

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2017, or tax year beginning _____, 2017, and ending _____, 20 _____

2017Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	788556940.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22).	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Catherine E. Miller
Signature of officer

Date

11/9/2018

CFO
Title**Part III** Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's
Use
OnlyERO's
signature

Lucia Tulygul

Date

11/7/18

Check if
also paid
preparer☒Check if
self-
employed☐

ERO's SSN or PTIN

P00740769

Firm's name (or
yours if self-employed),
address, and ZIP code

ERNST & YOUNG U.S. LLP
5 TIMES SQUARE NEW YORK NY 10036

EIN 34-6565596

Phone no. 212-773-3000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2017)

JSA

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PAGE 1

Cumulative e-File History 2017	
Federal	
Locator:	47091W
Taxpayer Name:	American Cancer Society, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	11/10/2018 09:27:54
Acknowledgement Date:	11/10/2018 09:56:07
Status:	Accepted
Submission ID:	26308520183145000003

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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.

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

A For the 2017 calendar year, or tax year beginning

, 2017, 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"/>	Final return/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:

GARY M. REEDY

250 WILLIAMS STREET, STE 400 ATLANTA, GA 30303

D Employer identification number

13-1788491

E Telephone number

(800) 227-2345

G Gross receipts \$ 1,258,481,895.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(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

1 Briefly describe the organization's mission or most significant activities: THROUGH OUR SIX GEOGRAPHIC REGIONS, WE SAVE LIVES, CELEBRATE LIVES, AND FIGHT FOR A WORLD WITHOUT CANCER.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 21.

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21.

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6,071.

6 Total number of volunteers (estimate if necessary) 6 1,388,169.

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -18,040.

b Net unrelated business taxable income from Form 990-T, line 34 7b -19,945.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	778,758,190.	707,546,352.
	9 Program service revenue (Part VIII, line 2g)	13,200.	11,620.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,311,429.	81,473,873.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,116,660.	-474,905.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	813,199,479.	788,556,940.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	171,404,201.	168,051,051.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	455,280,085.	395,576,507.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,134,538.	12,684,825.
	b Total fundraising expenses (Part IX, column (D), line 25)	147,327,559.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	234,575,796.	237,316,949.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	867,394,620.	813,629,332.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-54,195,141.	-25,072,392.
	20 Total assets (Part X, line 16)	1,672,359,063.	1,697,658,010.
	21 Total liabilities (Part X, line 26)	582,384,838.	582,794,769.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,089,974,225.	1,114,863,241.

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

11/8/2018

CATHERINE E. MICKLE

CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

LAURA KIELCZEWSKI

Preparer's signature

Laura Kielcowski

Date

11/7/18

Check ☐ if self-employed

PTIN

P00740769

Firm's name ERNST & YOUNG U.S. LLP

Firm's EIN 34-6565596

Firm's address 5 TIMES SQUARE NEW YORK, NY 10036

Phone no. 212-773-3000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

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

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

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 148,544,736. including grants of \$ 99,938,747.) (Revenue \$ 11,620.)

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

4b (Code:) (Expenses \$ 296,478,792. including grants of \$ 37,000,328.) (Revenue \$ 445,164.)

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.

4c (Code:) (Expenses \$ 108,869,206. including grants of \$ 20,943,151.) (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 THROUGH OUR GRANTS TO AFFILIATES AND
PROMOTING THE HUMAN PAPILLOMAVIRUS (HPV) VACCINATION IN ADDITION
TO GENERAL PREVENTION WORK.

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

(Expenses \$ 74,677,835. including grants of \$ 10,168,825.) (Revenue \$ 0.)

4e Total program service expenses ▶ 628,570,569.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	2,759
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	132
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	6,071
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **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, address, and telephone number of the person who possesses the organization's books and records: ►

CATHERINE E. MICKLE 250 WILLIAMS STREET, STE 400 ATLANTA, GA 30303

404-329-7934

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) SCARLOTT K. MUELLER, MPH, RN IMMEDIATE PAST CHAIR	5.00 1.00	X		X				0.	0.	0.
(2) ARNOLD M. BASKIES, MD, FACS CHAIR	5.00 2.00	X		X				0.	0.	0.
(3) KEVIN J. CULLEN, MD VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(4) JOHN ALFONSO, CPA, CGMA SECRETARY/TREASURER	5.00 0.	X		X				0.	0.	0.
(5) F. DANIEL ARMSTRONG, PHD DIRECTOR	3.00 0.	X						0.	0.	0.
(6) PATRICIA J. CROME, RN, MN, NE- DIRECTOR	3.00 0.	X						0.	0.	0.
(7) LEEANN CHAU DANG, MS DIRECTOR	3.00 0.	X						0.	0.	0.
(8) LEWIS E. FOXHALL, MD BOARD SCIENTIFIC OFFICER	3.00 0.	X						0.	0.	0.
(9) CARMEN E. GUERRA, MD, MSCE, FA DIRECTOR	3.00 0.	X						0.	0.	0.
(10) JOHN W. HAMILTON, DDS DIRECTOR	3.00 3.00	X						0.	0.	0.
(11) DANIEL P. HEIST, CPA DIRECTOR	3.00 1.00	X						0.	0.	0.
(12) SUSAN D. HENRY, LCSW DIRECTOR	3.00 0.	X						0.	0.	0.
(13) CAROL JACKSON DIRECTOR	3.00 0.	X						0.	0.	0.
(14) GARETH T. JOYCE DIRECTOR	3.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) JORGE LUIS LOPEZ, ESQ. DIRECTOR	3.00 0.	X						0.	0.	0.
(16) BRIAN A. MARLOW, CFA DIRECTOR	3.00 0.	X						0.	0.	0.
(17) GREGORY L. PEMBERTON, ESQ. DIRECTOR	3.00 0.	X						0.	0.	0.
(18) AMIT KUMAR, PHD DIRECTOR	3.00 0.	X						0.	0.	0.
(19) WILLIAM D. NOVELLI DIRECTOR	3.00 0.	X						0.	0.	0.
(20) JOSEPH M. NAYLOR DIRECTOR	3.00 0.	X						0.	0.	0.
(21) JEFFERY L. KEAN DIRECTOR	3.00 0.	X		X				0.	0.	0.
(22) GARY REEDY CHIEF EXECUTIVE OFFICER	55.00 5.00			X				680,952.	61,905.	51,245.
(23) CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	55.00 7.00			X				347,179.	44,187.	175,026.
(24) OTIS W. BRAWLEY CHIEF MED AND SCI OFFICER	55.00 0.				X			469,184.	0.	137,358.
(25) RICHARD C. WENDER CHIEF CANCER CONTROL OFFICER	55.00 0.				X			441,110.	0.	44,324.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								7,461,056.	106,092.	3,398,502.
d Total (add lines 1b and 1c)								7,461,056.	106,092.	3,398,502.

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 ► 390

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 ► 81

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) JOSEPH C. CAHOON ----- SENIOR EVP, FIELD, OUTGOING	55.00 0.				X			2,081,167.	0.	488,501.
(27) SHARON BYERS ----- CHIEF DEV & MKTG OFFICER	55.00 0.				X			547,285.	0.	18,615.
(28) MICHAEL L. NEAL ----- SENIOR EVP, FIELD OPERATIONS	55.00 0.				X			354,097.	0.	158,331.
(29) DAVID F. VENEZIANO ----- EVP, CALIFORNIA DIV, OUTGOING	55.00 0.					X		1,078,809.	0.	81,621.
(30) NANCY C. YAW ----- EVP, LAKESHORE DIV, OUTGOING	55.00 0.					X		401,167.	0.	1,332,431.
(31) MARGARET A. CAMP ----- EVP, NEW ENGLAND DIV, OUTGOING	55.00 0.					X		317,312.	0.	471,746.
(32) JUNG H. KIM ----- EVP, NORTHEAST REGION	55.00 0.					X		350,949.	0.	175,600.
(33) RALPH A. DEVITTO ----- EVP, FLORIDA DIVISION, OUTGOING	55.00 0.					X		391,845.	0.	263,704.

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 390

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	5,139,160.			
	b	Membership dues	1b				
	c	Fundraising events	1c	338,089,492.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	5,349,186.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	358,968,514.			
	g	Noncash contributions included in lines 1a-1f: \$		42,489,806.			
	h	Total. Add lines 1a-1f		707,546,352.			
Program Service Revenue	2a	EDUCATIONAL MAGAZINES ADVERTISING	Business Code	541800	11,620.		11,620.
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		11,620.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		25,393,026.		203,910.
4		Income from investment of tax-exempt bond proceeds . .		0.			
5		Royalties		4,362,604.			4,362,604.
			(i) Real	(ii) Personal			
6a		Gross rents		1,011,283.			
b		Less: rental expenses		454,625.			
c		Rental income or (loss)		556,658.			
d		Net rental income or (loss)		556,658.		-235,475.	792,133.
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
					426,367,558.	19,128,613.	
b		Less: cost or other basis and sales expenses			379,478,708.	9,936,616.	
c		Gain or (loss)			46,888,850.	9,191,997.	
d		Net gain or (loss)			56,080,847.		56,080,847.
8a		Gross income from fundraising events (not including \$ 338,089,491. of contributions reported on line 1c). See Part IV, line 18	a		43,324,382.		
b		Less: direct expenses	b		43,324,382.		
c		Net income or (loss) from fundraising events.			0.		
9a		Gross income from gaming activities. See Part IV, line 19	a		1,809,678.		
b		Less: direct expenses	b		387,290.		
c		Net income or (loss) from gaming activities.			1,422,388.		1,422,388.
10a		Gross sales of inventory, less returns and allowances	a		23,733,137.		
b	Less: cost of goods sold	b		36,343,334.			
c	Net income or (loss) from sales of inventory.			-12,610,197.	1,905.	-12,612,102.	
Miscellaneous Revenue		Business Code					
11a	GRANT REFUND/RESIGNATION		900099	5,093,828.		5,093,828.	
b	REGISTRATION		900099	254,650.		254,650.	
c	OTHER GAINS (LOSSES)		900099	445,164.	445,164.		
d	All other revenue						
e	Total. Add lines 11a-11d			5,793,642.			
12	Total revenue. See instructions.			788,556,940.	445,164.	-18,040.	80,583,464.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	144,897,982.	144,897,982.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,857,299.	20,857,299.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,295,770.	2,295,770.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	6,304,613.	4,405,550.	895,773.	1,003,290.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	602,204.	357,182.	165,737.	79,285.
7 Other salaries and wages	300,654,365.	219,569,203.	15,918,229.	65,166,933.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,728,758.	18,687,225.	1,361,944.	5,679,589.
9 Other employee benefits	39,345,757.	29,186,688.	2,091,471.	8,067,598.
10 Payroll taxes	22,940,810.	16,676,798.	1,264,330.	4,999,682.
11 Fees for services (non-employees):				
a Management	999,549.	760,764.	49,691.	189,094.
b Legal	2,704,172.	1,360,498.	1,028,959.	314,715.
c Accounting	327,865.		327,865.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	12,684,825.			12,684,825.
f Investment management fees	2,799,263.		2,799,263.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	41,525,833.	31,519,930.	2,118,829.	7,887,074.
12 Advertising and promotion	35,727,072.	25,450,803.	275,084.	10,001,185.
13 Office expenses	32,788,220.	22,539,496.	3,382,187.	6,866,537.
14 Information technology	26,195,484.	19,744,183.	1,620,212.	4,831,089.
15 Royalties	0.			
16 Occupancy	42,830,158.	33,809,246.	1,914,839.	7,106,073.
17 Travel	13,770,346.	9,987,865.	498,912.	3,283,569.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	6,879,020.	4,731,606.	470,951.	1,676,463.
20 Interest	880,516.	684,828.	107,978.	87,710.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	15,105,964.	10,914,619.	860,393.	3,330,952.
23 Insurance	2,962,168.	2,320,170.	148,136.	493,862.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING - EDU. AND FUNDR	7,340,887.	4,695,838.	199,446.	2,445,603.
b MEDALS/RECOGNITION	2,890,596.	1,959,195.	128,850.	802,551.
c RECRUITMENT/RELOCATION	1,197,828.	880,143.	80,619.	237,066.
d MISCELLANEOUS	391,175.	276,855.	21,506.	92,814.
e All other expenses	833.	833.		
25 Total functional expenses. Add lines 1 through 24e	813,629,332.	628,570,569.	37,731,204.	147,327,559.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	179,485,363.	132,530,934.	6,511,226.	40,443,203.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	113,328,434.	2	109,520,975.
	3 Pledges and grants receivable, net	41,811,284.	3	66,259,287.
	4 Accounts receivable, net	5,320,272.	4	5,871,687.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	2,923,629.	8	3,070,580.
	9 Prepaid expenses and deferred charges	9,994,768.	9	9,774,985.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 495,380,594.		
	b Less: accumulated depreciation	10b 274,933,640.		
		232,514,397.	10c	220,446,954.
	11 Investments - publicly traded securities	832,512,369.	11	835,661,013.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	433,953,910.	15	447,052,529.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,672,359,063.	16	1,697,658,010.	
Liabilities	17 Accounts payable and accrued expenses	287,861,615.	17	281,140,082.
	18 Grants payable	201,018,990.	18	205,877,076.
	19 Deferred revenue	4,852,581.	19	11,158,665.
	20 Tax-exempt bond liabilities	4,730,000.	20	4,055,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	36,515,414.	23	34,851,280.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	47,406,238.	25	45,712,666.
	26 Total liabilities. Add lines 17 through 25	582,384,838.	26	582,794,769.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	498,657,599.	27	482,191,383.
	28 Temporarily restricted net assets	305,596,549.	28	330,981,308.
	29 Permanently restricted net assets	285,720,077.	29	301,690,550.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,089,974,225.	33	1,114,863,241.
	34 Total liabilities and net assets/fund balances	1,672,359,063.	34	1,697,658,010.

Form **990** (2017)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	788,556,940.
2	Total expenses (must equal Part IX, column (A), line 25)	2	813,629,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25,072,392.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,089,974,225.
5	Net unrealized gains (losses) on investments	5	9,623,823.
6	Donated services and use of facilities	6	107,006.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40,230,579.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,114,863,241.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒ **X**

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

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	871,904,237.	804,931,290.	785,868,454.	778,758,190.	707,750,261.	3,949,212,432.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	871,904,237.	804,931,290.	785,868,454.	778,758,190.	707,750,261.	3,949,212,432.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						3,949,212,432.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	871,904,237.	804,931,290.	785,868,454.	778,758,190.	707,750,261.	3,949,212,432.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,579,534.	27,026,029.	30,250,909.	33,859,688.	30,563,004.	149,279,164.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	953,806.					953,806.
11 Total support. Add lines 7 through 10						4,099,445,402.
12 Gross receipts from related activities, etc. (see instructions)					12	370,096,146.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	96.34 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	96.39 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

 ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS REVENUE	953,806.					953,806.
TOTALS	<u>953,806.</u>					<u>953,806.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		17,388,921.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		163,186.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			17,552,107.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year.	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART IV

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

13-1788491

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" on 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 a 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

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

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

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

Schedule D (Form 990) 2017

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	113,549,288.	111,244,190.	115,902,123.	117,328,894.	102,734,090.
b Contributions	632,427.	647,473.	835,482.	1,646,646.	3,639,657.
c Net investment earnings, gains, and losses	18,678,493.	6,691,949.	-932,027.	3,026,813.	15,529,578.
d Grants or scholarships					
e Other expenditures for facilities and programs	31,707,475.	5,034,999.	4,561,388.	6,100,230.	4,574,431.
f Administrative expenses					
g End of year balance	101,152,733.	113,548,613.	111,244,190.	115,902,123.	117,328,894.

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 on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations ☐ Yes ☒ No
(ii) related organizations ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,998,753.		25,998,753.
b Buildings		282,595,946.	126,831,692.	155,764,254.
c Leasehold improvements		70,652,426.	47,907,601.	22,744,825.
d Equipment		45,510,739.	41,672,410.	3,838,329.
e Other		70,622,729.	58,521,937.	12,100,793.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				220,446,954.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,766,546.
(2) PLANNED GIVING ASSETS	80,291,100.
(3) BENEFICIAL INTERESTS IN TRUST	353,441,706.
(4) OTHER RECEIVABLES	11,553,177.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	447,052,529.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INVESTMENTS HELD FOR AFFILIATES	15,110,735.	
(3) GIFT ANNUITY LIABILITY	16,564,204.	
(4) DEFERRED RENT PAYABLE	10,343,572.	
(5) CAPITAL LEASES OBLIGATIONS	1,705,572.	
(6) DUE TO AFFILIATES	1,988,583.	
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	45,712,666.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	860,692,594.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,623,823.
b	Donated services and use of facilities	2b	17,589,848.
c	Recoveries of prior year grants	2c	-5,093,827.
d	Other (Describe in Part XIII.)	2d	52,361,281.
e	Add lines 2a through 2d	2e	74,481,125.
3	Subtract line 2e from line 1	3	786,211,469.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,799,263.
b	Other (Describe in Part XIII.)	4b	-453,792.
c	Add lines 4a and 4b	4c	2,345,471.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	788,556,940.

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

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

1	Total expenses and losses per audited financial statements	1	838,416,263.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	17,482,842.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	14,743,387.
e	Add lines 2a through 2d	2e	32,226,229.
3	Subtract line 2e from line 1	3	806,190,034.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,799,263.
b	Other (Describe in Part XIII.)	4b	4,640,035.
c	Add lines 4a and 4b	4c	7,439,298.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	813,629,332.

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)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY.

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

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 2D

REVENUE OF AFFILIATES \$21,790,824

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$30,570,457

TOTAL: \$52,361,281

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 4B

UBIT \$833

UBIT RENTAL EXPENSES: (\$454,625)

TOTAL: (\$453,792)

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 2D

EXPENSE OF AFFILIATES: \$14,743,387

TOTAL: \$14,743,387

Part XIII Supplemental Information *(continued)*

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 4B

GRANT REFUNDS/RESIGNATIONS: \$5,093,827

UBIT: \$833

UBIT RENTAL EXPENSES: (\$454,625)

TOTAL: \$4,640,035

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

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Statement of Activities Outside the United States▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	RESEARCH FELLOWSHIP	25,330.
(2) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	CAPACITY BUILDING	13,697.
(3) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	RESEARCH FELLOWSHIP	236,869.
(4) EUROPE	0.	0.	PROGRAM SERVICES	CAPACITY BUILDING	140,487.
(5) EUROPE	0.	0.	PROGRAM SERVICES	CERVICAL CANCER AWAREN	1,282.
(6) EUROPE	0.	0.	PROGRAM SERVICES	COLORECTAL CANCER AWAR	2,564.
(7) EUROPE	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	2,289.
(8) EUROPE	0.	0.	PROGRAM SERVICES	PAIN MANAGEMENT	123,863.
(9) EUROPE	0.	0.	PROGRAM SERVICES	RESEARCH FELLOWSHIP	127,972.
(10) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	CAPACITY BUILDING	1,467.
(11) NORTH AMERICA	0.	0.	PROGRAM SERVICES	CAPACITY BUILDING	16,370.
(12) NORTH AMERICA	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	11,350.
(13) NORTH AMERICA	0.	0.	PROGRAM SERVICES	GLOBAL TOBACCO CONTROL	103,967.
(14) NORTH AMERICA	0.	0.	PROGRAM SERVICES	RESEARCH FELLOWSHIP	1,638.
(15) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	1,883.
(16) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	GLOBAL TOBACCO CONTROL	424.
(17) SOUTH ASIA	0.	0.	PROGRAM SERVICES	CAPACITY BUILDING	36,650.
3a Sub-total					848,102.
b Total from continuation sheets to Part I					3,326,195.
c Totals (add lines 3a and 3b)					4,174,297.

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

Schedule F (Form 990) 2017

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH ASIA	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	4,660.
(2) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	CAPACITY BUILDING	49,270.
(3) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	CERVICAL CANCER AWAREN	45,084.
(4) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	10,853.
(5) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	GLOBAL TOBACCO CONTROL	33,282.
(6) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	PAIN MANAGEMENT	886,790.
(7) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	RESEARCH FELLOWSHIP	486.
(8) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		20,000.
(9) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		16,619.
(10) EUROPE	0.	0.	GRANTMAKING		636,522.
(11) NORTH AMERICA	0.	0.	GRANTMAKING		58,189.
(12) SOUTH AMERICA	0.	0.	GRANTMAKING		344,114.
(13) SOUTH ASIA	0.	0.	GRANTMAKING		119,661.
(14) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		1,100,665.
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GLBL TOBACCO CONTROL	20,000.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	GLBL TOBACCO CONTROL	16,619.	WIRE			
(3)			EAST ASIA/PACIFIC	CAPACITY BUILDING	125,901.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	CRVCAL CNCR AWARENESS	10,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	CR CNCR AWARENESS	325,871.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	GLOBAL CNCR ADVOCACY	70,000.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	GLBL TOBACCO CONTROL	20,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PAIN MGMT	29,750.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH FELLOWSHIP	55,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	GLOBAL CNCR ADVOCACY	24,650.	WIRE			
(11)			NORTH AMERICA	GLBL TOBACCO CONTROL	33,539.	WIRE			
(12)			NORTH AMERICA	GLOBAL CNCR ADVOCACY	40,000.	WIRE			
(13)			SOUTH AMERICA	GLOBAL CNCR ADVOCACY	100,000.	CHECK			
(14)			SOUTH AMERICA	GLBL TOBACCO CONTROL	158,000.	WIRE			
(15)			SOUTH AMERICA	RESEARCH FELLOWSHIP	46,114.	WIRE			
(16)			SOUTH AMERICA	GLOBAL CNCR ADVOCACY	49,939.	WIRE			

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 ▶

3 Enter total number of other organizations or entities ▶

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	GLBL TOBACCO CONTROL	69,722.	ACH			
(2)			SOUTH ASIA	CRVCAL CNCR AWARENESS	131,500.	WIRE			
(3)			SUB-SAHARAN AFRICA	GLOBAL CNCR ADVOCACY	80,000.	ACH			
(4)			SUB-SAHARAN AFRICA	PAIN MGMT	731,990.	WIRE			
(5)			SUB-SAHARAN AFRICA	RESEARCH FELLOWSHIP	157,176.	WIRE			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

21.

3 Enter total number of other organizations or entities

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

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

Schedule F (Form 990) 2017

Part IV Foreign Forms

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

Schedule F (Form 990) 2017

Part V **Supplemental Information**

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

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

SCHEDULE F, PART I, LINE 2

THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH

GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE

SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO

EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY

RECEIVING BENCHMARKING GRANT REPORTS. THE SOCIETY ALSO CONDUCTS FINANCIAL

MONITORING OF GRANTEES. GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO

PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION

ABOUT GRANT ACTIVITIES: (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT

THE MIDPOINT OF THE GRANT; AND (2) FINAL NARRATIVE AND FINANCIAL REPORTS

WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT. TO

THE EXTENT PAID OUT IN INSTALLMENTS, THE SECOND GRANT INSTALLMENT MAY NOT

BE PAID UNTIL SATISFACTORY PROGRESS INTERIM REPORTS HAVE BEEN RECEIVED.

ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING

THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I

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

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

- | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CASWELL ZACHRY GRIZZARD L	PLANNED GIV STRATEGY		X		1,087,657.	
2 DINI SPHERES	FUNDRAISING CONSULTANT		X	13,429,071.	70,205.	13,358,866.
3 M+R STRATEGIES	ONLINE STRATEGY		X	2,582,580.	570,125.	2,012,455.
4 MAXIMIZING EXCELLENCE	CAMPAIGN CO CONSULTANT		X	166,962.	64,319.	102,643.
5 MERKLE INC.	DIRECT MAIL		X	37,906,978.	8,543,565.	29,363,413.
6 PMX AGENCY LLC	DIRECT MAIL		X	6,459,392.	1,357,569.	5,101,823.
7 SOCIAL CAPITAL	FUNDRAISING		X		364,709.	
8 MDS COMMUNICATIONS CORP	FUNDRAISING TLMKTG		X	661,987.	358,728.	303,258.
9 CHARITY DYNAMICS	GENERAL DEV		X	1,764,280.	267,948.	1,496,332.
10						
Total				62,971,250.	12,684,825.	51,738,790.

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

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

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

		(a) Event #1 RELAY FOR LIFE (event type)	(b) Event #2 MAKING STRIDES (event type)	(c) Other events 566. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	224,390,650.	61,774,601.	95,248,622.	381,413,873.
	2 Less: Contributions	207,641,336.	56,256,553.	74,191,602.	338,089,491.
	3 Gross income (line 1 minus line 2).	16,749,314.	5,518,048.	21,057,020.	43,324,382.
Direct Expenses	4 Cash prizes	727.	786.	195.	1,708.
	5 Noncash prizes	2,543,595.	124,553.	284,844.	2,952,992.
	6 Rent/facility costs	4,295,431.	2,355,485.	4,839,894.	11,490,810.
	7 Food and beverages	597,829.	138,480.	4,938,808.	5,675,117.
	8 Entertainment	1,591,306.	278,750.	4,683,509.	6,553,565.
	9 Other direct expenses	7,720,427.	2,619,995.	6,309,768.	16,650,190.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				43,324,382.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(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	4,360.		1,805,318.	1,809,678.
	2 Cash prizes			248,796.	248,796.
Direct Expenses	3 Noncash prizes	15.		1,101.	1,116.
	4 Rent/facility costs			9,773.	9,773.
	5 Other direct expenses	624.		126,981.	127,605.
	6 Volunteer labor	<input 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) ▶				387,290.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				1,422,388.

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

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

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

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

b If "Yes," explain: _____

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

Name ▶ ANNETTA MARTIN

Address ▶ 250 WILLIAMS STREET NW, 4TH FL 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 ▶ \$ 1,422,388.

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

SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING

SCHEDULE G, PART II MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS FOR AND FIGHTS BACK AGAINST BREAST CANCER BY: -HELPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE THEIR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH. WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM. -HELPING PEOPLE GET WELL BY

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT. WHETHER

IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR

CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY

CAN FOCUS ON FEELING BETTER. -FINDING CURES THROUGH RESEARCH TO HELP FIND

THE CAUSES OF BREAST CANCER AND BETTER WAYS TO TREAT IT SO THAT MORE

PEOPLE CAN SURVIVE THE DISEASE. WE HAVE BEEN AN IMPORTANT PART OF NEARLY

EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY,

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING
MAMMOGRAMS TO SCREEN FOR BREAST CANCER. -FIGHTING BACK AGAINST BREAST
CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER
SCREENING AND TREATMENT THROUGH OUR AFFILIATE, AND BY BRINGING
COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST CANCER
EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE.

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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.

MANDATORY DISTRIBUTIONS

FORM 990, SCHEDULE G, PART III LINE 17

ALL FUNDS FROM GAMING ACTIVITIES ARE SPENT ON THE FILING ORGANIZATION'S

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

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

EXEMPT ACTIVITIES DURING THE TAX YEAR.

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

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17 Mandatory distributions:

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

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

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

CA, CO, FL, GA, ID, IL,

IA, KS, LA, MD, MA, MI, MN, MO, MT, NJ, NM, NY, NC, OH,

OK, OR, PA, SC, TX, VT, VA, WA, WV, WY,

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JACKSON LABORATORY 10 DISCOVERY DRIVE FARMINGTON, CT 06032	01-0211513	501 (C) (3)	163,500.				EXTRAMURAL RESEARCH GRANT
(2) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	360,000.				EXTRAMURAL RESEARCH GRANT
(3) ACS PRODUCTS, INC. 250WILLIAMS ST NW STE 400 ATLANTA, GA 30303	02-0651055	501(C)(3)	22,089.				SUPPORT ACS
(4) JOHNSON STATE COLLEGE 337 COLLEGE HILL JOHNSON, VT 05656	03-0213787		7,200.				TOBACCO CONTROL
(5) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02118	04-1679980	501(C)(3)	30,000.				EXTRAMURAL RESEARCH GRANT
(6) BOSTON COLLEGE 140 COMMONWEALTH AVE. C.H, MA 02125	04-2103545	501(C)(3)	30,000.				EXTRAMURAL RESEARCH GRANT
(7) BOSTON UNIVERSITY, (B U MED. CAMPUS) 85 EAST NEWTON ST M-921 BOSTON, MA 02118	04-2103547	501(C)(3)	1,854,000.				EXTRAMURAL RESEARCH GRANT
(8) HARVARD UNIVERSITY 25 SHATTUCK ST. BOSTON, MA 02115	04-2103580	501(C)(3)	1,336,949.				RESEARCH AND CANCER
(9) MA INST OF TECH-KOCH INST 77 MA. AVE. NE18-901 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	327,000.				EXTRAMURAL RESEARCH GRANT
(10) CAPE COD HEALTHCARE FOUNDATION PO BOX 370 HYANNIS, MA 02601	04-2103600	501(C)(3)	80,000.				IMPROVE HEALTHCARE SYSTEMS
(11) TUFTS UNIVERSITY, MEDICAL CENTER 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	1,189,000.				EXTRAMURAL RESEARCH GRANT
(12) SOUTH END COMMUNITY HEALTH CTR 1601 WASHINGTON ST BOSTON, MA 02118	04-2103854	501(C)(3)	37,500.				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 ►

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(1) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(2) MOUNT IDA COLLEGE 777 DEDHAM ST NEWTON, MA 02459	04-2104736	501(C)(3)	11,250.				TOBACCO CONTROL
(3) HILLTOWN COMMUNITY HEALTH CTRS 58 OLD NORTH RD WORTHINGTON, MA 01098	04-2161484	501(C)(3)	25,000.				CANCER CONTROL
(4) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02115	04-2263040	501(C)(3)	1,105,500.				RESEARCH AND BREAST
(5) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	3,579,750.				EXTRAMURAL RESEARCH GRANT
(6) MASSACHUSETTS COLLEGE OF LIBERAL ARTS 375 CHURCH ST NORTH ADAMS, MA 01247	04-2613803	501(C)(3)	11,250.				TOBACCO CONTROL
(7) MA GENERAL HOSP. (THE GENERAL HOSP. CORP.) 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	3,840,000.				EXTRAMURAL RESEARCH GRANT
(8) CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	1,245,500.				EXTRAMURAL RESEARCH GRANT
(9) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE. N. WORCESTER, MA 01655	04-3167352	501(C)(3)	1,260,500.				EXTRAMURAL RESEARCH GRANT
(10) BOSTON MEDICAL CENTER CORPORATION 660 HARRISON AVE. BOSTON, MA 02118	04-3314093	501(C)(3)	143,000.				EXTRAMURAL RESEARCH GRANT
(11) APOS 2365 HUNTERS WAY CHARLOTTESVILLE, VA 22911	04-3720121	501(C)(3)	10,000.				INTRAMURAL RESEARCH
(12) UMASS MEMORIAL MEDICAL CENTER 55 LAKE AVENUE NORTH WORCESTER, MS 01655	04-6014838		100,000.				HOPE LODGE

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(1) URI MEMORIAL UNION EVENTS OFFICE ROOM 217 KINGSTON, RI 02881	05-6014351	501(C)(3)	15,000.				TOBACCO CONTROL
(2) FAIRFIELD UNIVERSITY 1073 N. BENSON RD FAIRFIELD, CT 06824-5195	06-0646623	501(C)(3)	7,500.				TOBACCO CONTROL
(3) YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	2,441,000.				EXTRAMURAL RESEARCH GRANT
(4) FAIR HAVEN COMMUNITY HEALTH 374 GRAND AVE NEW HAVEN, CT 06513	06-0883545	501(C)(3)	12,500.				CANCER CONTROL
(5) CHARTER OAK HEALTH CENTER 21 GRAND ST HARTFORD, CT 06106	06-0986747	501(C)(3)	12,500.				CANCER CONTROL
(6) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 455 MAIN STREET CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	400,000.				EXTRAMURAL RESEARCH GRANT
(7) SHALOM HEALTH CARE CENTER INC 3400 LAFAYETTE RD INDIANAPOLIS, IN 46222	06-1645027	501(C)(3)	11,500.				COLORECTAL EDUCATION
(8) ST JOHN'S UNIVERSITY 8000 UTOPIA PARKWAY QUENNS, NY 11439	11-1630830	501(C)(3)	14,979.				TOBACCO CONTROL AND HEALTH
(9) ST FRANCIS COLLEGE 180 REMSEN ST BROOKLYN, NY 11201	11-1635105	501(C)(3)	9,000.				TOBACCO CONTROL AND HEALTH
(10) SUNSET PARK HEALTH COUNCIL INC 150 55TH STREET BROOKLYN, NY 11220-2574	11-1839567	501(C)(3)	50,000.				CANCER CONTROL
(11) PERSONAL CARE PRODUCTS COUNCIL FOUNDATION 1620 L ST NW WASHINGTON, DC 20036	13-1390920	501(C)(6)	482,937.				PATIENT SUPPORT
(12) CORNELL UNIVERSITY 1300 YORK AVENUE, BOX 89 NEW YORK, NY 10065	13-1623978	501(C)(3)	1,047,500.				EXTRAMURAL RESEARCH GRANT

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(1) MEMORIAL SLOAN KETTERING INSTITUTE 1275 YORK AVENUE NEW YORK, NY 10065	13-1624182	501(C)(3)	2,467,500.				RESEARCH AND CANCER
(2) OPEN DOOR FAMILY MEDICAL CTRS 165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	25,000.				CANCER CONTROL
(3) THE SKIN CANCER FOUNDATION 205 LEXINGTON AVE NEW YORK, NY 10016	13-2948778	501(C)(3)	10,000.				CANCER CONTROL
(4) ASSOCIATION OF ONCOLOGY SOCIAL WORK INC 1211 LOCUST ST PHILADELPHIA, PA 19107	13-3736895	501(C)(3)	6,000.				IMPROVE HEALTHCARE
(5) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 1 PARK AVE, 6TH FLOOR NEW YORK, NY 10016	13-5562308	501(C)(3)	1,394,000.				EXTRAMURAL RESEARCH SYSTEMS
(6) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK BOX 49 630 W. 168TH ST. NEW YORK, NY 10032	13-5598093	501(C)(3)	1,827,500.				EXTRAMURAL RESEARCH GRANT
(7) NATIONAL PALLIATIVE CARE RESEARCH CENTER 1 GUSTAVE L. LEVY PL. BOX 1075 NY, NY 10029	13-6171197	501(C)(3)	838,500.				RESEARCH AND HLTHCARE SYSTEMS
(8) RESEARCH FOUNDATION OF SUNY BU BINGHAMTON, NY 13902-6000	14-1368361	501(C)(3)	7,500.				TOBACCO CONTROL
(9) NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618	16-0743088	501(C)(3)	11,250.				TOBACCO CONTROL
(10) UPSTATE FOUNDATION 750 E ADAMS ST SYRACUSE, NY 13210	16-1068101	501(C)(3)	37,700.				CANCER CONTROL
(11) NEIGHBORHOOD HEALTH CENTER 155 LAWN AVE BUFFALO, NY 14207	16-1294447	501(C)(3)	37,500.				CANCER CONTROL
(12) AGAPE COMMUNITY HEALTH CENTER 120 KING ST JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	62,500.				CANCER CONTROL

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

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(1) INTERNATIONAL ASSOC. STUDY OF LUNG CANCER 13100 E COLFAX AVE UNIT 10 AURORA, CO 80011	20-0499338	501(C)(3)	15,000.				COLORECTAL
(2) EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575?	501(C)(3)	14,496.				COLORECTAL EDUCATION AND HEALTH
(3) FIGHT COLORECTAL CANCER 134 W.PK CNTRL SQ. SPRINGFIELD, MO 65806	20-2622550	501(C)(3)	6,074.				COLORECTAL
(4) AMISTAD COMMUNITY HEALTH CNTR 1533 S BROWNLEE BLVD CC, TX 78404	20-3008507	501(C)(3)	37,500.				HPV ADVOCACY
(5) BOB PERKS CANCER ASSISTANCE FUND 1290 DEERBROOK DR PORT MATILDA, PA 16870	20-4220990	501(C)(3)	35,413.				CANCER CONTROL
(6) NORTH HUDSON COMMUNITY ACTION CORPORATION 800 31ST ST UNION CITY, NJ 07087-6002	22-1818699	501(C)(3)	24,809.				CANCER CONTROL
(7) ROWAN UNIVERSITY 201 MULLICA HILL RD GLASSBORO, NJ 08028	22-2482802	501(C)(3)	15,000.				TOBACCO CONTROL
(8) NEWARK COMMUNITY HEALTH CTRS 741 BROADWAY NEWARK, NJ 07104	22-2747589	501(C)(3)	33,750.				IMPROVE HEALTHCARE SYSTEMS
(9) ZUFALL HEALTH CENTER 18 W BLACKWELL ST DOVER, NJ 07801	22-3125397	501(C)(3)	25,000.				CANCER CONTROL
(10) WILLIAM PATERSON UNIVERSITY 300 POMPTON RD WAYNE, NJ 07470	22-3160107	501(C)(3)	15,000.				TOBACCO CONTROL
(11) VISITING NURSES ASSOCIATION OF CAPE CODE 434 ROUTE 134 SUITE D3 SD, MA 02660	22-3321236	501(C)(3)	62,500.				CANCER CONTROL
(12) INTNL UNION AGAINST TB & LUNG DISEASE INC 61 BROADWAY SUITE 2800 NEW YORK, NY 10006	22-3419667	501(C)(3)	25,000.				TOBACCO CONTROL

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(1) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BLVD PHL, PA 19104	23-1352166	501(C)(3)	37,000.				IMPROVE HEALTHCARE SYSTEMS
(2) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH ST. SHERIDAN PHL, PA 19107	23-1352651	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(3) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET FRANKLIN PHL, PA 19104	23-1352685	501(C)(3)	950,000.				EXTRAMURAL RESEARCH GRANT
(4) TEMPLE UNIVERSITY CAMPUS RECREATION PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	15,000.				TOBACCO CONTROL
(5) LEHIGH VALLEY HOSPITAL, INC. 1 CITY CTR PO BOX 1806 ALLENTOWN, PA 18101	23-1689692	501(C)(3)	300,000.				EXTRAMURAL RESEARCH GRANT
(6) HEALTH ANNEX (FPCN) 6120 WOODLAND AVE PHILADELPHIA, PA 19142	23-1727133	501(C)(3)	25,000.				CANCER CONTROL
(7) CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET ST PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	12,500.				BREAST EDUCATION AND HEALTH
(8) DELAWARE VALLEY COMMUNITY HLTH 401 W ALLEGHENY AVE PHILADELPHIA, PA 19133	23-2077750	501(C)(3)	37,500.				CANCER CONTROL
(9) CHEYNEY UNIV OF PENNSYLVANIA 1837 UNIVERSITY CIRCLE CHEYNEY, PA 19319	23-2478688	501(C)(3)	7,500.				TOBACCO CONTROL
(10) NATIONAL COMPREHENSIVE CANCER NETWORK INC 275 COMMERCE DR STE 300 FW, PA 19034	23-2818395	501(C)(3)	22,900.				CERVICAL AND CANCER CTRL
(11) AMERICAN ASSOC FOR CANCER RSRC PO BOX 8500-1916 PHL, PA 19178-1916	23-6251648	501(C)(3)	10,000.				INTRAMURAL RESEARCH GRANT
(12) THE RESEARCH INST. OF FOX CHASE CANCER CTR 333 COTTMAN AVENUE PHL, PA 19111-2434	23-6296135	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2017

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTHBIDGE MEDICAL ADVISORY 601 NEW CASTLE AVE WILMINGTON, DE 19801	23-7047824	501(C)(3)	26,250.				COLORECTAL EDUCATION
(2) CIRCLE HEALTH SERVICES 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)	37,500.				CANCER CONTROL
(3) EAST TENNESSEE STATE UNIV 202 DOSSETT HALL PO BOX 70732	23-7092731	501(C)(3)	14,999.				TOBACCO CONTROL
(4) COUNTRY DOCTOR COMMUNITY HEALTH CENTERS 500 19TH AVE EAST SEATTLE, WA 98112	23-7100868	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(5) WEST SIDE COMMUNITY HEALTH SERVICES, INC. 153 CESAR CHAVEZ ST ST PAUL, MN 55107	23-7156236	501(C)(3)	61,875.				COLORECTAL EDUCATION AND HEALTH
(6) DALLAS INTER-TRIBAL CENTER INC 1283 RECORD CROSSING RD DALLAS, TX 75235	23-7156945	501(C)(3)	25,000.				CANCER CONTROL
(7) TRI-CITY HEALTH CENTER 39465 PASEO PADRE PARKWAY FREMONT, CA 94538	23-7255435	501(C)(3)	62,500.				CANCER CONTROL
(8) PA STATE UNIVERSITY COLLEGE OF MEDICINE H138 500 UNIVERSITY DR HERSHEY, PA 17033	24-6000376	501(C)(3)	1,152,000.				EXTRAMURAL RESEARCH SYSTEMS
(9) UNIVERISTY OF PITTSBURGH 3550 TERRACE ST STE 401 PGH, PA 15261	25-0965591	501(C)(3)	14,915.				TOBACCO CONTROL
(10) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15219	25-0965591	501(C)(3)	2,486,000.				EXTRAMURAL RESEARCH GRANT
(11) PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE PITTSBURGH, PA 15208	25-1300356	501(C)(3)	62,500.				CANCER CONTROL
(12) CORNERSTONE CARE 501 W HIGH ST WAYNESBURG, PA 15370	25-1346194	501(C)(3)	11,250.				COLORECTAL EDUCATION AND HEALTH

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(1) PRIMARY HEALTH NETWORK 100 SHENANGO AVE SHARON, PA 16146	25-1381800	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
(2) COMMUNITY HEALTH CENTERS OF GREATER DAYTON 1323 WEST THIRD ST DAYTON, OH 45402	26-1253235	501(C)(3)	12,500.				CANCER CONTROL
(3) REAGAN-UDALL FOUNDATION FOR THE FDA WASHINGTON, DC 20036	26-3727917	501(C)(3)	50,000.				CANCER CONTROL
(4) UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL, MN 55102	27-0052697	501(C)(3)	81,013.				COLORECTAL EDUCATION AND HEALTH
(5) VALLEY COMMUNITY HEALTH CENTER 212 S 4TH ST GRAND FORKS, ND 58201	27-0056777	501(C)(3)	30,000.				IMPROVE HEALTHCARE SYSTEMS
(6) LONG ISLAND FQHC INC 1600 STEWART AVE STE 300 WESTBURY, NY 11590	27-0216316	501(C)(3)	37,500.				CANCER CONTROL
(7) CENTER FOR FAMILY HEALTH & EDUCATION 8727 VAN NUYS BLVD PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	37,500.				CANCER CONTROL
(8) MATTIE MIRACLE CANCER FNDTN PO BOX 6485 ARLINGTON, VA 22206	27-1238358	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(9) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE STE 400 BOSTON, MA 02127	27-1414646	501(C)(3)	495,476.				CERVICAL CANCER
(10) NANTHEALTH INC 9920 JEFFERSON BLVD CULVER CITY, CA 90232	27-3019889		53,779.				NCIC
(11) SPRING BRANCH COMM HLTH CTR 1615 HILLENDahl BLVD STE 100 HOU, TX 77055	30-0198705	501(C)(3)	12,500.				CANCER CONTROL
(12) WESTERN WAYNE FAMILY HEALTH CENTERS 26650 EUREKA RD STE C TAYLOR, MI 48180	30-0281587	501(C)(3)	60,625.				CANCER CONTROL

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Schedule I (Form 990) (2017)

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(1) UC BLUE ASH COLLEGE, UNIV. OF CINCINNATI 9555 PLAINFIELD ROAD BLUE ASH, OH 45236	31-0896555	501(C)(3)	15,000.				TOBACCO CONTROL
(2) VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR WAVERLY, OH 45690	31-1072406	501(C)(3)	30,000.				COLORECTAL EDUCATION AND HEALTH
(3) CHRISTIAN COMMUNITY HEALTH SERVICES DBA CROSSROAD HEALTH CENTER	31-1321054	501(C)(3)	62,500.				CANCER CONTROL
(4) CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000.				CANCER CONTROL
(5) ASIAN AMERICAN HLTH COALITION - HOPE CLINIC 7001 CORPORATE DR STE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	18,750.				CANCER CONTROL
(6) OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	15,000.				IMPROVE HEALTHCARE SYSTEMS
(7) BOARD OF HEALTH CITY OF CINCINNATI 3101 BURNET AVE CINCINNATI, OH 45229	31-6000064	GOVT.	37,500.				COLORECTAL EDUCATION AND HEALTH
(8) UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE P.O. BOX 210222	31-6000989	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(9) OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(1)	792,000.				EXTRAMURAL RESEARCH GRANT
(10) SCRIPPS RESEARCH INSTITUTE 10550 N. TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(11) LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	25,000.				CANCER CONTROL
(12) CALIFORNIA STATE UNIVERSITY FULLERTON FOUNDATION FULLERTON, CA 92831	33-0632102	501(C)(3)	15,000.				TOBACCO CONTROL

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(1) OHIO ASSOC OF COMM HLTH CTRS 4150 INDIANOLA AVE COLUMBUS, OH 43214	34-1439025	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(2) CARE ALLIANCE HEALTH CENTER 1530 ST CLAIR AVE NE CLEVELAND, OH 44114	34-1748776	501(C)(3)	25,000.				CANCER CONTROL
(3) THE UNIVERSITY OF FINDLAY 1000 N MAIN ST FINDLAY, OH 45840	34-4431169	501(C)(3)	11,597.				TOBACCO CONTROL
(4) UNIVERSITY OF NOTRE DAME 940 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	1,092,000.				EXTRAMURAL RESEARCH GRANT
(5) RAPHAEL HEALTH CENTER 401 E 34TH ST INDIANAPOLIS, IN 46205	35-1948768	501(C)(3)	23,419.				CANCER CONTROL
(6) MADISON CO COMMUNITY HLTH CTR 1547 OHIO AVENUE ANDERSON, IN 46016	35-2098820	501(C)(3)	37,500.				CANCER CONTROL
(7) HEALTHLINC INC 2401 VALLEY DR VALPARAISO, IN 46383	35-2147791	501(C)(3)	16,726.				BREAST EDUCATION AND HEALTH
(8) INDIANA UNIVERSITY 980 IN AVE., ROOM 2232 INDIE, IN 46202	35-6001673	501(C)(3)	65,000.				RESEARCH AND TOBACCO CTRL
(9) PURDUE UNIVERSITY 155 S. GRANT ST. WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(10) NORTHWESTERN UNIVERSITY - CHICAGO CAMPUS 750 N. LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	903,500.				EXTRAMURAL RESEARCH GRANT
(11) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	1,584,000.				EXTRAMURAL RESEARCH GRANT
(12) ROSALIND FRANKLIN UNIV OF MED. AND SCI. 3333 GREEN BAY ROAD NORTH CHICAGO, IL 60064	36-2181973	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT

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(1) VNA HEALTH CARE 400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	35,625.				CANCER CONTROL
(2) AMERICAN CLG OF SURGEONS COMMISSION ON CNCR 633 N ST CLAIR ST CHICAGO, IL 60611-3211	36-2192800	501(C)(3)	1,417,195.				RESEARCH AND CANCER CTRL
(3) HEKTOEN INST LLC FUND 03838 2240 W OGDEN AVE FL 2 CHICAGO, IL 60612	36-2244897	501(C)(3)	74,777.				BREAST EDUCATION AND HEALTH
(4) CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVE CHICAGO, IL 60617	36-2893854	501(C)(3)	37,500.				CANCER CONTROL
(5) RURAL HEALTH INC 513 N MAIN ST ANNA, IL 62906	37-1056692	501(C)(3)	12,500.				CANCER CONTROL
(6) CARLE FOUNDATION HOSPITAL 611 WEST PARK URBANA, IL 61801	37-1119538	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(7) THE BOARD OF TRUSTEES OF THE UNIV. OF IL 506 S. WRIGHT STREET URBANA, IL 61801-3633	37-6000511	501(C)(3)	42,500.				CANCER CONTROL
(8) ALMA COLLEGE 614 W SUPERIOR ST ALMA, MI 48801	38-1359083	501(C)(3)	11,250.				TOBACCO CONTROL
(9) KEWEENAW BAY INDIAN COMMUNITY 16429 BEARTOWN RD BARAGA, MI 49908	38-1743340		23,249.				CANCER CONTROL
(10) HEALTH DELIVERY INC 501 LAPEER SAGINAW, MI 48607	38-1908328	501(C)(3)	6,250.				CANCER CONTROL
(11) FERRIS STATE UNIVERSITY 119 S. STATE BUS 212 BIG RAPIDS, MI 49307	38-6005159	501(C)(3)	14,537.				TOBACCO CONTROL
(12) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD, EAST LANSING, MI 48824	38-6005984	501(C)(3)	193,500.				EXTRAMURAL RESEARCH GRANT

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(1) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	1,042,000.				EXTRAMURAL RESEARCH GRANT
(2) WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202 DETROIT, MI 48202	38-6028429	501(C)(3)	729,000.				EXTRAMURAL RESEARCH GRANT
(3) MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201-1881	39-0806251	501(C)(3)	15,000.				TOBACCO CONTROL
(4) THE MEDICAL COLLEGE OF WISCONSIN, INC. P.O. BOX 26509 MILWAUKEE, WI 26509	39-0806261	501(C)(3)	110,000.				BREAST EDU AND AND HEALTH
(5) BLOOD CENTER OF WISCONSIN, INC. PO BOX 2178 MILWAUKEE, WI 53201	39-0807235	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(6) MILWAUKEE HEALTH SERVICES INC 2555 N MLK JR DR MILWAUKEE, WI 53212	39-1664109	501(C)(3)	60,379.				CANCER CONTROL
(7) UNIVERSITY OF WISCONSIN - MILWAUKEE P.O. BOX 340 MILWAUKEE, WI 53201	39-1805963	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(8) UNIV OF WI HOSPITALS & CLINICS AUTHORITY 600 HIGHLAND AVE MADISON, WI 53792	39-1835630	501(C)(3)	10,000.				CANCER CONTROL
(9) UNIVERSITY OF WISCONSIN-MADISON 21 N. PARK ST. MADISON, WI 53715	39-6006492	501(C)(3)	1,174,500.				RESEARCH AND CANCER CTRL
(10) AMHERST H WILDER FOUNDATION 1295 BANDANA BLVD N ST PAUL, MN 55108	41-0693889	501(C)(3)	5,500.				COLORECTAL EDUCATION AND HEALTH
(11) GUSTAVUS ADOLPHUS COLLEGE 800 WEST COLLEGE AVE ST PETER, MN 56082	41-0695524	501(C)(3)	11,250.				TOBACCO CONTROL
(12) FOND DU LAC HUMAN SERVICES 927 TRETTEL LANE CLOQUET, MN 55720	41-0965719		25,000.				CANCER CONTROL

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(1) WINONA STATE UNIVERSITY 175 WEST MARK STREET WINONA, MN 55904	41-1687554	501(C)(3)	20,000.				EXTRAMURAL RESEARCH GRANT
(2) PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVE ST PAUL, MN 55105-3076	41-1896367	501(C)(3)	30,000.				TOBACCO CONTROL
(3) UNIVERSITY OF MINNESOTA - TWIN CITIES 200 OAK ST. S.E. MINNEAPOLIS, MN 55455	41-6007513	GOVT.	2,851,500.				EXTRAMURAL RESEARCH GRANT
(4) PEOPLES COMMUNITY HEALTH CLINIC INC 905 FRANKLIN ST WATERLOO, IA 50703-4407	42-1058629	501(C)(3)	42,500.				COLORECTAL AND CNCR
(5) COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)(3)	11,154.				COLORECTAL EDUCATION AND HEALTH
(6) SIOUXLAND COMMUNITY HEALTH CTR 1021 NEBRASKA ST SIOUX CITY, IA 51105	42-1374894	501(C)(3)	5,020.				COLORECTAL EDUCATION AND HEALTH
(7) ALL CARE HEALTH CENTER 902 S 6TH ST COUNCIL BLUFFS, IA 51501	42-1466508	501(C)(3)	20,150.				COLORECTAL EDUCATION AND HEALTH
(8) UNIVERSITY OF IOWA 2 GLIMORE HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	30,000.				EXTRAMURAL RESEARCH GRANT
(9) WASHINGTON UNIVERSITY IN ST. LOUIS 1054 ONE BROOKINGS DR. ST. LOUIS, MO 63130	43-0653611	501(C)(3)	3,277,000.				EXTRAMURAL RESEARCH GRANT
(10) SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	37,500.				CANCER CONTROL
(11) HUDSONALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	40,000.				IMPROVE HEALTHCARE SYSTEMS
(12) UNIVERSITY OF MISSOURI 115 BUSINESS LOOP COLUMBIA, MO 65211	43-6003859	501(C)(3)	45,000.				RESEARCH AND TOBACCO CTRL

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Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2017

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FIVE RIVERS HEALTH CENTERS 2261 PHILADELPHIA DR DAYTON, OH 45406	45-0914398	501(C)(3)	10,000.				CERVICAL CANCER
(2) TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE TYLER, TX 75702	45-2578435	501(C)(3)	37,500.				CANCER CONTROL
(3) TRIAGE CANCER 5265 S SLAUSON AVE CULVER CITY, CA 90230	45-5132661	501(C)(3)	10,000.				CANCER CONTROL
(4) DISTRICT CLINIC HOLDINGS INC 1150 45TH STREET WEST PALM BEACH, FL 33407	45-5591655	GOVT.	31,750.				CANCER CONTROL
(5) SOUTH DAKOTA STATE UNIVERSITY BOX 2201 BROOKINGS, SD 57007	46-0273801	501(C)(3)	13,756.				TOBACCO CONTROL
(6) HORIZON HEALTH CARE INC 109 N MAIN AVE HOWARD, SD 57349	46-0341255	501(C)(3)	27,500.				COLORECTAL EDUCATION AND HEALTH
(7) FIRST PERSON CARE CLINIC 200 E HORIZON DR HENDERSON, NV 89015	46-2155118	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(8) RUTGERS, THE STATE UNIV OF NJ-RBHS-CINJ 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	46-2354111	GOVT.	840,500.				EXTRAMURAL RESEARCH GRANT
(9) UNIVERSITY OF OREGON 5219 UNIV. OF OR EUGENE, OR 97403	46-4727800	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(10) ACS CAPITAL, INC. 250 WILLIAMS ST NW STE 600 AT, GA 30303	46-5429467	501(C)(3)	6,154,042.				SUPPORT ACS
(11) UT/WEST INSTITUTE FOR CANCER RESEARCH 7945 WOLF RIVER BLVD GERMANTOWN, TN 38138	47-1358542	501(C)(3)	140,000.				CANCER CONTROL
(12) ALTIUS INSTITUTE FOR BIOMEDICAL SCIENCES 2211 ELLIOTT AVENUE SEATTLE, WA 98121	47-2231080	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT

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(1) UNIV. OF KS MEDICAL CENTER RES. INST. INC 3901 RAINBOW BOULEVARD KC, KS 66103	48-1108830	501(C)(3)	782,500.				EXTRAMURAL RESEARCH GRANT
(2) HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD #104 OLATHE, KS 66062	48-1115529	501(C)(3)	25,000.				CANCER CONTROL
(3) CHRISTIANA CARE HLTH SERVICES 200 HYGEIA DRIVE NEWARK, DE 19713	51-0103684	501(C)(3)	20,250.				CANCER CONTROL
(4) LORAIN COUNTY COMMUNITY COLLEG 1005 NORTH ABBE ROAD ELYRIA, OH 44035-1691	51-0146485	501(C)(3)	15,000.				TOBACCO CONTROL
(5) PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	51-0169168	501(C)(3)	15,200.				CANCER CONTROL
(6) SANFORD BURNHAM PREBYS MEDICAL DISC. INST. 10901 N. TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(7) LOYOLA UNIVERSITY MARYLAND 4501 N CHARLES ST BALTIMORE, MD 21210	52-0591623	501(C)(3)	14,927.				TOBACCO CONTROL
(8) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	822,000.				EXTRAMURAL RESEARCH GRANT
(9) ST MARY'S COLLEGE OF MARYLAND 47645 COLLEGE DR ST MARY'S CITY, MD 20686	52-0936189	501(C)(3)	11,250.				TOBACCO CONTROL
(10) GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD BRANDYWINE, MD 20613	52-0961414	501(C)(3)	20,000.				CANCER CONTROL
(11) FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL ROAD BALTIMORE, MD 21225	52-1118424	501(C)(3)	29,518.				CANCER CONTROL
(12) MEDSTAR WASHINGTON HOSP CENTER 110 IRVING ST NW WASHINGTON, DC 20010	52-1272129	501(C)(3)	49,569.				CANCER CONTROL

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(1) BALTIMORE MEDICAL SYSTEM INC 3501 SINCLAIR LN BALTIMORE, MD 21213	52-1358241	501(C)(3)	37,500.				CANCER CONTROL
(2) MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	73,425.				CANCER CONTROL
(3) RESEARCH!AMERICA 1101 KING ST STE 250 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	10,000.				CANCER CONTROL
(4) ASPEN CANCER CONFERENCE INC 4383 MEDICAL DR. SAN ANTONIO, TX 78229	52-1746776	501(C)(3)	16,000.				PEER REVIEW COMMITTEE
(5) CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I ST NW STE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	175,000.				CANCER CTRL AND HLTHCARE SYSTEMS
(6) TOBACCO FREE KIDS ACTION FUND 1400 I ST NW STE 1200 WASHINGTON, DC 20005	52-1974904	501(C)(4)	150,000.				IMPROVE HEALTHCARE SYSTEMS
(7) FRIENDS OF CANCER RESEARCH 1001 G ST NW STE 900 EAST WA, DC 20001	52-1983273	501(C)(3)	25,000.				CANCER CONTROL
(8) PACT INSTITUTE 1828 L ST NW STE 300 WASHINGTON, DC 20036	52-2131854	501(C)(3)	30,000.				CANCER CONTROL
(9) ACS CANCER ACTION NETWORK, INC 555 11TH STREET NW WA, DC 20004	52-2340031	501(C)(4)	31,905,397.				SUPPORT ACS
(10) GEORGETOWN UNIVERSITY 4000 RESERVOIR RD WASHINGTON, DC 20007	53-0196603	501(C)(3)	180,000.				EXTRAMURAL RESEARCH GRANT
(11) CATH. REST. APOSTOLATE OF THE DIO. OF WORC. 49 ELM STREET WORCESTER, MA 01609	53-0196617	501(C)(3)	25,000.				HOPE LODGE
(12) NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	25,000.				IMPROVE HEALTHCARE SYSTEMS

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(1) CENTRAL VIRGINIA HEALTH SERVICES, INC 25892 N JAMES MADISON HWY NC, VA 23123	54-0887287	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(2) SOUTHEASTERN VA HEALTH SYSTEM 1033 28TH ST NEWPORT NEWS, VA 23607	54-1083954	501(C)(3)	22,462.				CANCER CONTROL
(3) PUBLIC OPINION STRATEGIES LLC 214 N FAYETTE ST ALEXANDRIA, VA 22314	54-1586480		77,500.				TOBACCO CONTROL
(4) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	500,000.				NCIC
(5) VERNON J HARRIS EAST END COMM. HEALTH CNTR 2025 E MAIN ST STE 105 RICHMOND, VA 23233	54-1884190	501(C)(3)	20,000.				COLORECTAL AND CNCR AND HEALTH
(6) FOUND CARE INC 2330 S CONGRESS AVE WP, FL 33406	54-2083748	501(C)(3)	29,911.				CANCER CONTROL
(7) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 400195 RICHMOND, VA 23298	54-6001758	GOVT.	792,000.				EXTRAMURAL RESEARCH GRANT
(8) UNIVERSITY OF VIRGINIA P.O. BOX 400195 C-VILLE, VA 22908	54-6001796	501(C)(3)	537,000.				EXTRAMURAL RESEARCH GRANT
(9) VA POLYTECHNIC INSTITUTE AND STATE UNIV. 222 BURRUSS HALL BLACKSBURG, VA 24061	54-6001805	501(C)(3)	14,995.				TOBACCO CONTROL
(10) NEW RIVER HEALTH ASSOCIATION PO BOX 337 SCARBRO, WV 25917	55-0581968	501(C)(3)	25,439.				CANCER CONTROL
(11) CABIN CREEK HEALTH SYSTEMS 5722 CABIN CREEK RD DAWES, WV 25054	55-0709223	501(C)(3)	75,000.				CANCER CONTROL
(12) SHEPHERD UNIVERSITY PO BOX 3210 SHEPHERDSTOWN, WV 25443-3210	55-6020064	501(C)(3)	11,250.				TOBACCO CONTROL

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(1) DUKE UNIVERSITY ERWIN SQ. 2200 W. MAIN ST. DURHAM, NC 27705	56-0532129	501(C)(3)	694,000.				EXTRAMURAL RESEARCH GRANT
(2) BLUE RIDGE COMM HEALTH SVCS 2579 CHIMNEY ROCK RD H-VILLE, NC 28792	56-0794933	501(C)(3)	29,550.				COLORECTAL EDUCATION AND HEALTH
(3) PIEDMONT HEALTH SERVICES INC 127 KINGSTON DR CHAPEL HILL, NC 27514	56-0952737	501(C)(3)	7,000.				COLORECTAL EDUCATION AND HEALTH
(4) LINCOLN COMMUNITY HEALTH CENTE 1301 FAYETTEVILLE ST DURHAM, NC 27717	56-1031244	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(5) MOUNTAIN COMMUNITY HEALTH PNSP 86 N MITCHELL AVE BAKERSVILLE, NC 28705	56-1084427	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(6) TRIAD ADULT & PEDIATRIC MED 1002 S EUGENE ST GREENSBORO, NC 27406	56-1991438	501(C)(3)	5,750.				COLORECTAL EDUCATION AND HEALTH
(7) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	990,500.				RESEARCH AND TOBACCO CTRL
(8) BJHCHS 1320 RIBAUT RD PORT ROYAL, SC 29935	57-0523586	501(C)(3)	12,500.				CANCER CONTROL
(9) FETTER HEALTHCARE NETWORK 51 NASSAU ST CHARLESTON, SC 29403	57-0604703	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(10) ST JAMES SANTEE FAMILY HLTH CT PO BOX 608 MCCLELLANVILLE, SC 29458	57-0722653	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(11) EAU CLAIRE COOPERATIVE HEALTH CENTERS INC 1800 ST JULIAN PL COLUMBIA, SC 29209	57-0965445	501(C)(3)	41,870.				CANCER CONTROL
(12) REGENESIS HEALTH CARE PO BOX 5158 SPARTANBURG, SC 29304	57-1084051	501(C)(3)	62,500.				CANCER CONTROL

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(1) MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE., CHARLESTON, SC 29425	57-6000722	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(2) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001153	501(C)(3)	997,000.				EXTRAMURAL RESEARCH GRANT
(3) EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	613,500.				EXTRAMURAL RESEARCH GRANT
(4) PIEDMONT HEALTHCARE FOUNDATION 1968 PEACHTREE RD NW ATLANTA, GA 30309	58-1272768	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(5) ALBANY AREA PRIMARY HEALTHCARE 204 NORTH WESTOVER BLVD ALBANY, GA 31707	58-1344015	501(C)(3)	50,000.				CANCER CONTROL
(6) UGA RESEARCH FOUNDATION, INC. 310 E.CAMPUS RD ATHENS, GA 30602	58-1353149	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(7) OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	72,627.				CANCER CONTROL
(8) WELLSTAR FOUNDATION 805 SANDY PLAINS RD MARIETTA, GA 30066	58-1627413	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(9) COMMUNITY HEALTH CARE SYSTEMS 2251 WEST ELM ST WRIGHTSVILLE, GA 31096	58-2001101	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(10) EAST GEORGIA HEALTHCARE CENTER 215 N COLEMAN ST SWAINSBORO, GA 30401	58-2001607	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(11) GRADY HEALTH SYSTEM 80 JESSE HILL JR DR SE ATLANTA, GA 30303	58-6001198?	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(12) UNIVERSITY OF GEORGIA 114 BARROW HALL ATHENS, GA 30602	58-6001998		15,000.				BREAST AND CERVICAL EDUCATION

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(1) UNIVERSITY OF MIAMI 1320 S. DIXIE HWY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	360,000.				EXTRAMURAL RESEARCH GRANT
(2) FLORIDA MEMORIAL UNIVERSITY 15800 NW 42ND AVE MIAMI GARDENS, FL 33054	59-0668483	501(C)(3)	11,250.				TOBACCO CONTROL
(3) BOCA RATON REGIONAL HOSPITAL, INC. 701 NW 13TH STREET BOCA RATON, FL 33486	59-1006663	501(C)(3)	24,000.				EXTRAMURAL RESEARCH
(4) JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVE MIAMI, FL 33142	59-1235617	501(C)(3)	18,750.				CANCER CONTROL
(5) COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 STREET MIAMI, FL 33190	59-1372690	501(C)(3)	25,000.				COLORECTAL EDUCATION AND HEALTH
(6) CENTRAL FL HEALTH CARE INC 950 COUNTY RD 17A WEST AVON PARK, FL 33825	59-1404594	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
(7) BORINQUEN MEDICAL CENTERS 3601 FEDERAL HIGHWAY MIAMI, FL 33161	59-1417397	501(C)(3)	44,974.				CANCER CONTROL
(8) COMMUNITY HEALTH CENTERS INC 110 S WOODLAND ST WINTER GARDEN, FL 34787	59-1480970	501(C)(3)	31,250.				COLORECTAL EDUCATION AND HEALTH
(9) FLORIDA COMMUNITY HEALTH CENTERS INC. 5827 CORPORATE WAY WP, FL 33407	59-1671640	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(10) FAMILY HEALTH CENTER OF SW FL 2258 HELTMAN ST FORT MYERS, FL 33901	59-1741273	501(C)(3)	15,287.				COLORECTAL EDUCATION AND HEALTH
(11) CENTRAL FLORIDA FAMILY HEALTH CENTER INC 2400 STATE ROAD 415 SANFORD, FL 32771-6012	59-1741286	501(C)(3)	62,500.				CANCER CONTROL
(12) MANATEE COUNTY RURAL HEALTH SERVICES INC 700 8TH AVE W STE 101 PALMETTO, FL 34221	59-1773262	501(C)(3)	12,500.				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 ►

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2017

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD NORTH MIAMI, FL 33181	59-1829984	501(C)(3)	37,500.				CANCER CONTROL
(2) CITRUS HEALTH NETWORK 4125 WEST 20TH AVE HIALEAH, FL 33012	59-1865751	501(C)(3)	20,000.				CANCER CONTROL
(3) COMMUNITY HEALTH CENTERS OF PINELLAS 1344 22ND ST S ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	12,500.				CANCER CONTROL
(4) TAMPA FAMILY HEALTH CENTERS PO BOX 82969 TAMPA, FL 33682	59-2420282	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(5) H. LEE MOFFITT CANCER CENTER & RESEARCH INS 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)(3)	1,242,000.				EXTRAMURAL RESEARCH GRANT
(6) HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVE OCALA, FL 34471	59-3060378	501(C)(3)	12,067.				CANCER CONTROL
(7) ESCAMBIA COMMUNITY CLINICS INC 14 W JORDAN ST PENSACOLA, FL 32501	59-3105246	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(8) THE CHAUTAUQUA CENTER INC 319 CENTRAL AVE DUNKIRK, NY 14048	59-3202367	501(C)(3)	17,524.				CANCER CONTROL
(9) WECARE JACKSONVILLE INC 4080 WOODCOCK DR. JACKSONVILLE, FL 32207	59-3431724	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(10) UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	1,514,000.				EXTRAMURAL RESEARCH GRANT
(11) VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37203	62-0476822	501(C)(3)	822,000.				EXTRAMURAL RESEARCH GRANT
(12) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	1,540,000.				EXTRAMURAL RESEARCH GRANT

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(1) MEMPHIS HEALTH CENTER 360 EH CRUMP BLVD MEMPHIS, TN 38126	62-0818892	501(C)(3)	22,184.				CANCER CONTROL
(2) UNITED NEIGHBORHOOD HEALTH SERVICES INC. 2711 FOSTER AVE NASHVILLE, TN 37210	62-1032792	501(C)(3)	37,500.				CANCER CONTROL
(3) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER 1035 14TH AVE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)	25,000.				CANCER CONTROL
(4) CHRIST COMMUNITY HEALTH SRVCS 2595 CENTRAL AVE MEMPHIS, TN 38104	62-1583270	501(C)(3)	140,000.				CANCER CONTROL
(5) FLORIDA A&M UNIVERSITY OFFICE OF STDNT TALLAHASSEE, FL 32307	62-3751831?		15,000.				TOBACCO CONTROL
(6) UT HEALTH SCIENCE CENTER 62 S. DUNLAP, SUITE 300 MEMPHIS, TN 38163	62-6001636	501(C)(3)	720,000.				EXTRAMURAL RESEARCH GRANT
(7) HEALTH SERVICES INC PO BOX 70365 MONTGOMERY, AL 36107	63-0568762	501(C)(3)	25,053.				CANCER CONTROL
(8) FRANKLIN PRIMARY HEALTH CENTER 1301 DR MLK JR MOBILE, AL 36603	63-0695975	501(C)(3)	18,750.				CANCER CONTROL
(9) THE HUNTSVILLE HOSPITAL FOUNDATION INC 801 CLINTON AVE E HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	8,000.				INDIRECT TRNSPRTTION ASSIST
(10) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396		799,000.				RESEARCH AND HLTHCARE SYSTEMS
(11) UNIV OF SOUTHERN MISSISSIPPI 118 CLG DR. #5122 HATTIESBURG, MS 39406	64-6000818	501(C)(3)	15,000.				TOBACCO CONTROL
(12) ACS INC. PUERTO RICO, INC. CALLE CABO ALVERIO #566 HATO REY, PR 00918	66-0321594	501(C)(3)	370,779.				SUPPORT ACS

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(1) COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS PO BOX 11790 ST THOMAS, VI 00801-4790	66-0470703	501(C)(3)	50,000.				INDIRECT FINANCIAL ASSISTANCE
(2) ST THOMAS EAST END MEDICAL CENTER INC ST THOMAS, VI 00804	66-0585077	501(C)(3)	7,500.				CANCER CONTROL
(3) FREDERIKSTED HEALTH CARE INC 516 STRAND ST FREDERIKSTED, VI 00840	66-0586667	501(C)(3)	7,500.				CANCER CONTROL
(4) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM LR, AR 72205	71-6046242	501(C)(3)	1,579,000.				EXTRAMURAL RESEARCH GRANT
(5) EXCELTH INC 1515 POYDRAS ST NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	24,500.				CANCER CONTROL
(6) DAUGHTERS OF CHARITY SVCS OF NEW ORLEANS 3201 S CARROLTON AVE NEW ORLEANS, LA 70118	72-1332678	501(C)(3)	12,500.				CANCER CONTROL
(7) CAPITOL CITY FAMILY HEALTH CEN PO BOX 66156 BATON ROUGE, LA 70896	72-1395500	501(C)(3)	37,500.				CANCER CONTROL
(8) VARIETY CARE 3000 N GRAND AVE OKLA CITY, OK 73107	73-1088577	501(C)(3)	12,500.				CANCER CONTROL
(9) CONCORDIA UNIVERSITY 11400 CONCORDIA UNIV. DR AUSTIN, TX 78726	74-1161941	501(C)(3)	11,250.				TOBACCO CONTROL
(10) COMMUNITY HEALTH CENTERS OF S. CENTRAL TX 228 ST GEORGE ST GONZALES, TX 78629	74-1548089	501(C)(3)	12,500.				CANCER CONTROL
(11) COASTAL HEALTH & WELLNESS PO BOX 939 LA MARQUE, TX 77568	74-1665318		37,500.				CANCER CONTROL
(12) BARRIO COMPREHENSIVE FMY HEALTH CNTRS INC 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	12,500.				CANCER CONTROL

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(1) UNIV. OF TX HEALTH SCIENCE CNTR AT HOUSTON 7000 FANNIN, UCT 1006 HOUSTON, TX 77030	74-1761309	501(C)(3)	1,614,000.				EXTRAMURAL RESEARCH GRANT
(2) CENTROMED 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1787031	501(C)(3)	37,500.				HPV ADVOCACY
(3) ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	60,500.				HPV AND CANCER CTRL
(4) METRO COMMUNITY PROVIDER NETWORK INC 3701 S BROADWAY ENGLEWOOD, CO 80113-3611	74-2477108	501(C)(3)	62,500.				CANCER CONTROL
(5) HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WA AVE NY, NY 10032	74-3066193	501(C)(3)	1,083,789.				CANCER CONTROL
(6) UNIVERSITY OF TEXAS AT AUSTIN 3925 WEST BRAKER LANE AUSTIN, TX 78759	74-6000203	501(C)(3)	342,000.				RESEARCH AND TOBACCO CTRL
(7) UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CE 1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	501(C)(3)	4,236,250.				EXTRAMURAL RESEARCH GRANT
(8) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-2556007	501(C)(3)	1,944,000.				EXTRAMURAL RESEARCH GRANT
(9) INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE DALLAS, TX 75231-4596	75-2605363	501(C)(3)	95,500.				TOBACCO AND CANCER CTRL
(10) LEGACY COMMUNITY HEALTH SVCS PO BOX 66308 HOUSTON, TX 77266-6308	76-0009637	501(C)(3)	12,500.				CANCER CONTROL
(11) EL CENTRO DE CORAZON 7037 CAPITOL ST HOUSTON, TX 77011	76-0442781	501(C)(3)	25,000.				CANCER CONTROL
(12) GENESIS COMMUNITY HEALTH INC 2623 S. SEACREST BLVD BB, FL 33435	80-0374741	501(C)(3)	29,911.				CANCER CONTROL

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(1) ACADEMY OF ONCOLOGY NURSE NAVIGATORS INC 1249 SOUTH RIVER RD CRANBURY, NJ 08512	80-0586847	501(C)(3)	11,375.				PATIENT SUPPORT
(2) TERRY REILLY HEALTH SERVICES 223 16TH AVE N NAMPA, ID 83653	82-0300537	501(C)(3)	17,804.				CANCER CONTROL
(3) ACS DEVELOPMENT II, INC. 251 WILLIAMS ST NW ATL, GA 30303	82-1993189	501(C)(3)	504,713.				SUPPORT ACS
(4) ERIE COUNTY MEDICAL CENTER 462 GRIDER ST BUFFALO, NY 14215	83-0382654	501(C)(3)	41,167.				CANCER CONTROL
(5) SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	35,000.				COLORECTAL EDUCATION AND HEALTH
(6) COMMUNITY INITIATIVES NETWORK 405 E PROSPECT RD FORT COLLINS, CO 80525	84-1480532		17,050.				GENERAL NUTRITION ACTIVITIES
(7) UNIVERSITY OF NORTHERN COLORADO 501 20TH STREET GREELEY, CO 80639	84-6000546	501(C)(3)	139,000.				EXTRAMURAL RESEARCH GRANT
(8) UNIVERSITY OF COLORADO DENVER, AMC AND DC 13001 E.17TH PLACE AURORA, CO 80045	84-6000555	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(9) UNIVERSITY OF NEW MEXICO HSC MSC09 5220 1 ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	293,000.				RESEARCH AND TOBACCO CTRL
(10) NATIVE AMERICANS FOR COMMUNITY ACTION(NACA) 2717 N STEVES BLVD FLAGSTAFF, AZ 86004	86-0268489	501(C)(3)	25,000.				CANCER CONTROL
(11) SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	62,500.				CANCER CONTROL
(12) MOUNTAIN PARK HEALTH CENTER 2702 N THIRD ST STE 4020 PHOENIX, AZ 85004	86-0498020	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS

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(1) NORTH COUNTRY HEALTHCARE PO BOX 3630 FLAGSTAFF, AZ 86003-3630	86-0663432	501(C)(3)	25,000.				CANCER CONTROL
(2) EL RIO HEALTH CTR FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745	86-0816675	501(C)(3)	12,501.				IMPROVE HEALTHCARE SYSTEMS
(3) UTAH NAVAJO HEALTH SYSTEM PO BOX 130 MONTEZUMA CREEK, UT 84534	87-0560763	501(C)(3)	12,335.				CANCER CONTROL
(4) SOUTHERN UTAH UNIVERSITY BURSARS OFFICE CEDAR CITY, UT 84720	87-6000481		11,787.				TOBACCO CONTROL
(5) UNIVERSITY OF UTAH 75 S 2000 E RM 111 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	1,598,873.				RESEARCH AND TOBACCO CTRL
(6) COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD RENO, NV 89502	88-0293149	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(7) BREVARD HEALTH ALLIANCE INC 2120 SARNO ROAD MELBOURNE, FL 32935	90-0068515	501(C)(3)	14,930.				CANCER CONTROL
(8) WHITWORTH UNIVERSITY 300 W HAWTHORNE RD SPOKANE, WA 99251	91-0473310	501(C)(3)	11,250.				TOBACCO CONTROL
(9) LAKE ROOSEVELT COMMUNITY HEALTH CENTERS PO BOX 290 INCHELIUM, WA 99138	91-0557683		15,750.				IMPROVE HEALTHCARE SYSTEMS
(10) SEATTLE CHILDREN'S HOSPITAL 4800 SAND PT WAY SEATTLE, WA 98105	91-0564748	501(C)(3)	814,000.				EXTRAMURAL RESEARCH GRANT
(11) ARCTIC SLOPE NATIVE ASSOCIATION 7000 UULA ST BARROW, AK 99723	91-0873623	501(C)(3)	25,000.				CANCER CONTROL
(12) HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057	91-0884412	501(C)(3)	25,000.				CANCER CONTROL

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(1) INTERNATIONAL COMMUNITY HEALTH 720 8TH AVE S. SEATTLE, WA 98104	91-0947084	501(C)(3)	37,425.				IMPROVE HEALTHCARE SYSTEMS
(2) SEA MAR COMMUNITY HEALTH CTR 1112 SOUTH CUSHMAN TACOMA, WA 98405	91-1020139	501(C)(3)	26,837.				IMPROVE HEALTHCARE SYSTEMS
(3) COMMUNITY HEALTH CENTER OF SNOHOMISH COUNTY 8609 EVERGREEN WAY EVERETT, WA 98208	91-1255170	501(C)(3)	63,364.				IMPROVE HEALTHCARE SYSTEMS
(4) COMMUNITY HEATHLH CARE 1019 PACIFIC AVE STEE 300 TACOMA, WA 98402	91-1349657	501(C)(3)	6,375.				IMPROVE HEALTHCARE SYSTEMS
(5) COMMUNITY HEALTH ASSOCIATION OF SPOKANE 203 N WASHINGTON STE 300 SPOKANE, WA 99201	91-1641797	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(6) VIRGINIA GARCIA MEMORIAL FOUNDATION PO BOX 6149 ALOHA, OR 97007	91-2077840	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(7) PANCARE OF FLORIDA INC 403 E 11TH ST PANAMA CITY, FL 32401	91-2189932	501(C)(3)	6,875.				COLORECTAL EDUCATION AND HEALTH
(8) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	501(C)(3)	111,632.				RESEARCH, BREAST EDU AND CANCER CTRL
(9) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD. PDX, OR 97239	93-1176109	501(C)(3)	1,366,500.				EXTRAMURAL RESEARCH GRANT
(10) THE RINEHART CLINIC PO BOX 176 WHEELER, OR 97147	93-1191794	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(11) CLATSOP CO DEPT PUBLIC HEALTH 820 EXCHANGE ST STE 100 ASTORIA, OR 97103	93-6000228	GOVT.	7,500.				IMPROVE HEALTHCARE SYSTEMS
(12) OREGON STATE UNIVERSITY 312 KERR CORVALLIS, OR 97331-2140	93-6022772	501(C)(3)	13,802.				TOBACCO 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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLA 747 52ND STREET OAKLAND, CA 94609	94-0382330	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(2) STANFORD UNIVERSITY 3172 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	1,297,480.				RESEARCH AND TOBACCO CTRL
(3) UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST SAN FRANCISCO, CA 94117	94-1156628	501(C)(3)	14,613.				TOBACCO CONTROL
(4) INDIAN HEALTH CENTER OF SCV 1333 MERIDIAN AVE SAN JOSE, CA 95125	94-2476242	501(C)(3)	59,950.				CANCER CONTROL
(5) CLINICA DE SALUD DEL VALLE DE SALINAS 440 AIRPORT BLVD SALINAS, CA 93905	94-2652757	501(C)(3)	12,500.				CANCER CONTROL
(6) AMERICAN NONSMOKERS RIGHTS FND 2530 SAN PABLO STE J BERKELEY, CA 94702	94-2922136	501(C)(3)	25,000.				TOBACCO CONTROL
(7) UNIVERSITY OF CALIFORNIA, BERKELEY 2150 SHATTUCK AVE. BERKELEY, CA 94704	94-3067788	501(C)(3)	955,500.				EXTRAMURAL RESEARCH GRANT
(8) PENINSULA COMMUNITY HEALTH SVC PO BOX 960 BREMERTON, WA 98337	94-3079770	501(C)(3)	37,500.				CANCER CONTROL
(9) CALIFORNIA PRIMARY CARE ASSN 1231 I ST STE 400 SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(10) REGENTS OF THE UNIVERSITY OF CA AT BERKELEY EXTRAMURAL FUND ACCNTNG BERKELEY, CA 94720	94-6002123	501(C)(3)	85,500.				TOBACCO CONTROL
(11) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CA. ST. SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	2,046,500.				EXTRAMURAL RESEARCH GRANT
(12) UNIVERSITY OF CALIFORNIA, DAVIS 1850 RESEARCH PARK DR. DAVIS, CA 95618	94-6036494	501(C)(3)	111,500.				EXTRAMURAL RESEARCH GRANT

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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST. LOS ANGELES, CA 90089	95-1642394	501(C)(3)	1,584,000.				EXTRAMURAL RESEARCH GRANT
(2) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(3) WHITTIER COLLEGE 13406 PHILADELPHIA ST WHITTIER, CA 90608	95-1644048	501(C)(3)	11,250.				TOBACCO CONTROL
(4) UNIVERSITY OF CALIFORNIA, IRVINE IRVINE 141 IRVINE, CA 92697	95-2226406	501(C)(3)	1,584,000.				EXTRAMURAL RESEARCH GRANT
(5) SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048	95-2539105	501(C)(3)	10,000.				CANCER CONTROL
(6) VENICE FAMILY CLINIC 2509 PICO BLVD SANTA MONICA, CA 90405	95-2769432	501(C)(3)	60,830.				CANCER CONTROL
(7) NEIGHBORHOOD HEALTHCARE 425 N DATE ST STE 203 ESCONDIDO, CA 92025	95-2796316	501(C)(3)	10,360.				CANCER CONTROL
(8) SAN YSIDRO HEALTH CENTER 1275 30TH ST SAN DIEGO, CA 92154	95-2801772	501(C)(3)	23,867.				CANCER CONTROL
(9) ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	24,177.				CANCER CONTROL
(10) RIVERSIDE & SB COUNTY INDIAN HEALTH INC 11980 MT VERNON AVE GRAND TERRACE, CA 92313	95-2846605	501(C)(3)	25,000.				CANCER CONTROL
(11) NORTH COUNTY HEALTH PROJECT 150 VALPREDA RD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	12,500.				CANCER CONTROL
(12) CALIFORNIA COLORECTAL CANCER COALITION 2253 SOLEDAD RANCHO RD SAN DIEGO, CA 92109	95-3102332	501(C)(3)	50,000.				COLORECTAL EDUCATION AND HEALTH

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) (2017)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BECKMAN RESEARCH INST. OF THE CITY OF HOPE 1500 EAST DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	2,540,000.				EXTRAMURAL RESEARCH GRANT
(2) CITY OF HOPE COMPREHENSIVE CANCER CENTER 1500 E. DUARTE RD. DUARTE, CA 91010	95-3435919	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(3) PARKING COMPANY OF AMERICA, LLC 3165 GARFIELD AVE LOS ANGELES, CA 90040	95-4650869		47,768.				TRANSPORT. RELATED SYSTEMS DVLPMNT
(4) UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 500 PARNASSUS AVE MU420 W. SF, CA 94143	95-6006142	501(C)(3)	15,000.				COLORECTAL
(5) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BOULEVARD LA, CA 90095	95-6006143	501(C)(3)	1,747,500.				EXTRAMURAL RESEARCH GRANT
(6) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	2,365,500.				EXTRAMURAL RESEARCH GRANT
(7) UNIVERSITY OF CALIFORNIA, SANTA BARBARA 3227 CHEADLE HALL SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 330.
- 3 Enter total number of other organizations listed in the line 1 table 25.

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

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GUEST ROOM PROGRAM	47,599.	102,522.	4,128,007.	FMV	GUEST ROOMS
2 LOOK GOOD, FEEL BETTER	40,907.	7,239.	10,130,250.	FMV	COSMETIC KITS
3 OTHER	2,302.	372,020.	252,821.	FMV	OTHER PAT SUPP ITEMS
4 TRANSPORTATION	11,168.	2,033,419.			
5 WIGS	5,431.	483,116.	3,347,905.	FMV	WIGS
6					
7					

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

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF

GRANTS

FORM 990, SCHEDULE I, PART I, LINE 2

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

REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT

THE GRANT PERIOD. ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE

PROPER USAGE. THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE

OF OUR RESEARCH GRANTS: PROGRESS REPORTS 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,

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS

TERMINATED. THE SCIENTIFIC REPORT INCLUDES: (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE. NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND. ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT:

INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES. BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS. IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY. THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING:

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY
APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS ARE REVIEWED FOR
NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE
INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT ACCOUNT IS NOT
CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND
ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR
OUTSTANDING PAYMENTS DUE.

FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD
PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

NON-RESEARCH GRANTS. THE SOCIETY REQUIRES GRANTEEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS. NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED. SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE SOCIETY. THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS

REGULAR TELEPHONE CONFERENCES WITH GRANTEES REGARDING PROGRAM ACTIVITIES

AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL.

FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE

REQUIREMENTS, RISK OF NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND

NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING

REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

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

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

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

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

3 Indicate which, if any, of the following the 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.

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

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

- a** Receive a severance payment or change-of-control payment?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a	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) 2017

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 OTIS W. BRAWLEY CHIEF MED AND SCI OFFICER	(i)	455,933.	0.	13,251.	136,574.	784.	606,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RICHARD C. WENDER CHIEF CANCER CONTROL OFFICER	(i)	427,914.	0.	13,196.	27,272.	17,052.	485,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOSEPH C. CAHOON SENIOR EVP, FIELD, OUTGOING	(i)	108,967.	0.	1,972,200.	486,108.	2,393.	2,569,668.	610,068.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 SHARON BYERS CHIEF DEV & MKTG OFFICER	(i)	477,884.	68,213.	1,188.	17,797.	818.	565,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DAVID F. VENEZIANO EVP, CALIFORNIA DIV, OUTGOING	(i)	251,204.	0.	827,605.	76,586.	5,035.	1,160,430.	728,647.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 NANCY C. YAW EVP, LAKESHORE DIV, OUTGOING	(i)	189,115.	0.	212,052.	1,323,731.	8,700.	1,733,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MARGARET A. CAMP EVP, NEW ENGLAND DIV, OUTGOING	(i)	93,502.	0.	223,810.	468,719.	3,027.	789,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JUNG H. KIM EVP, NORTHEAST REGION	(i)	345,572.	0.	5,377.	174,912.	688.	526,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RALPH A. DEVITTO EVP, FLORIDA DIVISION, OUTGOING	(i)	151,921.	0.	239,924.	257,784.	5,920.	655,549.	35,918.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 GARY REEDY CHIEF EXECUTIVE OFFICER	(i)	675,935.	0.	5,017.	45,617.	1,358.	727,927.	0.
	(ii)	61,449.	0.	456.	4,147.	123.	66,175.	0.
11 CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	(i)	341,376.	0.	5,803.	144,701.	10,564.	502,444.	0.
	(ii)	43,448.	0.	739.	18,417.	1,344.	63,948.	0.
12 MICHAEL L. NEAL SENIOR EVP, FIELD OPERATIONS	(i)	347,484.	0.	6,613.	146,429.	11,902.	512,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

SCHEDULE J, PART I, LINE 4A

JOSEPH C CAHOON: CAHOON RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 35 YEARS. OTHER REPORTABLE COMPENSATION OF \$1,972,200 (PART II, LINE 3B(III)) INCLUDES A CONTRACTUAL PAYMENT OF \$340,246 AND THE FINAL PAYMENT OF SUPPLEMENTAL RETIREMENT BENEFITS OF \$1,607,326. RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$486,108 (PART II, LINE 3C) INCLUDES THE VALUE OF EARNED QUALIFIED RETIREMENT BENEFITS OF \$483,370.

DAVID F VENEZIANO: VENEZIANO RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 42 YEARS. OTHER REPORTABLE COMPENSATION OF \$827,605 (PART II, LINE 3B(III)) INCLUDES A CONTRACTUAL PAYMENT OF \$143,526 AND THE FINAL PAYMENT OF SUPPLEMENTAL RETIREMENT BENEFITS OF \$624,689.

RALPH A. DEVITTO: DEVITTO RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 21 YEARS. OTHER REPORTABLE COMPENSATION OF \$239,924 (PART II, LINE 3B(III)) INCLUDES A

Part III Supplemental Information

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

CONTRACTUAL PAYMENT OF \$152,619 AND THE FINAL PAYMENT OF SUPPLEMENTAL
RETIREMENT BENEFITS OF \$63,440.

NANCY C YAW: YAW RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE
SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 31 YEARS. RETIREMENT
AND OTHER DEFERRED COMPENSATION OF \$1,323,731 (PART II, LINE 3C) INCLUDES
THE VALUE OF EARNED QUALIFIED RETIREMENT BENEFITS OF \$722,521 AND EARNED
NON-QUALIFIED SUPPLEMENTAL RETIREMENT BENEFITS OF \$599,460. THE FILING
ORGANIZATION WILL MAKE THE PAYMENT OF NON QUALIFIED BENEFITS IN 2018.

SCHEDULE J, PART I, LINE 4B

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
TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE

Part III Supplemental Information

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

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

SCHEDULE J, PART II, COLUMN C

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2017

**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		23,043,262.	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	530.	9,168,345.	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 ▶ (ATCH 1)		100,973.	19,447,925.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2017)

JSA

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PAGE 90

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

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	40907.	10,226,750.	COST/SELLING PRICE
DONATED SPACE	X	1.	23,652.	COST/SELLING PRICE
GUEST ROOM PROGRAM	X	47907.	4,138,946.	COST/SELLING PRICE
HOPE LODGE SUPPLIES	X	4235.	403,165.	COST/SELLING PRICE
HOLIDAY FUNDRAISER	X	1095.	865,383.	COST/SELLING PRICE
WIGS	X	6828.	3,790,029.	COST/SELLING PRICE
TOTALS		<u>100,973.</u>	<u>19,447,925.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-1788491

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

DETECTION AND TREATMENT PROGRAMS ARE DIRECTED AT FINDING CANCER BEFORE IT
IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT CANCER
TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT AND PAIN CONTROL.
DETECTION/TREATMENT EXPENSES INCLUDED ACTIVITIES SUCH AS OUR COMMUNITY
GRANTS FOR BREAST AND COLORECTAL CANCER SCREENINGS, OUR BREAST CANCER
AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS AS WELL AS
OUR NATIONAL CAMPAIGN TO ACHIEVE 80 PERCENT COLON CANCER SCREENING RATES
BY THE END OF 2018.

PROCESS USED TO REVIEW THE FORM 990

FORM 990, PART VI, LINE 11B

MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES
AND REVIEWS THE FORM 990. THE DRAFT FORM 990 IS THEN PROVIDED TO THE
BOARD OF 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.

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY
FORM 990, PART VI, LINE 12C

THE AMERICAN CANCER SOCIETY, INC. MAINTAINS A WRITTEN CONFLICT OF
INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF

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

DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED.

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

COMPENSATION REVIEW PROCESS

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

THE AMERICAN CANCER SOCIETY, INC. USES AN INDEPENDENT COMPENSATION COMMITTEE ('THE COMMITTEE'), ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ('CEO') AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE 'BOARD') IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR

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

INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ('DISQUALIFIED PERSONS'). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL:

- (A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS;
- (B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA;
- (C) REVISE IF NECESSARY THE CEO'S PERFORMANCE GOALS;
- (D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT;
- (E) ESTABLISH THE CEO'S ANNUAL INCENTIVE PLAN GOALS, DETERMINE THE MEASURES OF PERFORMANCE FOR EACH GOAL, AND DETERMINE WHAT INCENTIVE PLAN AWARD, IF ANY, IS PAYABLE EACH YEAR;
- (F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD;
- (G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE;

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

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

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

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

(K) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE COMPENSATION AND BENEFITS;

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

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART VI, LINE 18

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

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

FORM 990, PART VI, LINE 19

THE AMERICAN CANCER SOCIETY, INC. TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE OTHERWISE PROTECTED. THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE

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

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

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$30,570,457

NET CHANGE IN RETIREMENT PLAN LIABILITY: \$9,660,122

TOTAL \$40,230,579

ATTACHMENT 1

FORM 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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE RICHARDS GROUP 2801 N CENTRAL EXPRESSWAY DALLAS, IL 75204	BRAND MARKETING	3,898,282.
KPMG LLP	SYS IMPLEMENTATION	3,452,578.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

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>
PO BOX 120511 DALLAS, TX 75312		
APPIRIO, INC. PO BOX 123011 DALLAS, TX 75312	SOFTWARE CONSULTING	2,290,252.
ORACLE AMERICA INC. 15612 COLLECTIONS CENTER DR CHICAGO, IL 60693	SYS IMPLEMENTATION	2,138,610.
MERKLE, INC. PO BOX 64897 BALTIMORE, MD 21264	PROF. FUNDRAISING	8,543,565.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACS BRIGHTEDGE VENTURES LLC 82-2597570 250 WILLIAMS ST NW STE 4B ATLANTA, GA 30303	INVESTING	DE	25,000.	25,000.	ACS INC
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS CANCER ACTION NETWORK, INC. 52-2340031 555 11TH STREET NW WASHINGTON, DC 20004	ELIM CANCER	DC	501(C)(4)	N/A	ACS, INC.	X	
(2) ACS DEVELOPMENT COMPANY I, INC. 46-5439010 250 WILLIAMS STREET, NW STE 60 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.	X	
(3) ACS CAPITAL, INC. 46-5429467 250 WILLIAMS STREET, NW STE 60 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS CAN		X
(4) ACS PRODUCTS, INC. 02-0651055 250 WILLIAMS STREET, NW STE 40 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.	X	
(5) AMERICAN CANCER SOCIETY, INC PUERTO RICO 66-0321594 566 CABO ALVERIO STREET HATO REY, PR 00918	ELIM CANCER	PR	501(C)(3)	7	ACS, INC.	X	
(6) 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)	12D	N/A		X
(7) ACS DEVELOPMENT COMPANY II INC 82-1993189 250 WILLIAMS ST NW STE 600 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.	X	

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

Schedule R (Form 990) 2017

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) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ISRAEL FAMILY HOLDING LLC 81-4706366 340 S. LEMON AVENUE #2625 WALNUT, CA 91789	SUPPORT ACS	DE	ACS	LLC		978,219.	99.0000	X	
(2) THE BROWER-IADONE FAMILY, LLC 47-3426422 2360 CLAUDIA STREET CORONA, CA 92882	SUPPORT ACS	DE	ACS	LLC		1,136,537.	99.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK, INC.	Q	8,707,565.	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	Q	446,219.	FMV
(3) ACS PRODUCTS, INC	Q	4,319,973.	FMV
(4) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	Q	10,193,455.	FMV
(5) ACS CANCER ACTION NETWORK, INC.	B	31,905,397.	FMV
(6) ACS DEVELOPMENT COMPANY I, INC.	K	102,500.	FMV

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	B	367,700.	FMV
(2) THE JOSEPH AND JEANETTE SILBER FDTN	C	172,153.	FMV
(3) ACS DEVELOPMENT COMPANY II, INC	Q	33,472.	FMV
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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