST EDUCATION AND HEALTH
(8) THE RES. FDN FOR THE SUNY BUFFALO UNIV 402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	16,639.				RESEARCH PROFESSOR AWARD
(9) THE SEANY FOUNDATION 7567 LA JOLLA BLVD LA JOLLA, CA 92037	20-5970939	501(C)(3)	35,223.				CAMP PROGRAM
(10) THE ST PAUL FOUNDATION 55 FIFTH ST EAST, #600 ST PAUL, MN 55101	41-6031510	501(C)(3)	72,000.				CANCER EDUCATION
(11) THE TAMUS HEALTH SCIENCE CTR RESEARCH FDN 400 HARVEY MIT. COLLEGE STATION, TX 77845	74-1238434	501(C)(3)	40,000.				RESEARCH PROFESSOR AWARD
(12) THE UNIVERSITY OF CHICAGO 5801 S ELLIS AVE #007 C CHICAGO, IL 60637	36-2177139	501(C)(3)	474,791.				RESEARCH & COLORECTAL EDUCATION

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

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(1) UNIVERSITY OF ARIZONA P O BOX 3308 TUCSON, AZ 85722	74-2652689	GOVT.	829,000.				RESEARCH PROFESSOR AWARD
(2) UNIVERSITY OF CALIFORNIA, DAVIS 1850 RESEARCH PARK DR #300 DAVIS, CA 95618	94-6036494	501(C)(3)	868,000.				RESEARCH PROFESSOR AWARD
(3) UNIVERSITY OF CALIFORNIA, IRVINE 5171 CALIFORNIA AVE #150 IRVINE, CA 92697	95-2226406	501(C)(3)	15,000.				RESEARCH PROFESSOR AWARD
(4) UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVE LA, CA 90095	95-6006143	501(C)(3)	822,000.				RESEARCH PROFESSOR AWARD
(5) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR DEPT 0934 LA JOLLA, CA 92093	95-6006143	501(C)(3)	2,034,000.				RESEARCH PROFESSOR AWARD
(6) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CA ST #315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,478,000.				RESEARCH PROFESSOR AWARD
(7) UNIVERSITY OF CALIFORNIA, SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(8) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	2,310,000.				RESEARCH PROFESSOR AWARD
(9) UNIVERSITY OF CINCINNATI 51 GOODMAN DR CINCINNATI, OH 45221	31-6000989	501(C)(3)	100,000.				RESEARCH PROFESSOR AWARD
(10) UNIVERSITY OF COLORADO DENVER, AMC AND DC 13001 E 17TH PL #W1126 AURORA, CO 80045	84-6000555	501(C)(3)	182,500.				RESEARCH PROFESSOR AWARD
(11) UNIVERSITY OF COLORADO, BOULDER 3100 MARINE ST BOULDER, CO 80309	84-6000555	501(C)(3)	870,000.				RESEARCH PROFESSOR AWARD
(12) UNIVERSITY OF COLORADO, DENVER 13001 E. 17TH PL #W1126 AURORA, CO 80045	84-6000555	501(C)(3)	870,000.				RESEARCH PROFESSOR AWARD

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(1) UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT #1133 STORRS, CT 06269	06-0772160	OTHER	716,000.				RESEARCH PROFESSOR AWARD
(2) UNIVERSITY OF GEORGIA, SURVEY RESEARCH CTR 201 N. MILLEDGE AVE. ATHENS, GA 30602	58-6001998	OTHER	15,000.				BREAST EDUCATION AND HEALTH
(3) UNIVERSITY OF ILLINOIS CHICAGO PO BOX 20787 SPRINGFIELD, IL 62708	37-6000511	501(C)(3)	549,541.				RESEARCH PROFESSOR AWARD
(4) UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN ST CHAMPAIGN, IL 61820	37-6006007	501(C)(3)	100,000.				RESEARCH PROFESSOR AWARD
(5) UNIVERSITY OF ILLINOIS, CHICAGO 1737 W. POLK ST CHICAGO, IL 60612	37-6000511	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(6) UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	OTHER	180,000.				RESEARCH PROFESSOR AWARD
(7) UNIV. OF KANSAS MEDICAL CTR RESEARCH INST. 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(8) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)(3)	1,553,000.				RESEARCH PROFESSOR AWARD
(9) UNIVERSITY OF LOUISVILLE RES. FDN., INC. 501 BDWY MEDCENTER ONE LOUISVILLE, KY 40202	61-1029626	501(C)(3)	1,480,000.				RESEARCH PROFESSOR AWARD
(10) UNIVERSITY OF MARYLAND, BALTIMORE 620 LEXINGTON ST BALTIMORE, MD 21201	52-6002033	OTHER	20,000.				RESEARCH PROFESSOR AWARD
(11) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	OTHER	313,500.				RESEARCH PROFESSOR AWARD
(12) UNIVERSITY OF MICHIGAN 3003 S. STATE ST #1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	5,455,000.				RESEARCH PROFESSOR AWARD

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(1) UNIVERSITY OF MINNESOTA - TWIN CITIES 200 OAK ST S.E. MINNEAPOLIS, MN 55455	41-6007513	GOVT.	992,071.				RESEARCH PROFESSOR AWARD
(2) UNIVERSITY OF NEBRASKA MEDICAL CENTER 987835 NEBRASKA MEDICAL CTR OMAHA, NE 68198	47-0049123	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(3) UNIVERSITY OF NEVADA, RENO 204 ROSS HALL RENO, NV 89557	88-6000024	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(4) UNIVERSITY OF NEW MEXICO 1 UNIV. OF NM ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	158,234.				RESEARCH PROFESSOR AWARD
(5) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 104 AIRPORT DR #2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	4,155,500.				RESEARCH PROFESSOR AWARD
(6) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR 1000 STANTON L.YOUNG BLVD OK CITY, OK 73117	73-6017987	OTHER	528,000.				RESEARCH PROFESSOR AWARD
(7) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST FRANK. PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	720,000.				RESEARCH PROFESSOR AWARD
(8) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL PITTSBURGH, PA 15213	25-0965591	501(C)(3)	704,000.				RESEARCH PROFESSOR AWARD
(9) UNIVERSITY OF ROCHESTER 518 HYLAN BLDG. ROCHESTER, NY 14627	16-0743209	501(C)(3)	2,060,000.				RESEARCH SCHOLAR GRANT
(10) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD MOBILE, AL 36688	63-0477348	OTHER	720,000.				RESEARCH SCHOLAR GRANT
(11) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD #165 TAMPA, FL 33612	59-3102112	GOVT.	60,000.				GRAD. SCHOLARSHIPS NURSING
(12) UNIVERSITY OF SOUTHERN CA 1851 DOWNEY WAY LA, CA 90089	95-1642394	501(C)(3)	13,662.				CANCER CONTROL

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(1) UNIVERSITY OF SOUTHERN CA 3720 S. FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501(C)(3)	2,514,000.				RESEARCH SCHOLAR GRANT
(2) UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR 1534 WHITE AVE KNOXVILLE, TN 37996	62-6001636	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(3) UNIVERSITY OF TEXAS HEALTH SCI. CTR POST OFFICE BOX 20036 HOUSTON, TX 77225	74-1761309	OTHER	30,000.				DOCTORAL DEGREE SCHOLARSHIP
(4) UNIV. OF TEXAS M.D ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	9,984.				BREAST EDUCATION AND HEALTH
(5) UNIV. OF TEXAS M.D ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(6) UNIV. OF TEXAS M.D ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	2,204,000.				RESEARCH SCHOLAR GRANT
(7) UNIV. OF TEXAS MEDICAL BRANCH, GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	SECTION 170(C)1	300,000.				CANCER CONTROL
(8) UNIVERSITY OF TEXAS SOUTHWESTERN MED. CTR 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TEXAS	463,500.				POSTDOCTORAL FELLOWSHIP
(9) UNIVERSITY OF TEXAS SOUTHWESTERN MED. CTR 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TEXAS	2,127,000.				RESEARCH SCHOLAR GRANT
(10) UNIVERSITY OF TEXAS, AUSTIN 101 EAST 27TH ST #5.300 AUSTIN, TX 78712	74-6000203	501(C)(3)	158,666.				POSTDOCTORAL FELLOWSHIP
(11) UNIVERSITY OF TOLEDO 2801 W BANCROFT ST TOLEDO, OH 43606	34-6401483	OTHER	25,000.				BREAST EDUCATION AND HEALTH
(12) UNIVERSITY OF UTAH 75 S 2000 E ST SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	60,000.				DOCTORAL DEGREE SCHOLARSHIP

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) (2013)**

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

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

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

► Attach to Form 990.

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OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VASSAR BROTHERS HOSPITAL FOUNDATION 45 READE PL POUGHKEEPSIE, NY 12601	14-1736429	501(C)(3)	15,500.				CANCER EDUCATION
(2) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298	54-6001758	GOVT.	90,000.				INSTITUTE RESEARCH GRANT
(3) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298	54-6001758	GOVT.	150,000.				POSTDOCTORAL FELLOWSHIP
(4) VISIONWORKS 8417 DEERVIEW LN SAN ANTONIO, TX 78255	74-2924336	501(C)(3)	240,634.				CAMP PROGRAM
(5) VITAL TALK SEATTLE CANCER CARE SEATTLE, WA 98109	30-0745689	501(C)(3)	66,000.				IMPROVE HEALTHCARE SYSTEMS
(6) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	729,000.				RESEARCH SCHOLAR GRANT
(7) WASHINGTON UNIVERSITY, ST. LOUIS 660 S EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	24,000.				MASTERS TRNG ONCOLOGY
(8) WASHINGTON UNIVERSITY, ST. LOUIS 660 S EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	1,980,000.				RESEARCH SCHOLAR GRANT
(9) WASHINGTON UNIVERSITY, ST. LOUIS 660 S EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	104,000.				RESEARCH SCHOLAR GRANT
(10) WAYNE STATE UNIVERSITY 5057 WOODWARD #13202 DETROIT, MI 48202	38-6028429	501(C)(3)	120,000.				INSTITUTIONAL RESEARCH
(11) WAYNE STATE UNIVERSITY 5057 WOODWARD #13202 DETROIT, MI 48202	38-6028429	501(C)(3)	1,743,750.				RESEARCH SCHOLAR GRANT
(12) WEILL MEDICAL COLLEGE OF CORNELL UNIV. 1300 YORK AVE BOX 89 NEW YORK, NY 10065	13-1623978	OTHER	300,000.				CANCER CONTROL

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) (2013)**

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2013****Open to Public  
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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WEST HAWAII CANCER SYMPOSIUM P.O. BOX 107 KEALAKEKUA, HI 96750	99-0262290	OTHER	10,000.				CANCER CONTROL
(2) WHEATON FRANCISCAN HEALTHCARE 3237 S 16TH ST MILWAUKEE, WI 53215	32-0135258	501(C)(3)	5,684.				BREAST EDUCATION AND HEALTH
(3) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CTR CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	150,000.				POSTDOCTORAL FELLOWSHIP
(4) WISCONSIN INTER-TRIBAL PINK PO BOX 14778 WEST ALLIS, WI 53214	26-4247458	501(C)(3)	13,216.				BREAST EDUCATION AND HEALTH
(5) WISCONSIN INTER-TRIBAL PINK PO BOX 14778 WEST ALLIS, WI 53214	26-4247458	501(C)(3)	13,216.				RESEARCH GRANT
(6) WOMANKIND INC 1511 TRUMAN AVE KEY WEST, FL 33040	65-1003208	501(C)(3)	20,203.				COLORECTAL EDUCATION
(7) WOMEN OF FAITH AND HOPE PO BOX 14228 PHILADELPHIA, PA 19138	23-2910411	501(C)(3)	20,000.				BREAST EDUCATION AND HEALTH
(8) WOMEN'S RESOURCE CENTER 424 PINE ST STE 201 FORT COLLINS, CO 80524	84-0732631	501(C)(3)	22,500.				IMPROVE HEALTHCARE SYSTEMS
(9) WOMEN'S RESOURCE CENTER 424 PINE ST STE 201 FORT COLLINS, CO 80524	84-0732631	501(C)(3)	5,681.				WORKPLACE CANCER CONTROL
(10) YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	120,000.				GRAD. SCHOLARSHIP NURSING
(11) YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	40,000.				INTERNATIONAL RESEARCH FLWSHP
(12) YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	102,000.				POSTDOCTORAL FELLOWSHIP

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	720,000.				RESEARCH SCHOLAR GRANT
(2) YALE UNIVERSITY PO BOX 208250 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	7,500.				HEALTH DISPARITIES
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							
(8) _____							
(9) _____							
(10) _____							
(11) _____							
(12) _____							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 274.
- 3 Enter total number of other organizations listed in the line 1 table 36.

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

47091W 2217

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**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> CAMPS/SCHOLARSHIPS	2,913.	3,747,964.			
<b>2</b> WIGS	8,501.		4,846,052.	FMV	WIGS
<b>3</b> GIFT CLOSET	2,553.	1,090,547.			
<b>4</b> LOOK GOOD, FEEL BETTER	25,774.	37,876.	12,887,000.	FMV	COSMETIC KITS
<b>5</b> TRANSPORTATION PROGRAMS	52,739.	6,235,470.			
<b>6</b> GUEST ROOM PROGRAM	5,967.	108,252.	3,283,080.	FMV	GUEST ROOMS
<b>7</b> OTHER	2,826.	1,132,817.			

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

FORM 990, SCHEDULE I

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

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

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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PROGRESS REPORTS

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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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7					

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

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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS

ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND

VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A

GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES

HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY

UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE.

SCHEDULE J  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public  
Inspection

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐  
☐  
☐  
☐

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (e.g., maid, chauffeur, chef)

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

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

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

☒  
☒  
☐

Compensation committee

Independent compensation consultant

Form 990 of other organizations

☒  
☒  
☒

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> JOHN R. SEFFRIN CHIEF EXECUTIVE OFFICER	(i)	663,291.	0	182,496.	0	10,655.	856,442.	0
	(ii)	60,299.	0	16,591.	0	969.	77,859.	0
<b>2</b> CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	(i)	336,550.	0	21,719.	0	11,811.	370,080.	0
	(ii)	36,714.	0	2,369.	0	1,289.	40,372.	0
<b>3</b> OTIS W. BRAWLEY CHIEF MEDICAL OFFICER	(i)	451,173.	0	177,234.	22,635.	1,194.	652,236.	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> GREGORY P. BONTRAGER CHIEF OPERATING OFFICER	(i)	562,600.	0	127,873.	75,429.	1,310.	767,212.	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> JOSEPH C. CAHOON, JR. SENIOR EVP, FIELD OPERATIONS	(i)	434,431.	0	101,454.	0	5,692.	541,577.	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> LINDA MACMASTER CHIEF REV. & MRKTNG, OUTGOING	(i)	267,089.	0	78,547.	30,423.	7,097.	383,156.	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> DONALD GUDAITIS EVP, NEW ENGLAND, OUTGOING	(i)	257,079.	0	1,429,085.	443,266.	13,554.	2,142,984.	221,485.
	(ii)	0	0	0	0	0	0	0
<b>8</b> JARILYN JOHNSTON-ALLEN EVP, MIDWEST, OUTGOING	(i)	131,402.	0	1,112,266.	590,151.	13,259.	1,847,078.	158,439.
	(ii)	0	0	0	0	0	0	0
<b>9</b> DONALD DISTASIO EVP, EASTERN, OUTGOING	(i)	266,407.	0	885,922.	204,273.	17,720.	1,374,322.	270,760.
	(ii)	0	0	0	0	0	0	0
<b>10</b> FRANCIS P. MCGRADY EVP, EAST CENTRAL, OUTGOING	(i)	199,759.	0	575,849.	574,949.	17,601.	1,368,158.	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> REUEL E. JOHNSON VP, RELAY FOR LIFE, OUTGOING	(i)	212,078.	0	345,060.	172,055.	13,020.	742,213.	42,232.
	(ii)	0	0	0	0	0	0	0
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

Schedule J (Form 990) 2013

**Part III Supplemental Information**

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

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

SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

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

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

**Part III Supplemental Information**

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

FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS.

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

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

**Part III Supplemental Information**

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

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

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

SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

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

**Part III Supplemental Information**

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

TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE

PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART VI, LINE 15.

INCLUDED IN COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR

CHANGE IN ACTUARIAL VALUE OF BENEFITS. THESE AMOUNTS WERE NOT ACTUALLY

PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR.

THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN. THE AMOUNT OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

(SERP) BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL:

JOHN R. SEFFRIN: \$194,048

CATHERINE E. MICKLE: \$23,518

GREGORY P. BONTRAGER: \$126,506

OTIS W. BRAWLEY: \$176,160

JOSEPH C. CAHOON: \$100,426



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

OMB No. 1545-0047

**2013****Open To Public  
Inspection**

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		21,404,221.	COST/SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .	X	433.	5,813,334.	FMV
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		41,958.	23,147,146.	
26 Other ▶ ( <u>                    </u> ) . . . . .				
27 Other ▶ ( <u>                    </u> ) . . . . .				
28 Other ▶ ( <u>                    </u> ) . . . . .				

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**

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

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2013)

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AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule M (Form 990) (2013)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

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

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

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FORM 990, PART I &amp; SCHEDULE A, PART II

CHANGE IN ACCOUNTING PERIOD

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

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

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

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

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Schedule O (Form 990 or 990-EZ) 2013

Page **2**

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

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

TOTAL EXPENSES: \$90,851,727

GRANTS TO AFFILIATES: \$4,936,001

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 4

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

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

FORM 990, PART VI, LINE 11A

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

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

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

THE AMERICAN CANCER SOCIETY MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED. THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.

COMPENSATION REVIEW PROCESS

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

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

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Schedule O (Form 990 or 990-EZ) 2013

Page **2**

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

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

(A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS;

(B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA;

(C) REVISE IF NECESSARY THE CEO'S PERFORMANCE GOALS;

(D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT;

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Schedule O (Form 990 or 990-EZ) 2013

Page **2**

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

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

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

(G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE;

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

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

(J) CONSIDER ALL BENEFITS PROVIDED BY THE AMERICAN CANCER SOCIETY TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS;

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

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Schedule O (Form 990 or 990-EZ) 2013

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

BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS  
EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT,  
MAKE APPROPRIATE RECOMMENDATIONS TO THE BOARD;

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

AVAILABILITY OF FORM 990 TO GENERAL PUBLIC

FORM 990, PART VI, LINE 18

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

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

FORM 990, PART VI, LINE 19

THE AMERICAN CANCER SOCIETY TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND  
THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE  
PUBLIC ARE USED TO FULFILL OUR MISSION AND OTHERWISE PROTECTED. THE  
AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM  
DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF  
APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF  
STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF  
EMPLOYEES.



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Schedule O (Form 990 or 990-EZ) 2013

Page **2**

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

THE FILING ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG.

SUPPLEMENTAL INFORMATION REGARDING GRANTS TO AFFILIATES  
FORM 990, PART IX, LINE 24

GRANTS TO AFFILIATES ARE NOT ENTIRELY ALLOCABLE TO PROGRAM SERVICES.  
LISTED BELOW ARE RECIPIENTS OF GRANTS TO AFFILIATES THAT RECEIVED \$5,000 OR MORE.

ORGANIZATION: AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.

EIN: 52-2340031

IRC SECTION: 501(C)(4)

AMOUNT OF GRANT: \$32,787,995

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY OF PUERTO RICO, INC.

EIN: 66-0321594

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$122,500

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

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

## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

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

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

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

TOTAL: \$193,641,294

## SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING ACTIVITIES

SCHEDULE G, PART I

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

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 2

**PUBLIC INSPECTION COPY**

Schedule O (Form 990 or 990-EZ) 2013

Page **2**

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

ATTACHMENT 2 (CONT'D)

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

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

## PUBLIC INSPECTION COPY

AMERICAN CANCER SOCIETY, INC.

13-1788491

SCHEDULE R  
(Form 990)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.

▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public  
Inspection

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) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

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

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

Schedule R (Form 990) 2013

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

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

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

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

## PUBLIC INSPECTION COPY

AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule R (Form 990) 2013

Page **3****Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b> X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK, INC.	B	32,787,995.	FMV
(2) ACS OF PUERTO RICO, INC.	B	122,500.	FMV
(3) THE JOSEPH AND JEANETTE SILBER FOUNDATION	C	66,675.	FMV
(4) ACS CANCER ACTION NETWORK, INC.	Q	119,905.	FMV
(5) ACS CANCER ACTION NETWORK, INC.	C	196,222.	FMV
(6)			

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

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

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

**Part VII** **Supplemental Information**

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

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