

**Return of Organization Exempt From Income Tax**

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **2021**, and ending **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **AMERICAN CANCER SOCIETY, INC**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3380 CHASTAIN MEADOWS PKY NW 200**  
 City or town, state or province, country, and ZIP or foreign postal code  
**KENNESAW, GA 30144**

**D** Employer identification number  
**13-1788491**

**E** Telephone number  
**(800) 227-2345**

**F** Name and address of principal officer: **DR. KAREN E. KNUDSEN, PHD**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **2,238,311,401**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.CANCER.ORG**

**H(c)** Group exemption number ▶ **0580**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1922**

**M** State of legal domicile: **NY**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>2,940</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1,086,515</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>80,314</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>533,262,107</b>	Current Year <b>652,037,712</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>31,098</b>	<b>6,537,530</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>46,085,786</b>	<b>76,556,148</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>(3,083,460)</b>	<b>(745,131)</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>576,295,531</b>	<b>734,386,259</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>96,098,130</b>	<b>156,503,028</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>288,007,227</b>	<b>237,127,693</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>5,468,529</b>	<b>6,734,902</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>92,593,299</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>174,434,017</b>	<b>177,295,633</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>564,007,903</b>	<b>577,661,256</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>12,287,628</b>	<b>156,725,003</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>1,700,046,787</b>	End of Year <b>1,891,787,660</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>512,242,998</b>	<b>499,477,625</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>1,187,803,789</b>	<b>1,392,310,035</b>

**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: **KAEL REICIN, CHIEF FINANCE & STRATEGY OFFICER**  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **AERRIAL M. ORR**  
 Preparer's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P01598400**  
 Firm's name ▶ **ERNST & YOUNG US LLP**  
 Firm's EIN ▶ **34-6565596**  
 Firm's address ▶ **55 IVAN ALLEN JR. BOULEVARD SUITE 1000, ATLANTA, GA 30308**  
 Phone no. **(404) 874-8300**

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

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 \$ 272,794,366 including grants of \$ 14,746,273 ) (Revenue \$ 2,500,000 )  
PATIENT SUPPORT PROGRAMS PROVIDE THE LATEST, EVIDENCE-BASED CANCER INFORMATION; EQUIP PEOPLE TO MAKE HEALTHY CHOICES THAT CAN HELP REDUCE THEIR CANCER RISK LIKE EATING RIGHT, STAYING ACTIVE, AND AVOIDING ALCOHOL AND TOBACCO. WE ARE AVAILABLE 24/7 TO HELP PEOPLE FIND ANSWERS AND RESOURCES, WHETHER THEY WANT TO UNDERSTAND THEIR DIAGNOSIS AND TREATMENT OPTIONS, LEARN HOW TO COPE WITH SIDE EFFECTS, OR FIND TRANSPORTATION OR A PLACE TO STAY WHEN TREATMENT IS FAR FROM HOME. WE PROVIDE INFORMATION AND SUPPORT TO CANCER PATIENTS, CAREGIVERS AND SURVIVORS THROUGH ONLINE COMMUNITIES AND ONE-ON-ONE SUPPORT.

**4b** (Code: ) (Expenses \$ 156,797,038 including grants of \$ 117,348,063 ) (Revenue \$ 4,037,530 )  
OUR DISCOVERY PROGRAMS LAUNCH INNOVATIVE, HIGH-IMPACT RESEARCH TO FIND MORE - AND BETTER - TREATMENTS, UNCOVER FACTORS THAT MAY CAUSE CANCER, DEVELOP GUIDELINES FOR SCREENING THAT CAN HELP DETECT CERTAIN CANCERS EARLY AND SAVE LIVES, AND IMPROVE QUALITY OF LIFE FOR PEOPLE FACING CANCER. WE FUND RESEARCH GRANTS AND CONDUCT CANCER RESEARCH STUDIES TO HELP ACCELERATE THE PACE OF PROGRESS. WE CONDUCT EQUITY-FOCUSED RESEARCH TO IDENTIFY AND UNDERSTAND ISSUES RELATED TO CANCER DISPARITIES IN AN EFFORT TO ADVANCE HEALTH EQUITY AMONG ALL COMMUNITIES.

**4c** (Code: ) (Expenses \$ 30,461,164 including grants of \$ 24,408,692 ) (Revenue \$ )  
ADVOCACY - PROMOTE POLICIES THAT ADVANCE HEALTH EQUITY AND DISPARITIES, SUPPORT MULTICULTURAL COMMUNITIES, PROMOTE ACCESS TO CARE, AND TO ADVOCATE FOR LAWS AND POLICIES THAT HELP FURTHER CANCER RESEARCH.

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 460,052,568

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	873
<b>b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	71
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	2,940		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		✓	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		✓	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 on Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 22		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AK, AL, AR, AZ, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
[KAEL REICIN, 3380 CHASTAIN MEADOWS PKWY NW, KENNESAW, GA 30144, \(646\) 459-4275](#)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUNG H. KIM CHIEF OPERATING OFFICER - OUTGOING	55.0 2.0			✓				963,222	0	21,676
(2) KAREN E. KNUDSEN, PHD CHIEF EXECUTIVE OFFICER - INCOMING	55.0 8.0			✓				618,450	53,314	26,132
(3) WILLIAM CANCE, MD CHIEF MEDICAL & SCIENTIFIC OFFICER - OUTGOING	55.0 0.0				✓			576,391	0	56,076
(4) KAELE REICIN CHIEF FINANCE & STRATEGY OFFICER	55.0 6.0			✓				430,565	46,970	48,459
(5) MICHAEL L. NEAL CHIEF OF ORGANIZATIONAL ADVANCEMENT	55.0 3.0				✓			459,767	0	62,913
(6) JEFF D. KLAAS EVP, WEST REGION	55.0 0.0					✓		416,602	0	9,317
(7) CAROLYN WILLIAMS-GOLDMAN INTERIM EVP, WEST REGION - OUTGOING	55.0 0.0					✓		386,254	0	30,120
(8) TIMOTHY B. PHILLIPS CHIEF LEGAL AND RISK OFFICER	55.0 2.0					✓		375,024	0	38,275
(9) JOHN B. WOODWARD SENIOR EVP, FIELD OPERATIONS	55.0 0.0					✓		328,287	0	46,273
(10) WILTON WHITE EVP, NORTH CENTRAL REGION	55.0 0.0					✓		339,846	0	31,167
(11) GARY M. REEDY CHIEF EXECUTIVE OFFICER - OUTGOING	55.0 6.0			✓				308,101	27,509	16,236
(12) BRIAN A. MARLOW, CFA SECRETARY/TREASURER	5.0 0.0	✓		✓				0	0	0
(13) CARMEN E. GUERRA, MD, MSCE, FACP BOARD SCIENTIFIC OFFICER	5.0 0.0	✓		✓				0	0	0
(14) JEFFREY L. KEAN IMMEDIATE PAST CHAIR	5.0 3.0	✓		✓				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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN ALFONSO, CPA, CGMA CHAIR	5.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) MICHAEL T. MARQUARDT VICE CHAIR	3.0 1.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) AMIT KUMAR, PHD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) BRUCE N. BARRON DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) EDISON T. LIU, MD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) GARETH T. JOYCE DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) GARY S. SHEDLIN DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) JENNIFER R. CROZIER DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) JOSEPH A. AGRESTA, JR. DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) JOSEPH M. NAYLOR DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								5,202,509	127,793	386,644
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								5,202,509	127,793	386,644

**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 **▶** 258

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

**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
MERKLE, INC., P O BOX 64897, BALTIMORE, MD 21264-4897	FUNDRAISING COUNSEL	11,194,319
GILBANE BUILDING COMPANY , 7 JACKSON WALKWAY, PROVIDENCE, RI 02903	HOPE LODGE CONSTRUCTION	4,786,389
HURON CONSULTING SERVICES,LLC, PO BOX 71223, CHICAGO, IL 60694	INFORMATION TECHNOLOGY CONSULTANT	4,362,027
MCGOUGH CONSTRUCTION CO. LLC, NW 5970 P.O, BOX 1450, MINNEAPOLIS, MN 55485	HOPE LODGE CONSTRUCTION	4,047,148
GE JOHNSON CONSTRUCTION COMPANY , 25 NORTH CASCADE AVE, COLORADO SPRINGS, CO 80903	HOPE LODGE CONSTRUCTION	3,758,013
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>▶</b>	113	

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 2,449,110					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 148,521,360					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 4,287,782					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 496,779,460					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 35,883,842					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		652,037,712				
	<b>Program Service Revenue</b>	<b>2a</b>	RESEARCH SERVICES Business Code 541700		4,000,000	4,000,000		
<b>b</b>		SCREENING CONSORTIUM Business Code 541900		2,500,000	2,500,000			
<b>c</b>		JOURNAL ADVERTISING INCOME Business Code 541800		37,530		37,530		
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .		0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		6,537,530				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		19,342,193		3,009	19,339,184	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .		2,733,942			2,733,942	
	<b>6a</b>	Gross rents . . . . .	(i) Real	87,679				
			(ii) Personal					
			<b>6b</b>	Less: rental expenses				
			<b>6c</b>	Rental income or (loss)	87,679	0		
	<b>d</b>	Net rental income or (loss) . . . . .		87,679		31,640	56,039	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,494,123,983				
			(ii) Other		11,077,846			
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	1,435,443,576	12,544,298		
			<b>7c</b>	Gain or (loss) . . . . .	58,680,407	(1,466,452)		
	<b>d</b>	Net gain or (loss) . . . . .		57,213,955			57,213,955	
	<b>8a</b>	Gross income from fundraising events (not including \$ 148,521,360 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	16,620,435				
			<b>8b</b>	Less: direct expenses . . . . .	16,620,435			
<b>c</b>			Net income or (loss) from fundraising events . . . . .		0		0	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	954,144					
		<b>9b</b>	Less: direct expenses . . . . .	166,530				
		<b>c</b>	Net income or (loss) from gaming activities . . . . .		787,614		787,614	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	26,519,337					
		<b>10b</b>	Less: cost of goods sold . . . . .	39,150,303				
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .		(12,630,966)		(12,630,966)	
<b>Miscellaneous Revenue</b>	<b>11a</b>	GRANT REFUND/RESIGNATIONS Business Code 900099		6,975,833			6,975,833	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .		1,300,767	0	8,135	1,292,632	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		8,276,600				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		734,386,259	6,500,000	80,314	75,768,233		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	154,796,274	154,796,274		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	908,426	908,426		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	798,328	798,328		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,883,300	2,319,635	1,118,879	444,786
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	442,141	100,172	319,980	21,989
<b>7</b>	Other salaries and wages . . . . .	176,402,675	124,502,749	6,532,682	45,367,244
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	18,784,996	13,616,278	612,660	4,556,058
<b>9</b>	Other employee benefits . . . . .	23,550,434	17,028,007	841,266	5,681,161
<b>10</b>	Payroll taxes . . . . .	14,064,147	9,932,466	588,815	3,542,866
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .	1,370,547	967,483	241,751	161,313
<b>b</b>	Legal . . . . .	8,426,513	992,258	7,336,505	97,750
<b>c</b>	Accounting . . . . .	475,287	0	475,287	0
<b>d</b>	Lobbying . . . . .	0	0	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	6,734,902			6,734,902
<b>f</b>	Investment management fees . . . . .	400,515	0	400,515	0
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	15,391,978	14,356,828	747,319	287,831
<b>12</b>	Advertising and promotion . . . . .	40,136,018	30,297,111	662,849	9,176,058
<b>13</b>	Office expenses . . . . .	24,417,845	18,919,557	2,354,574	3,143,714
<b>14</b>	Information technology . . . . .	26,454,726	20,992,837	934,759	4,527,130
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	26,688,718	23,544,672	350,790	2,793,256
<b>17</b>	Travel . . . . .	1,795,025	1,172,369	43,992	578,664
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,546,040	900,081	16,311	629,648
<b>20</b>	Interest . . . . .	741,606	703,756	8,752	29,098
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	13,470,251	11,989,537	336,526	1,144,188
<b>23</b>	Insurance . . . . .	1,718,183	706,247	856,152	155,784
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b>	<u>PRINTING - EDUCATION &amp; FUNDRAISING</u> . . . . .	12,878,829	9,721,724	212,695	2,944,410
<b>b</b>	<u>MEDALS/RECOGNITION</u> . . . . .	288,663	187,348	3,590	97,725
<b>c</b>	<u>HONORARIUMS</u> . . . . .	144,098	138,321	1,110	4,667
<b>d</b>	-----				
<b>e</b>	All other expenses -----	950,791	460,104	17,630	473,057
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	577,661,256	460,052,568	25,015,389	92,593,299
<b>26</b>	<b>Joint costs.</b> 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) . . . . .	91,215,987	64,857,041	2,065,029	24,293,917

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	44,516,886	<b>2</b>	42,464,913
	<b>3</b> Pledges and grants receivable, net . . . . .	57,803,018	<b>3</b>	62,181,052
	<b>4</b> Accounts receivable, net . . . . .	6,509,519	<b>4</b>	6,076,394
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	9,750,000
	<b>8</b> Inventories for sale or use . . . . .	4,870,526	<b>8</b>	5,046,911
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,030,130	<b>9</b>	5,387,324
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 415,596,782		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 171,127,403	251,838,942	<b>10c</b> 244,469,379
	<b>11</b> Investments—publicly traded securities . . . . .	871,586,542	<b>11</b>	990,916,360
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	456,891,224	<b>15</b>	525,495,327
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,700,046,787	<b>16</b>	1,891,787,660	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	274,387,239	<b>17</b>	221,888,687
	<b>18</b> Grants payable . . . . .	165,689,380	<b>18</b>	198,672,861
	<b>19</b> Deferred revenue . . . . .	5,782,813	<b>19</b>	3,721,542
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	29,856,111	<b>23</b>	34,578,615
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	36,527,455	<b>25</b>	40,615,920
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	512,242,998	<b>26</b>	499,477,625
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	445,873,101	<b>27</b>	629,377,625
	<b>28</b> Net assets with donor restrictions . . . . .	741,930,688	<b>28</b>	762,932,410
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	1,187,803,789	<b>32</b>	1,392,310,035
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,700,046,787	<b>33</b>	1,891,787,660	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	734,386,259
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	577,661,256
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	156,725,003
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,187,803,789
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(8,082,307)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	55,863,550
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,392,310,035

**Part XII Financial Statements and Reporting**

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

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

**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 (Check all that apply)						(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			
(25) KATHERINE A. ECCLES, ESQ. ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(26) LAURA HERTZ ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(27) MARGARET MCCAFFERY ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(28) MARK A. GOLDBERG, MD ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(29) MICHELLE M. LE BEAU, PHD ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(30) MONICA M. BERTAGNOLLI, MD, FASCO ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(31) OYEBODE TAIWO, MD, MPH ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(32) ROBERT WINN, MD ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(33) TERRI MCCLEMENTS ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>AMERICAN CANCER SOCIETY, INC</b>	Employer identification number <b>13-1788491</b>
-----------------------------------------------------------------	-----------------------------------------------------

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	707,750,261	713,260,371	683,502,842	533,262,107	652,037,712	3,289,813,293
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0		0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0		0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	707,750,261	713,260,371	683,502,842	533,262,107	652,037,712	3,289,813,293
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						3,289,813,293

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	707,750,261	713,260,371	683,502,842	533,262,107	652,037,712	3,289,813,293
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	30,563,004	29,793,402	30,213,767	23,688,521	22,129,165	136,387,859
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	169,893	80,314	250,207
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						3,426,451,359
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	301,714,479
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	96.01 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.83 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2021.** 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—2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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 <b>Part VI</b> 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>2a</b>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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) 2021

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . . . .			
<b>b</b> Excess from 2018 . . . . .			
<b>c</b> Excess from 2019 . . . . .			
<b>d</b> Excess from 2020 . . . . .			
<b>e</b> Excess from 2021 . . . . .			

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>AMERICAN CANCER SOCIETY, INC</b>	Employer identification number <b>13-1788491</b>
-------------------------------------------------------------	-----------------------------------------------------

**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.

Cat. No. 50084S

Schedule C (Form 990) 2021

**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.

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

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?	✓		16,306,503
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		4,469
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			16,310,972
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

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

-----

-----

-----

-----

-----

-----

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	RECOGNIZING THE POWER OF LEGISLATIVE CHANGE TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC. ("THE SOCIETY") SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO ITS ADVOCACY AFFILIATE, THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATION SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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.

Form with rows 1a-2 for questions regarding art and historical treasures collections.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

**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
<b>1a</b> Beginning of year balance	142,586,713	106,990,454	95,773,353	101,152,733	113,549,288
<b>b</b> Contributions	3,450,426	23,157,501	1,401,610	1,224,905	632,427
<b>c</b> Net investment earnings, gains, and losses	11,855,700	16,901,576	14,365,545	(1,725,475)	18,678,493
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	6,547,671	4,462,818	4,550,054	4,878,810	31,707,475
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	151,345,168	142,586,713	106,990,454	95,773,353	101,152,733

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

- a** Board designated or quasi-endowment  0.00 %
- b** Permanent endowment  100.00 %
- c** Term endowment  0.00 %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Land		17,977,967		17,977,967
<b>b</b> Buildings		276,508,484	114,353,321	162,155,163
<b>c</b> Leasehold improvements		38,865,466	27,069,198	11,796,268
<b>d</b> Equipment		23,802,080	20,931,691	2,870,389
<b>e</b> Other		58,442,785	8,773,193	49,669,592
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				244,469,379

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) PLANNED GIVING ASSETS	114,255,388
(2) BENEFICIAL INTERESTS IN TRUSTS	406,637,597
(3) OTHER RECEIVABLES	2,610,839
(4) DUE FROM AFFILIATES	1,991,503
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	525,495,327

**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) GIFT ANNUITY LIABILITY	13,613,867
(3) DEFERRED RENT PAYABLE	1,509,969
(4) CAPITAL LEASES	1,494,274
(5) INVESTMENTS HELD FOR AFFILIATES	23,997,810
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	40,615,920

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



**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY. DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE SOCIETY DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020. THE SOCIETY BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC

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) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	1,250
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	14,520
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	CANCER INITIATIVES AND INTERVENTIONS	5,000
(4) NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	1,250
(5) SOUTH AMERICA			PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	1,750
(6) SUB-SAHARAN AFRICA			PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	131,324
(7) SUB-SAHARAN AFRICA			PROGRAM SERVICES	HPV VACCINATION INITIATIVES	8,000
(8) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CANCER INITIATIVES AND INTERVENTIONS	268,288
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PAIN INITIATIVES	101,738
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING	COLORECTAL SCREENING INITIATIVES	98,640
(11) SOUTH AMERICA			GRANTMAKING	HPV VACCINATION INITIATIVES	46,523
(12) SUB-SAHARAN AFRICA			GRANTMAKING	ACCESS TO CARE INITIATIVES	294,221
(13) SUB-SAHARAN AFRICA			GRANTMAKING	HEALTH EQUITY INITIATIVES	144,530
(14) SUB-SAHARAN AFRICA			GRANTMAKING	CANCER INITIATIVES AND INTERVENTIONS	25,723
(15) SUB-SAHARAN AFRICA			GRANTMAKING	PAIN INITIATIVES	186,000
(16) EUROPE (INCLUDING ICELAND AND GREENLAND)		1	PROGRAM SERVICES	FOREIGN EMPLOYEE	97,542
(17)					
<b>3a Subtotal</b>	0	1			1,426,299
<b>b Total from continuation sheets to Part I</b>	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	0	1			1,426,299

**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)			EUROPE (INCLUDING ICELAND AND GREENLAND)	COLORECTAL SCREENING INITIATIVES	98,640	WIRE			
(2)			SOUTH AMERICA	HPV VACCINATION INITIATIVES	10,042	WIRE			
(3)			SOUTH AMERICA	HPV VACCINATION INITIATIVES	36,481	WIRE			
(4)			SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES	7,500	WIRE			
(5)			SUB-SAHARAN AFRICA	GLOBAL CANCER ADVOCACY	7,500	WIRE			
(6)			SUB-SAHARAN AFRICA	PAIN INITIATIVES	89,000	WIRE			
(7)			SUB-SAHARAN AFRICA	HEALTH EQUITY INITIATIVES	69,041	WIRE			
(8)			SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES	137,477	WIRE			
(9)			SUB-SAHARAN AFRICA	PAIN INITIATIVES	80,000	WIRE			
(10)			SUB-SAHARAN AFRICA	PAIN INITIATIVES	17,000	WIRE			
(11)			SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES	149,244	WIRE			
(12)			SUB-SAHARAN AFRICA	GLOBAL CANCER ADVOCACY	18,223	WIRE			
(13)			SUB-SAHARAN AFRICA	HEALTH EQUITY INITIATIVES	75,490	WIRE			
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 13

3 Enter total number of other organizations or entities . . . ▶ 0

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

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

**Part IV Foreign Forms**

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

Part V

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

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US: 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. ALL GRANTS ARE DOCUMENTED VIA WRITTEN GRANT AGREEMENTS SIGNED BY BOTH PARTIES. GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES: (1) INTERIM REPORTS AT THE MIDPOINT OF THE GRANT; AND (2) FINAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT. TO THE EXTENT PAID OUT IN INSTALLMENTS, THE SECOND PAYMENT GENERALLY MAY NOT BE RELEASED UNTIL RECEIPT OF THE INTERIM NARRATIVE AND FINANCIAL REPORTS AND CONFIRMATION OF SATISFACTORY PROGRESS OF GRANT OBJECTIVES. ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EAST ASIA AND THE PACIFIC -ACCRUAL            EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL            NORTH AMERICA (CANADA &amp; MEXICO ONLY) -ACCRUAL            SOUTH AMERICA -ACCRUAL, ACCRUAL            SUB-SAHARAN AFRICA -ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL            SOUTH AMERICA -ACCRUAL            SUB-SAHARAN AFRICA -ACCRUAL</p>

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC

Employer identification number

13-1788491

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> MERKLE GROUP, INC., PO BOX 64897, BALTIMORE, MD 21264-4897	DIRECT MAIL		<input checked="" type="checkbox"/>	47,784,017	3,587,021	44,196,996
<b>2</b> PMX AGENCY LLC, ONE WORLD TRADE CENTER, 63RD FLOOR, NEW YORK, NY 10007	DIRECT MAIL		<input checked="" type="checkbox"/>		10,000	
<b>3</b> ADVANCED REMARKETING SERVICE, 116 JOHNNY CAKE HILL, MIDDLETOWN, RI 02842	AUTO DONATIONS	<input checked="" type="checkbox"/>		2,180,616	282,816	1,897,800
<b>4</b> CASWELL ZACHRY GRIZZARD LLC, 6301 GASTON AVE, STE 715, DALLAS, TX 75214	PLANNED GIVING STRATEGY		<input checked="" type="checkbox"/>		439,500	
<b>5</b> VERITUS GROUP, PO BOX 18294, ASHEVILLE, NC 28814	MAJOR GIFTS		<input checked="" type="checkbox"/>		371,565	
<b>6</b> GOODUNITED, INC., 796 MEETING STREET, CHARLESTON, SC 29403	FUNDRAISING COUNSEL		<input checked="" type="checkbox"/>	19,126,961	1,750,000	17,376,961
<b>7</b> SOFTGIVING, 101 MARIETTA ST NW, SUITE 2475, ATLANTA, GA 30303	ONLINE DONATIONS		<input checked="" type="checkbox"/>	277,405	200,000	77,405
<b>8</b> DIGITAL MEDIA SOLUTIONS, LLC., 4800 14TH AVE NORTH, SUITE 101, CLEARWATER, FL 33762	DIRECT MAIL		<input checked="" type="checkbox"/>		242,770	
<b>9</b> THE PURSUANT GROUP, INC., PO BOX 120519, DALLAS, TX 75312-0519	FUNDRAISING COUNSEL		<input checked="" type="checkbox"/>		84,500	
<b>10</b>						
<b>Total</b>				69,368,999	6,968,172	63,549,162

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>RELAY FOR LIFE</u> (event type)	<u>MSABC</u> (event type)	<u>332</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	58,535,884	34,711,183	71,894,728	165,141,795
	<b>2</b> Less: Contributions . . . . .	56,776,602	32,428,947	59,315,811	148,521,360
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	1,759,282	2,282,236	12,578,917	16,620,435
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	947,741	283,411	258,945	1,490,097
	<b>6</b> Rent/facility costs . . . . .	435,563	1,331,835	6,222,767	7,990,165
	<b>7</b> Food and beverages . . . . .	69,055	55,283	2,466,993	2,591,331
	<b>8</b> Entertainment . . . . .	107,798	71,441	2,041,410	2,220,649
	<b>9</b> Other direct expenses . . . . .	199,125	540,266	1,588,802	2,328,193
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				16,620,435
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				0

**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))
		<b>1</b> Gross revenue . . . . .	123,743		833,451
Direct Expenses	<b>2</b> Cash prizes . . . . .	7,584		23,314	30,898
	<b>3</b> Noncash prizes . . . . .	2,267		8,715	10,982
	<b>4</b> Rent/facility costs . . . . .	1,994		84,335	86,329
	<b>5</b> Other direct expenses . . . . .	1,830		50,189	52,019
	<b>6</b> Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				180,228	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				776,966	

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

**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	<b>13a</b>	0 %
b An outside facility	<b>13b</b>	100 %

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

Name ▶ ANNETTA MARTIN

Address ▶ 3380 CHASTAIN MEADOWS PKWY NW, STE 200, KENNESAW, GA 30144

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ KAEL REICIN, CHIEF FINANCE & STRATEGY OFFICER

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0

Description of services provided ▶ DIRECTOR/OFFICER

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 776,966

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B -	LIST CONTAINS PAID PROFESSIONAL FUNDRAISING COUNSEL: MERKLE GROUP, INC. PROVIDES DATA SEGMENTATION FOR PLANNED GIVING PROGRAM, COMPLETES NINE DIRECT MAIL CAMPAIGNS, AND FOUR EMAIL CAMPAIGNS. PROFESSIONAL FUNDRAISING FEES: \$3,587,021 PROFESSIONAL PRINTING SERVICES: \$7,607,298 TOTAL FEES AND SERVICES: \$11,194,319
SCHEDULE G, PART II -	<p>MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS FOR AND FIGHTS BACK AGAINST BREAST CANCER BY:</p> <ul style="list-style-type: none"> <li>-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.</li> <li>-HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT. WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY CAN FOCUS ON FEELING BETTER.</li> <li>-FINDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER AND BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE. WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR BREAST CANCER.</li> <li>-FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR AFFILIATE ORGANIZATION THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC., AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE.</li> </ul> <p>RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR SUPPORT TO THOSE FIGHTING CANCER. IT HONORS THOSE WHO HAVE BEEN LOST TO THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING THE DISEASE. FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE FIGHT AGAINST CANCER. THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED OFFICIALS ABOUT CANCER. BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE.</p>
SCHEDULE G, PART III, LINE 9 - STATES IN WHICH THE ORGANIZATION CONDUCTS GAMING ACTIVITIES	CA, CT, FL, GA, AL, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NJ, NM, NC, ND, OH, OK, OR, PA, AZ, SC, TN, TX, VT, VA, AR, 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.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE SW, ATLANTA, GA 30315	58-1131002	501 ( C ) (3)	6,564				PATIENT SUPPORT
(2) ADVENTHEALTH 2501 N ORANGE AVE STE 283, ORLANDO, FL 32804	59-2219301	501 ( C ) (3)	60,000				PATIENT SUPPORT
(3) AFFINIA HEALTHCARE PO BOX 551, SAINT LOUIS, MO 63188-0551	43-0817642	501 ( C ) (3)	31,485				PATIENT SUPPORT
(4) ALBANY MEDICAL COLLEGE 43 NEW SCOTLAND AVE., ALBANY, NY 12208	14-1338310	501 ( C ) (3)	65,000				PATIENT SUPPORT
(5) AMERICAN COLLEGE OF SURGEONS PO BOX 92425, CHICAGO, IL 60675-2425	36-2192800	501 ( C ) (3)	984,192				PATIENT SUPPORT
(6) ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT RD, TUCSON, AZ 85712	27-4035615	501 ( C ) (3)	15,000				PATIENT SUPPORT
(7) ASCENSION VIA CHRISTI HOSPITALS 929 N ST FRANCIS, WICHITA, KS 67214	48-1172106	501 ( C ) (3)	15,000				PATIENT SUPPORT
(8) ASPIRUS REGIONAL CANCER CENTER 215 N 28TH AVENUE, WAUSAU, WI 54401	39-1138241	501 ( C ) (3)	7,500				PATIENT SUPPORT
(9) ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD, CHARLOTTE, NC 28203	56-6060481	501 ( C ) (3)	77,500				PATIENT SUPPORT
(10) AURORA HEALTH CARE INC 950 N 12TH ST, MILWAUKEE, WI 53233	39-1678306	501 ( C ) (3)	7,500				PATIENT SUPPORT
(11) BALTIMORE MEDICAL SYSTEM INC 3501 SINCLAIR LN, BALTIMORE, MD 21213	52-1358241	501 ( C ) (3)	10,000				PATIENT SUPPORT
(12) (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 497

**3** Enter total number of other organizations listed in the line 1 table ▶ 11

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

Cat. No. 50055P

Schedule I (Form 990) 2021



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BANNER HEALTH 1900 N HIGLEY RD, GILBERT, AZ 85234	45-0233470	501 ( C ) (3)	10,000				PATIENT SUPPORT
(13) BANNER MD ANDERSON CANCER CENTER 2946 E BANNER GATEWAY, GILBERT, AZ 85234	45-0233470	501 ( C ) (3)	75,000				PATIENT SUPPORT
(14) BAPTIST MEMORIAL HOSPITAL - GOLDEN TRIANGLE 2520 5TH STREET NORTH, COLUMBUS, MS 39705	62-1519754	501 ( C ) (3)	7,500				PATIENT SUPPORT
(15) BLUE RIDGE COMM HEALTH SVCS PO BOX 5151, HENDERSONVILLE, NC 28793	56-0794933	501 ( C ) (3)	62,500				PATIENT SUPPORT
(16) BOARD OF REGENTS OF THE UW SYS 21 N PARK ST STE 6401, MADISON, WI 53706	39-6006492	501 ( C ) (3)	30,000				PATIENT SUPPORT
(17) BOSTON MEDICAL CENTER 820 HARRISON AVE 3RD FL , 3025, BOSTON, MA 02118	04-3314093	501 ( C ) (3)	17,500				PATIENT SUPPORT
(18) BRIGHAM AND WOMENS HOSPITAL 399 REVOLUTION DR STE 750, SOMERVILLE, MA 02145	04-2312909	501 ( C ) (3)	25,000				PATIENT SUPPORT
(19) BUTLER HEALTH SYSTEM FOUNDATION ONE HOSPITAL WAY, BUTLER, PA 16001	26-1543883	501 ( C ) (3)	193,310				PATIENT SUPPORT
(20) CABELL HUNTINGTON HOSP FNDTN 1340 HAL GREER BLVD, HUNTINGTON, WV 25701	31-1096222	501 ( C ) (3)	13,000				PATIENT SUPPORT
(21) CALIFORNIA COLORECTAL CANCER 2253 SOLEDAD RANCHO ROAD, SAN DIEGO, CA 92109	95-3102332	501 ( C ) (3)	20,000				PATIENT SUPPORT
(22) CAMC HEALTH EDUCATION & RESRCH PO BOX 45760, BALTIMORE, MD 21297-5760	55-0753754	501 ( C ) (3)	12,250				PATIENT SUPPORT
(23) CANCER CENTERS OF SOUTHWEST OKLAHOMA 104 NW 31ST ST, LAWTON, OK 73505	20-3315309	501 ( C ) (3)	12,500				PATIENT SUPPORT
(24) CARTI FOUNDATION INC PO BOX 55011, LITTLE ROCK, AR 72215	71-0569907	501 ( C ) (3)	27,500				PATIENT SUPPORT
(25) CENTRAL OKLAHOMA AMERICAN INDIAN HEALTH COUNCIL 4913 W RENO AVE, OKLAHOMA CITY, OK 73127	73-0955756	501 ( C ) (3)	25,000				PATIENT SUPPORT
(26) CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200, EDDYSTONE, PA 19022	23-7354899	501 ( C ) (3)	10,125				PATIENT SUPPORT
(27) CHILDREN'S MEDICAL CENTER OF DALLAS 1935 MEDICAL DISTRICT DR, DALLAS, TX 75235	75-2062019	501 ( C ) (3)	12,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) CLEVELAND CLINIC 9500 EUCLID AVENUE, CLEVELAND, OH 44195	34-0714585	501 ( C ) (3)	75,000				PATIENT SUPPORT
(29) CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331	34-0714585	501 ( C ) (3)	55,000				PATIENT SUPPORT
(30) CODMAN SQUARE HEALTH CENTER 637 WASHINGTON ST, DORCHESTER, MA 02124	04-2678774	501 ( C ) (3)	12,500				PATIENT SUPPORT
(31) COMMUNICARE HEALTH CENTERS 3066 EAST COMMERCE ST, SAN ANTONIO, TX 78220	74-1724391	501 ( C ) (3)	12,500				PATIENT SUPPORT
(32) COMMUNITY ACTION CORPORATION OF SOUTH TEXAS 204 E FIRST ST, ALICE, TX 78332	74-1679824	501 ( C ) (3)	12,500				PATIENT SUPPORT
(33) COMMUNITY HEALTH CENTERS OF PINELLAS 1344 22ND ST S, ST PETERSBURG, FL 33712	59-2097521	501 ( C ) (3)	20,000				PATIENT SUPPORT
(34) COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DR, STOCKTON, CA 95210	94-2437106	501 ( C ) (3)	55,000				PATIENT SUPPORT
(35) COOK CHILDREN'S HEALTH CARE SYSTEM 1500 W ROSEDALE ST, FORT WORTH, TX 76104	75-2051649	501 ( C ) (3)	12,500				PATIENT SUPPORT
(36) COPLIN HEALTH SYSTEMS 483 COURT ST, ELIZABETH, WV 26143	31-0942184	501 ( C ) (3)	27,500				PATIENT SUPPORT
(37) COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE, LUBBOCK, TX 79410	20-0261172	501 ( C ) (3)	13,000				PATIENT SUPPORT
(38) CROSS LUTHERAN CHURCH 1821 N 16TH ST, MILWAUKEE, WI 53205	39-0818678	501 ( C ) (3)	30,000				PATIENT SUPPORT
(39) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE HS409, BOSTON, MA 02215-5450	04-2263040	501 ( C ) (3)	15,000				PATIENT SUPPORT
(40) DENVER HEALTH AND HOSPITALS FOUNDATION 777 BANNOCK STREET, DENVER, CO 80204	84-1085196	501 ( C ) (3)	18,560				PATIENT SUPPORT
(41) DUKE CANCER INSTITUTE 300 W MORGAN STREET SUITE 1200, DURHAM, NC 27701	56-0532129	501 ( C ) (3)	10,000				PATIENT SUPPORT
(42) DUKE UNIVERSITY HEALTH SYSTEM 324 BLACKWELL STREET SUITE 850, DURHAM, NC 27701	56-2070036	501 ( C ) (3)	100,000				PATIENT SUPPORT
(43) EAST BOSTON NEIGHBORHOOD HEALTH CENTER 10 GOVE ST, BOSTON, MA 02128-1920	23-7425849	501 ( C ) (3)	37,500				PATIENT SUPPORT
(44) EAST LIBERTY FAMILY HEALTHCARE 6023 HARVARD ST, PITTSBURGH, PA 15206	25-1417228	501 ( C ) (3)	25,000				PATIENT SUPPORT
(45) EMORY UNIVERSITY 1599 CLIFTON RD, ATLANTA, GA 30322	58-0566256	501 ( C ) (3)	12,700				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(46) FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVE, SAINT LOUIS, MO 63111	23-7076112	501 ( C ) (3)	31,485				PATIENT SUPPORT
(47) FAMILY HEALTH CTR OF SAN DIEGO 823 GATEWAY CENTER WAY, SAN DIEGO, CA 92102-4541	95-2833205	501 ( C ) (3)	25,000				PATIENT SUPPORT
(48) FORREST GENERAL HOSPITAL PO BOX 6051, HATTIESBURG, MS 39401	64-6001587	501 ( C ) (3)	12,500				PATIENT SUPPORT
(49) FOUNDATION FOR WOMAN'S 100 WOMAN'S WAY, BATON ROUGE, LA 70817	47-1970335	501 ( C ) (3)	18,750				PATIENT SUPPORT
(50) FRANCISCAN HEALTH CANCER CENTER 8111 S EMERSON AVE SUITE 206, INDIANAPOLIS, IN 46237	91-0564491	501 ( C ) (3)	8,000				PATIENT SUPPORT
(51) FROEDTERT HOSPITAL FOUNDATION 9200 W WISCONSIN AVE, MILWAUKEE, WI 53226	39-1431192	501 ( C ) (3)	30,000				PATIENT SUPPORT
(52) GASTON FAMILY HEALTH SERVICES 200 E SECOND AVE, GASTONIA, NC 28052	58-1958398	501 ( C ) (3)	12,500				PATIENT SUPPORT
(53) GERALD L IGNACE INDIAN HEALTH 930 W HISTORIC MITCHELL ST, MILWAUKEE, WI 53204	39-1958089	501 ( C ) (3)	110,000				PATIENT SUPPORT
(54) GOSHEN CENTER FOR CANCER CARE 200 HIGH PARK AVE, GOSHEN, IN 46526	35-1974765	501 ( C ) (3)	10,000				PATIENT SUPPORT
(55) GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD, BRANDYWINE, MD 20613	52-0961414	501 ( C ) (3)	10,000				PATIENT SUPPORT
(56) GROUNDWORK MILWAUKEE INC 648 N PLANKINTON AVE STE 425, MILWAUKEE, WI 53203	32-0182692	501 ( C ) (3)	82,241				PATIENT SUPPORT
(57) HEALTHLINC INC 2401 VALLEY DR, VALPARAISO, IN 46383	35-2147791	501 ( C ) (3)	10,000				PATIENT SUPPORT
(58) HENRY FORD HEALTH CANCER INSTITUTE ONE FORD PLACE 5A, DETROIT, MI 48202	38-1357020	501 ( C ) (3)	30,000				PATIENT SUPPORT
(59) HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BLVD, DETROIT, MI 48202	38-1357020	501 ( C ) (3)	7,500				PATIENT SUPPORT
(60) HENRY W GRADY HEALTH SYSTEM FOUNDATION 191 PEACHTREE STREET NE SUITE 820, ATLANTA, GA 30303	58-2130437	501 ( C ) (3)	51,084				PATIENT SUPPORT
(61) HIGHLAND HEALTH PROVIDERS 1487 N HIGH ST SUITE 102, HILLSBORO, OH 45133	31-1765550	501 ( C ) (3)	27,500				PATIENT SUPPORT
(62) HONORHEALTH FOUNDATION 10460 N 92ND STREET SUITE 206, SCOTTSDALE, AZ 85258	74-2355411	501 ( C ) (3)	10,000				PATIENT SUPPORT
(63) HUNTSVILLE HOSPITAL FOUNDATION 101 SIVLEY ROAD, HUNTSVILLE, AL 35801	63-0752604	501 ( C ) (3)	10,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) INDIAN HEALTH BOARD OF MINNEAPOLIS, INC. 1315 EAST 24TH STREET, MINNEAPOLIS, MN 55404	41-0977740	501 ( C ) (3)	36,085				PATIENT SUPPORT
(65) INFIRMARY MEDICAL CLINICS PC PO BOX 2226, MOBILE, AL 36652	63-0985524	501 ( C ) (3)	37,500				PATIENT SUPPORT
(66) JPS FOUNDATION 1500 MAIN ST, FORT WORTH, TX 76104	75-2717782	501 ( C ) (3)	19,996				PATIENT SUPPORT
(67) KINGMAN REGIONAL 3269 STOCKTON HILL RD, KINGMAN, AZ 86409	74-2388735	501 ( C ) (3)	7,500				PATIENT SUPPORT
(68) LAKELAND REGIONAL HEALTH SYS 1324 LAKELAND HILLS BLVD, LAKELAND, FL 33805	59-2650464	501 ( C ) (3)	14,500				PATIENT SUPPORT
(69) MAINEHEALTH 22 BRAMHALL STREET, PORTLAND, ME 04102	01-0431680	501 ( C ) (3)	44,500				PATIENT SUPPORT
(70) MARILLAC COMMUNITY HEALTH CENTER PO BOX 13038, NEW ORLEANS, LA 70185	27-3046997	501 ( C ) (3)	31,250				PATIENT SUPPORT
(71) MARY HITCHCOCK MEMORIAL HOSPITAL 1 MEDICAL CENER, LEBANON, NH 03766	02-0222140	501 ( C ) (3)	90,000				PATIENT SUPPORT
(72) MASSACHUSETTS GENERAL HOSPITAL 10 NORTH GROVE ST, BOSTON, MA 02114	04-1564655	501 ( C ) (3)	15,000				PATIENT SUPPORT
(73) MAYO CLINIC 200 FIRST STREET SW, ROCHESTER, MN 55905	41-6011702	501 ( C ) (3)	85,000				PATIENT SUPPORT
(74) MAYS CANCER CENTER 7979 WURZBACH RD (MAIL CODE 8201), SAN ANTONIO, TX 78229	74-1586031	501 ( C ) (3)	35,000				PATIENT SUPPORT
(75) MEDLINK GEORGIA, INC. 6754 HWY 72 WEST, COLBERT, GA 30628	58-1394645	501 ( C ) (3)	10,000				PATIENT SUPPORT
(76) MEMORIAL FOUNDATION, INC. 3329 JOHNSON STREET, HOLLYWOOD, FL 33028	59-2082218	501 ( C ) (3)	15,000				PATIENT SUPPORT
(77) MEMORIAL HERMANN FOUNDATION 929 GESSNER SUITE 2650, HOUSTON, TX 77024	74-1653640	501 ( C ) (3)	60,000				PATIENT SUPPORT
(78) MEMORIAL HOSPITAL AT GULFPORT 4500 13TH ST, GULFPORT, MS 39502	64-6010232	501 ( C ) (3)	12,500				PATIENT SUPPORT
(79) MERCY HOSPITAL OKLAHOMA CITY 4300 W MEMORIAL ROAD, OKLAHOMA CITY, OK 73120	46-3184231	501 ( C ) (3)	7,500				PATIENT SUPPORT
(80) MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 NORTH BALLAS RD, SAINT LOUIS, MO 63131	43-1472026	501 ( C ) (3)	12,500				PATIENT SUPPORT
(81) MOUNTAIN PARK HEALTH CENTER 3003 N CENTRAL AVENUE SUITE 1600, PHOENIX, AZ 85012	86-0498020	501 ( C ) (3)	12,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(82) MOUNTAIN STATES HEALTH ALLIANCE 303 MED TECH PARKWAY SUITE 300, JOHNSON CITY, TN 37604	62-0476282	501 ( C ) (3)	15,000				PATIENT SUPPORT
(83) MUSLIM COMMUNITY & HEALTH CENTER 803 W LAYTON AVE, MILWAUKEE, WI 53221	45-2385629	501 ( C ) (3)	30,000				PATIENT SUPPORT
(84) NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW KECK CENTER RM 836A, WASHINGTON, DC 20001	53-0196932	501 ( C ) (3)	10,000				PATIENT SUPPORT
(85) NEVADA HEALTH CENTERS 3325 RESEARCH WAY, CARSON CITY, NV 89706	94-3199117	501 ( C ) (3)	12,290				PATIENT SUPPORT
(86) NEW YORK CITY HEALTH & HOSPITALS 1400 PELHAM PARKWAY S BLDG 1 6W4, BRONX, NY 10461	13-2655001	501 ( C ) (3)	10,000				PATIENT SUPPORT
(87) NORTH BROWARD HOSPITAL DISTRICT 1608 SE 3RD AVE SUITE 507, FORT LAUDERDALE, FL 33316	59-6012065	501 ( C ) (3)	15,000				PATIENT SUPPORT
(88) NORTH CENTRAL TEXAS COMMUNITY HEALTH CENTER 200 MARTIN LUTHER KING JR BLVD, WICHITA FALLS, TX 76301	75-2429644	501 ( C ) (3)	30,000				PATIENT SUPPORT
(89) NORTH TEXAS AREA COMMUNITY HEALTH CENTER 2332 BEVERLY HILLS DRIVE, FORT WORTH, TX 76114	54-2117989	501 ( C ) (3)	30,000				PATIENT SUPPORT
(90) NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES 4800 PAYNE AVE, CLEVELAND, OH 44103	34-1014291	501 ( C ) (3)	62,500				PATIENT SUPPORT
(91) NORTHLAKES COMMUNITY CLINIC 15735 US HWY 63 NORTH, HAYWARD, WI 54843	35-2297925	501 ( C ) (3)	11,728				PATIENT SUPPORT
(92) OCHSNER CLINIC FOUNDATION 17000 MEDICAL CENTER DRIVE, BATON ROUGE, LA 70816	72-0502505	501 ( C ) (3)	125,000				PATIENT SUPPORT
(93) OCHSNER HEALTH 1514 JEFFERSON HIGHWAY BH 607, NEW ORLEANS, LA 70121	72-0502505	501 ( C ) (3)	75,000				PATIENT SUPPORT
(94) PARKLAND FOUNDATION 1341 W MOCKINGBIRD LANE SUITE 1100E, DALLAS, TX 75247	75-2089180	501 ( C ) (3)	12,500				PATIENT SUPPORT
(95) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD, HAMPTON, VA 23666	54-1806317	501 ( C ) (3)	425,000				PATIENT SUPPORT
(96) PENINSULA COMMUNITY HEALTH SVC PO BOX 960, BREMERTON, WA 98337	94-3079770	501 ( C ) (3)	10,000				PATIENT SUPPORT
(97) PENN MEDICINE RADIATION ONCOLOGY/ ROBERTS PROTON THERAPY CENTER 3400 CIVIC CENTER BLVD, PHILADELPHIA, PA 19104	23-1352685	501 ( C ) (3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(98) PREVEA CANCER CENTER AT HSHS SACRED HEART HOSPITAL 900 W CLAIREMONT AVE, EAU CLAIRE, WI 54701	39-0807060	501 ( C ) ( 3 )	25,000				PATIENT SUPPORT
(99) PROGRESSIVE COMMUNITY HEALTH CENTERS 3522 W LISBON AVE, MILWAUKEE, WI 53208	39-1958810	501 ( C ) ( 3 )	65,182				PATIENT SUPPORT
(100) PROVIDENCE ST JOSEPH EUREKA 2700 DOLBEER STREET, EUREKA, CA 95501	94-1156596	501 ( C ) ( 3 )	55,000				PATIENT SUPPORT
(101) QUALITY INSIGHTS INC 3001 CHESTERFIELD AVE, CHARLESTON, WV 25304	55-0539692	501 ( C ) ( 3 )	10,292				PATIENT SUPPORT
(102) RED CLIFF HEALTH SERVICES 88385 PIKE RD, BAYFIELD, WI 54814	39-1178866	501 ( C ) ( 3 )	24,891				PATIENT SUPPORT
(103) ROSWELL PARK ELM & CARLTON STREETS, BUFFALO, NY 14263	16-1391608	501 ( C ) ( 3 )	50,000				PATIENT SUPPORT
(104) SAINT FRANCIS HOSPITAL 11212 E 48TH ST, TULSA, OK 74146	73-1501972	501 ( C ) ( 3 )	12,500				PATIENT SUPPORT
(105) SAINT JOSEPH HOSPITAL FOUNDATION 1375 EAST 19TH AVE, DENVER, CO 80218	84-0735096	501 ( C ) ( 3 )	30,299				PATIENT SUPPORT
(106) SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE, KANSAS CITY, MO 64124	43-0899356	501 ( C ) ( 3 )	12,500				PATIENT SUPPORT
(107) SIXTEENTH STREET COMMUNITY HEALTH CENTERS 1032 S CESAR E CHAVEZ DR, MILWAUKEE, WI 53204	39-1180475	501 ( C ) ( 3 )	38,750				PATIENT SUPPORT
(108) SLIDELL MEMORIAL HOSPITAL REGIONAL CANCER CTR 1120 ROBERT BLVD, SLIDELL, LA 70458	72-6014895	501 ( C ) ( 3 )	7,500				PATIENT SUPPORT
(109) ST JOSEPHS MEDICAL CENTER 1800 N CALIFORNIA STREET, STOCKTON, CA 95204	94-1156342	501 ( C ) ( 3 )	15,000				PATIENT SUPPORT
(110) ST LOUIS UNIVERSITY CANCER CENTER 3655 VISTA AVE 3RD FLR W PAVILLION, SAINT LOUIS, MO 63110	43-0654872	501 ( C ) ( 3 )	40,000				PATIENT SUPPORT
(111) ST LUKES HOSPITAL CHESTERFIELD MO 232 S WOODS MIL RD, CHESTERFIELD, MO 63117	43-1383477	501 ( C ) ( 3 )	20,000				PATIENT SUPPORT
(112) ST THOMAS RADIOLOGY ASSOC 9149 ESTATE THOMAS SUITE 103, ST THOMAS, VI 00802	66-0434472	501 ( C ) ( 3 )	5,625				PATIENT SUPPORT
(113) ST VINCENT'S EAST CANCER TREATMENT CTR 1130 22ND ST SOUTH SUITE 100, BIRMINGHAM, AL 35205	63-0868066	501 ( C ) ( 3 )	10,000				PATIENT SUPPORT
(114) STORMONT VAIL FOUNDATION 1500 SW 10TH AVE., TOPEKA, KS 66604	48-0980926	501 ( C ) ( 3 )	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(115) STRIDES COMMUNITY HEALTH CENTER 2255 S ONEIDA ST, DENVER, CO 80224	74-2477108	501 ( C ) (3)	14,764				PATIENT SUPPORT
(116) TENET - THE HOSPITALS OF PROVIDENCE 2001 N OREGON ST, EL PASO, TX 79902	74-2792375	501 ( C ) (3)	6,000				PATIENT SUPPORT
(117) TETON CANCER INSTITUTE 1957 E 17TH STREET, IDAHO FALLS, ID 83404	82-0516012	501 ( C ) (3)	30,000				PATIENT SUPPORT
(118) TEXAS ASSOCIATION OF COMMUNITY 5900 SOUTHWEST PARKWAY BUILDING 3, AUSTIN, TX 78735	74-2308695	501 ( C ) (3)	35,813				PATIENT SUPPORT
(119) TEXAS ONCOLOGY FOUNDATION INC 12221 MERIT DR SUITE 500, DALLAS, TX 75251	75-2705785	501 ( C ) (3)	115,500				PATIENT SUPPORT
(120) THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10035	13-3273402	501 ( C ) (3)	12,500				PATIENT SUPPORT
(121) THOMAS JEFFERSON UNIVERSITY 170 S, INDEPENDENCE MALL WEST , 925E, PHILADELPHIA, PA 19107	23-1352651	501 ( C ) (3)	52,500				PATIENT SUPPORT
(122) TRUSTEES OF THE UNIVERSITY OF PENN 3400 CIVIC CENTER BLVD, PHILADELPHIA, PA 19104	23-1352685	501 ( C ) (3)	55,000				PATIENT SUPPORT
(123) TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE, TYLER, TX 75702	45-2578435	501 ( C ) (3)	7,500				PATIENT SUPPORT
(124) UNITE WI 1433 N WATER ST SUITE 400, MILWAUKEE, WI 53202	81-4652827	501 ( C ) (3)	30,000				PATIENT SUPPORT
(125) UNIVERSITY HEALTH SHREVEPORT LLC 1541 KINGS HWY, SHREVEPORT, LA 71103	83-1605004	501 ( C ) (3)	15,000				PATIENT SUPPORT
(126) UNIVERSITY OF CALIFORNIA 9500 GILMAN DR, LA JOLLA, CA 92093-0026	94-1539563	501 ( C ) (3)	15,000				PATIENT SUPPORT
(127) UNIVERSITY OF CALIFORNIA IRVINE CHAO FAMILY COMPREHENSIVE CANCER CENTER 101 THE CITY DRIVE SOUTH BLDG 23, ORANGE, CA 92868	95-2226406	501 ( C ) (3)	25,000				PATIENT SUPPORT
(128) UNIVERSITY OF FLORIDA PO BOX 113001, GAINESVILLE, FL 32611	59-6002052	501 ( C ) (3)	37,500				PATIENT SUPPORT
(129) UNIVERSITY OF FLORIDA HEALTH 1600 SW ARCHER RD, GAINESVILLE, FL 32610	59-6002052	501 ( C ) (3)	15,000				PATIENT SUPPORT
(130) UNIVERSITY OF KENTUCKY 239 STUDENT CENTER, LEXINGTON, KY 40506-0030	61-6001218	501 ( C ) (3)	11,250				PATIENT SUPPORT
(131) UNIVERSITY OF MIAMI PO BOX 249115, CORAL GABLES, FL 33124	59-0624458	501 ( C ) (3)	55,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(132) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266, MINNEAPOLIS, MN 55486-0266	41-6042488	501 ( C ) (3)	8,500				PATIENT SUPPORT
(133) UNIVERSITY OF NEW HAMPSHIRE PO BOX 121236, DALLAS, TX 75312	35-2528741	501 ( C ) (3)	20,057				PATIENT SUPPORT
(134) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY, URP865-490, OKLAHOMA CITY, OK 73104	73-1563627	501 ( C ) (3)	57,500				PATIENT SUPPORT
(135) UNIVERSITY OF SOUTH ALABAMA 307 N UNIVERSITY BLVD N, AD 362, MOBILE, AL 36688	63-0477348	501 ( C ) (3)	10,000				PATIENT SUPPORT
(136) UNIVERSITY OF TX MD ANDERSON CANCER CTR PO BOX 4266, HOUSTON, TX 77210-4266	74-6001118	501 ( C ) (3)	47,100				PATIENT SUPPORT
(137) UNIVERSITY OF WASHINGTON GRAHAM VISITORS CENTER BOX 358010, SEATTLE, WA 98195-8010	91-6001537	501 ( C ) (3)	15,000				PATIENT SUPPORT
(138) VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 121236, DALLAS, TX 75312	35-2528741	501 ( C ) (3)	81,808				PATIENT SUPPORT
(139) VENICE FAMILY CLINIC 604 ROSE AVE, VENICE, CA 90291	95-2769432	501 ( C ) (3)	12,500				PATIENT SUPPORT
(140) VIRGINIA COMMONWEALTH UNIV VCU STUDENT HEALTH SER. BOX 842022, RICHMOND, VA 23284-2022	54-6001758	501 ( C ) (3)	97,500				PATIENT SUPPORT
(141) VNA HEALTH CARE 400 N HIGHLAND AVE, AURORA, IL 60506	36-2182095	501 ( C ) (3)	12,500				PATIENT SUPPORT
(142) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD, WINSTON SALEM, NC 27157	22-3849199	501 ( C ) (3)	72,500				PATIENT SUPPORT
(143) WEST JEFFERSON HOSPITAL FOUNDATION 1111 MEDICAL CENTER BLVD STE N-201, MARRERO, LA 70072	27-0082033	501 ( C ) (3)	10,000				PATIENT SUPPORT
(144) THE OHIO STATE UNIVERSITY 650 ACKERMAN ROAD, SUITE 325G, COLUMBUS, OH 43202	31-6025986	501 ( C ) (1)	65,000				PATIENT SUPPORT
(145) ADVOCATE HEALTH & HOSPITALS CORPORATION 3075 HIGHLAND PARKWAY, SUITE 600, DOWNERS GROVE, IL 60515	36-2169147	501 ( C ) (3)	15,000				PATIENT SUPPORT
(146) AMERICAN ASSOC FOR CANCER RSRC 143 WEST STREET, NEW MILFORD, CT 06776	23-6251648	501 ( C ) (3)	20,000				PATIENT SUPPORT
(147) AMERICAN NONSMOKERS RIGHTS FND 2530 SAN PABLO AVE STE J, BERKELEY, CA 94702	94-2922136	501 ( C ) (3)	23,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(148) ASSOCIATION FOR UTAH COMMUNITY 860 E 4500 SOUTH STE 206, SALT LAKE CITY, UT 84107	87-0430946	501 ( C ) (3)	39,000				PATIENT SUPPORT
(149) BATON ROUGE GENERAL 8595 PICARDY AVE, BOX 410, BATON ROUGE, LA 70809	72-1025017	501 ( C ) (3)	13,500				PATIENT SUPPORT
(150) BAYCARE HEALTH SYSTEM INC 2985 DREW ST, CLEARWATER, FL 33759	59-2796965	501 ( C ) (3)	10,000				PATIENT SUPPORT
(151) BOB PERKS CANCER ASSISTANCE PO BOX 313, STATE COLLEGE, PA 16804	20-4220990	501 ( C ) (3)	13,021				PATIENT SUPPORT
(152) BORINQUEN MEDICAL CENTERS 3883 BISCAYNE BLVD, MIAMI, FL 33137	59-1417397	501 ( C ) (3)	40,000				PATIENT SUPPORT
(153) CAPITOL CITY FAMILY HEALTH CENTER 3140 FLORIDA ST, BATON ROUGE, LA 70806	72-1395500	501 ( C ) (3)	47,500				PATIENT SUPPORT
(154) CARECONNECT HEALTH INC P. O. BOX 5610, CORDELE, GA 31015	58-1335405	501 ( C ) (3)	10,000				PATIENT SUPPORT
(155) CAREVIDE 4500 WESLEY STREET, GREENVILLE, TX 75401	75-1528614	501 ( C ) (3)	7,500				PATIENT SUPPORT
(156) CEDARS-SINAI 8700 BEVERLY BLVD SUITE 2416, LOS ANGELES, CA 90048	95-1644600	501 ( C ) (3)	15,000				PATIENT SUPPORT
(157) CHILDRENS HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD, PHILADELPHIA, PA 19104	23-1352166	501 ( C ) (3)	40,000				PATIENT SUPPORT
(158) COMMUNITY HEALTH CENTER INC 675 MAIN STREET, MIDDLETOWN, CT 06457	06-0897105	501 ( C ) (3)	8,750				PATIENT SUPPORT
(159) COMMUNITY HEALTHNET INC 1021 W 5TH AVE, GARY, IN 46402	35-2048141	501 ( C ) (3)	20,500				PATIENT SUPPORT
(160) CONQUER CANCER FOUNDATION 2318 MILL RD #800, ALEXANDRIA, VA 22314	31-1667995	501 ( C ) (3)	10,000				PROGRAM SUPPORT
(161) GOV JUAN F LUIS HOSPITAL & 4007 ESTATE DIAMOND RUBY, ST CROIX, VI 00820	31-1802333	501 ( C ) (3)	7,500				PATIENT SUPPORT
(162) INTERMOUNTAIN HEALTHCARE FOUNDATION 36 SOUTH STATE STREET, SALT LAKE CITY, UT 84111	80-0225150	501 ( C ) (3)	10,000				PATIENT SUPPORT
(163) MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE, BATON ROUGE, LA 70809	23-7010520	501 ( C ) (3)	102,500				PATIENT SUPPORT
(164) NORTHSIDE HOSPITAL INC 1000 JOHNSON FERRY RD NE, ATLANTA, GA 30342-1611	58-1954432	501 ( C ) (3)	10,000				PATIENT SUPPORT
(165) OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION PO BOX 29017, PORTLAND, OR 97296	23-7083114	501 ( C ) (3)	65,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(166) SEA MAR COMMUNITY HEALTH CTR 1112 SOUTH CUSHMAN, TACOMA, WA 98405	91-1020139	501 ( C ) (3)	10,000				PATIENT SUPPORT
(167) SPRING BRANCH COMM HLTH CTR 1615 HILLEDAHL BLVD STE 100, HOUSTON, TX 77055	30-0198705	501 ( C ) (3)	12,500				PATIENT SUPPORT
(168) THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA PO BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001796	501 ( C ) (3)	90,000				PATIENT SUPPORT
(169) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVE, DAVIS, CA 95616	94-6036494	501 ( C ) (3)	65,000				PATIENT SUPPORT
(170) THE UNIVERSITY OF CHICAGO MEDICAL CENTER 5235 S HARPER CT - 4TH FLOOR, CHICAGO, IL 60615	36-2177139	501 ( C ) (3)	10,000				PATIENT SUPPORT
(171) U OF L FOUNDATION 215 CENTRAL AVENUE SUITE 212, LOUISVILLE, KY 40208	23-7078461	501 ( C ) (3)	10,000				PATIENT SUPPORT
(172) UAMS AUXILIARY 4301 W MARKHAM SLOT 527, LITTLE ROCK, AR 72205	71-6046242	501 ( C ) (3)	55,000				PATIENT SUPPORT
(173) UMC FOUNDATION 602 INDIANA AVE, LUBBOCK, TX 79415	75-1639312	501 ( C ) (3)	13,000				PATIENT SUPPORT
(174) UNIVERSITY HEALTH SYSTEMS 1926 ALCOA HWY SUITE 310, KNOXVILLE, TN 37920	31-1626179	501 ( C ) (3)	50,000				PATIENT SUPPORT
(175) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH, BIRMINGHAM, AL 35294	63-6005396	501 ( C ) (3)	192,500				PATIENT SUPPORT
(176) UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425, GAINESVILLE, FL 32610	59-0974739	501 ( C ) (3)	75,000				PATIENT SUPPORT
(177) UNIVERSITY OF ILLINOIS PO BOX 20787, SPRINGFIELD, IL 62708- 0787	37-6000511	501 ( C ) (3)	65,014				PATIENT SUPPORT
(178) UNIVERSITY OF LOUISVILLE FOUNDATION 215 CENTRAL AVENUE SUITE 212, LOUISVILLE, KY 40208	23-7078461	501 ( C ) (3)	50,000				PATIENT SUPPORT
(179) WELLSTAR FOUNDATION 805 SANDY PLAINS RD SUITE 100, MARIETTA, GA 30066	58-1627413	501 ( C ) (3)	22,500				PATIENT SUPPORT
(180) DUBOIS COUNTY HEALTH DEPT 1187 SOUTH ST CHARLES STREET, JASPER, IN 47546	35-6000141	GOVERNMENT	71,400				PATIENT SUPPORT
(181) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1825 4TH STREET, SAN FRANCISCO, CA 94158	94-6036493	501 ( C ) (3)	75,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(182) UNIVERSITY OF IOWA S120 CARVER HAWKEYE ARENA, IOWA CITY, IA 52242	42-6004813	GOVERNMENT	10,000				PATIENT SUPPORT
(183) UNIVERSITY OF MARYLAND 1224 W PIONEER PARKWAY, COLLEGE PARK, MD 20742	52-6002003	GOVERNMENT	33,958				PATIENT SUPPORT
(184) UNIVERSITY OF UTAH 1901 E SOUTH CAMPUS DR RM 1215 , SALT LAKE CITY, UT 84112-9359	87-6000525	501 ( C ) ( 3 )	225,000				PATIENT SUPPORT
(185) ASCENSION SACRED HEART CANCER CENTER 1545 AIRPORT BLVD, PENSACOLA, FL 32504	00-0000000	501 ( C ) ( 3 )	15,000				PATIENT SUPPORT
(186) EAST ALABAMA MEDICAL CENTER 2000 PEPPERELL PARKWAY, OPELIKA, AL 36801	63-6000526	501 ( C ) ( 3 )	8,000				PATIENT SUPPORT
(187) INTEGRIS CANCER INSTITUTE 5911 W MEMORIAL RD STE 100, OKLAHOMA CITY, OK 73142	73-0584411		7,000				PATIENT SUPPORT
(188) LOS ANGELES COUNTY DHS/OLIVE VIEW-UCLA 14445 OLIVE VIEW DR, SYLMAR, CA 91342	95-3777596	GOVERNMENT	30,000				PATIENT SUPPORT
(189) LOS ANGELES COUNTY/OLIVE VIEW-UCLA 14445 OLIVE VIEW DR, SYLMAR, CA 91342	95-3777596	GOVERNMENT	19,500				PATIENT SUPPORT
(190) MEMORIAL MEDICAL CENTER INC 1615 MAPLE LANE, ASHLAND, WI 54806	23-7013497	501 ( C ) ( 3 )	15,000				PATIENT SUPPORT
(191) METHODIST HEALTHCARE SYSTEM 15727 ANTHEM PARKWAY SUITE 600, SAN ANTONIO, TX 78249	74-2730328	501 ( C ) ( 3 )	35,000				PATIENT SUPPORT
(192) MICHAEL E DEBAKEY VA HOSPITAL 2002 HOLCOMBE BLVD, HOUSTON, TX 77030	311575142	501 ( C ) ( 3 )	10,000				PATIENT SUPPORT
(193) RAPIDES HEALTHCARE SYSTEM 211 4TH ST, ALEXANDRIA, LA 71301	61-1267229	501 ( C ) ( 3 )	10,000				PATIENT SUPPORT
(194) SARAH CANNON CANCER INSTITUTE AT TRISTAR DIVISION 310 25TH AVENUE NORTH SUITE 307, NASHVILLE, TN 37203	20-1557751	501 ( C ) ( 3 )	7,000				PATIENT SUPPORT
(195) ST CROIX GASTROENTEROLOGY CENTER CENTER 61 HERMAN HILL, CHRISTIANSTED, VI 00820	00-0000000	501 ( C ) ( 3 )	13,283				PATIENT SUPPORT
(196) UT MEDICAL CENTER 1926 ALCOA HWY SUITE 310, KNOXVILLE, TN 37920	31-1626179	501 ( C ) ( 3 )	7,500				PATIENT SUPPORT
(197) VALLEYWISE HEALTH 2601 E ROOSEVELT, PHOENIX, AZ 85008	86-0830701	501 ( C ) ( 3 )	45,261				PATIENT SUPPORT
(198) THE UNIVERSITY OF KANSAS HOSPITAL AUTHORITY 2330 SHAWNEE MISSION PARKWAY , 305, MISSION, KS 66205	00-0000000	501 ( C ) ( 3 )	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(199) FOUNDATION AT LAKE CHARLES MEMORIAL HOSPITAL 1701 OAK PARK BLVD, LAKE CHARLES, LA 70601	72-1103249	501 ( C ) (3)	7,500				PATIENT SUPPORT
(200) FRANCISCAN HEALTH FOUNDATION 3510 PARK PLACE WEST SUITE 200, MISHAWAKA, IN 46545	35-1955283	501 ( C ) (3)	65,000				PATIENT SUPPORT
(201) HOSPITAL AUTHORITY OF LIBERTY COUNTY 462 ELMA G MILES PKWY, HINESVILLE, GA 31313	58-6025016	501 ( C ) (3)	10,000				PATIENT SUPPORT
(202) KAISER PERMANENTE OAKLAND 3701 BROADWAY, OAKLAND, CA 94611	94-2728480	501 ( C ) (3)	15,000				PATIENT SUPPORT
(203) MERCY HEALTH FOUNDATION LOURDES 1530 LONE OAK ROAD, PADUCAH, KY 42003	61-0600313	501 ( C ) (3)	7,500				PATIENT SUPPORT
(204) NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER 2507 DELANEY AVE, WILMINGTON, NC 28403	85-3777599	501 ( C ) (3)	15,000				PATIENT SUPPORT
(205) PROMEDICA HEALTH SYSTEM 5300 HARROUN RD STE 010, SYLVANIA, OH 43560	34-1517671	501 ( C ) (3)	10,000				PATIENT SUPPORT
(206) REACHING TO END DISPARITY ALLIANCE INC 3705 W KESSLER BLVD N DR, INDIANAPOLIS, IN 46222	82-1684125	501 ( C ) (3)	37,500				PATIENT SUPPORT
(207) SARASOTA MEMORIAL HOSPITAL 1700 SOUTH TAMiami TRAIL, SARASOTA, FL 34239	59-1405372	501 ( C ) (3)	10,000				PATIENT SUPPORT
(208) SOUTHEAST LOUISIANA VETERANS HEALTHCARE SYSTEM 2400 CANAL ST, NEW ORLEANS, LA 70119	72-0417354	501 ( C ) (3)	15,000				PATIENT SUPPORT
(209) SOUTHWESTERN DISTRICT HEALTH UNIT 227 16TH ST W, DICKINSON, ND 58601	45-6004376	501 ( C ) (3)	7,906				PATIENT SUPPORT
(210) ST FRANCIS MEDICAL CENTER INC 309 JACKSON STREET, MONROE, LA 71201	72-0408970	501 ( C ) (3)	10,000				PATIENT SUPPORT
(211) STANFORD HEALTH CARE - VALLEYCARE 5555 WEST LAS POSITAS BLVD, PLEASANTON, CA 94588	94-2172862	501 ( C ) (3)	15,000				PATIENT SUPPORT
(212) SUMMA HEALTH SYSTEM 1077 GORGE BLVD, AKRON, OH 44310	34-0714755	501 ( C ) (3)	10,000				PATIENT SUPPORT
(213) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER PO BOX 5868 MS 6274, LUBBOCK, TX 79408-5868	75-2142549	501 ( C ) (3)	7,500				PATIENT SUPPORT
(214) THE QUEENS HEALTH SYSTEM 1301 PUNCHBOWL STREET, HONOLULU, HI 96813	99-0301698	501 ( C ) (3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(215) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE SUITE 2200, CHAPEL HILL, NC 27599-1350	56-1718737	501 ( C ) (3)	90,000				PATIENT SUPPORT
(216) TRIHEALTH CANCER INSTITUTE 5520 CHEVIOT ROAD, CINCINNATI, OH 45247	20-2305158		13,000				PATIENT SUPPORT
(217) UPMC HILLMAN CANCER CENTER 9100 BABCOCK BLVD GR FL CANCER CNTR, PITTSBURGH, PA 15237	83-3640945	OTHER- C CORP	65,000				PATIENT SUPPORT
(218) MACOMB COUNTY OFFICE OF SENIOR SERVICES 21885 DUNHAM ROAD SUITE 6, CLINTON TOWNSHIP, MI 48036	38-6160130	501 ( C ) (5)	8,000				PATIENT SUPPORT
(219) TULANE CANCER CENTER 1430 TULANE AVE, NEW ORLEANS, LA 70112	72-6034234	501 ( C ) (3)	26,505				PATIENT SUPPORT
(220) UNIVERSITY OF WISCONSIN HOSPITALS & CLINICS AUTH 600 HIGHLAND AVE MAIL CODE 2464, MADISON, WI 53792	39-1835630	501 ( C ) (3)	79,000				PATIENT SUPPORT
(221) ABOVE AND BEYOND CANCER 1915 GRAND AVE, DES MOINES, IA 50309	45-3951308	501 ( C ) (3)	30,000				PATIENT SUPPORT
(222) ADELANTE HEALTHCARE INC 3033 N CENTRAL AVE STE 145, PHOENIX, AZ 85012	86-0377821	501 ( C ) (3)	37,500				PATIENT SUPPORT
(223) AHS OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVE, SUMMIT, NJ 07901	65-1301877	501 ( C ) (3)	10,000				PATIENT SUPPORT
(224) ALLEGHENY HEALTH NETWORK 4818 LIBERTY AVE, PITTSBURGH, PA 15224	45-3674924	501 ( C ) (3)	75,000				PATIENT SUPPORT
(225) AMERICAN COLLEGE OF RADIOLOGY 1818 MARKET STREET SUITE 1720, PHILADELPHIA, PA 19103	36-2261602	501 ( C ) (3)	30,000				PATIENT SUPPORT
(226) ASCENSION SAINT THOMAS 2004 HAYES ST MEDICAL PLAZA STE 207, NASHVILLE, TN 37203	62-0347580	501 ( C ) (3)	7,000				PATIENT SUPPORT
(227) ATLANTIC HEALTH SYSTEMS CHILTON MEDICAL CENTER 97 WEST PARKWAY, POMPTON PLAINS, NJ 07444	65-1301877	501 ( C ) (3)	10,000				PATIENT SUPPORT
(228) ATLANTIC HEALTH SYSTEMS CORP MORRISTOWN MEDICAL CENTER 100 MADISON AVE, MORRISTOWN, NJ 07960	65-1301877	501 ( C ) (3)	10,000				PATIENT SUPPORT
(229) ATLANTIC HEALTH SYSTEMS NEWTON MEDICAL CENTER 175 HIGH STREET, NEWTON, NJ 07860	65-1301877	501 ( C ) (3)	10,000				PATIENT SUPPORT
(230) ATRIUM HEALTH NAVICENT 777 HEMLOCK STREET, MACON, GA 31201	58-2149128	501 ( C ) (3)	12,500				PATIENT SUPPORT
(231) AVERA MCKENNAN 1000 E 23RD ST SUITE 340, SIOUX FALLS, SD 57105	46-0224743	501 ( C ) (3)	45,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(232) BAPTIST HEALTH CARE 1717 NORTH E ST SUITE 537B, PENSACOLA, FL 32501	59-2425151	501 ( C ) (3)	10,000				PATIENT SUPPORT
(233) BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC 6855 RED ROAD, MIAMI, FL 33143	59-1923401	501 ( C ) (3)	7,500				PATIENT SUPPORT
(234) BAPTIST MD ANDERSON CANCER CENTER 1301 PALM AVENUE, JACKSONVILLE, FL 32207	59-0747311	501 ( C ) (3)	10,000				PATIENT SUPPORT
(235) BAPTIST MEMORIAL HEALTH CARE FOUNDATION 350 N HUMPHREYS BLVD, MEMPHIS, TN 38120	58-1544781	501 ( C ) (3)	10,000				PATIENT SUPPORT
(236) BEAUMONT HEALTH 26901 BEAUMONT BLVD STE 433 5D, SOUTHFIELD, MI 48033	46-5718220	501 ( C ) (3)	10,000				PATIENT SUPPORT
(237) BILLINGS CLINIC FOUNDATION PO BOX 31031, BILLINGS, MT 59107-1031	81-0407289	501 ( C ) (3)	39,600				PATIENT SUPPORT
(238) BLACK HILLS CENTER FOR AMERICAN INDIAN HEALTH PO BOX 2064, RAPID CITY, SD 57709-2064	46-0451715	501 ( C ) (3)	20,000				PATIENT SUPPORT
(239) CABARRUS ROWAN COMMUNITY HEALTH 202 D MCGILL AVE NW, CONCORD, NC 28025	61-1459826	501 ( C ) (3)	7,500				PATIENT SUPPORT
(240) CANCER SUPPORT COMMUNITY ARIZONA 360 EAST PALM LANE, PHOENIX, AZ 85004	86-0897810	501 ( C ) (3)	22,000				PATIENT SUPPORT
(241) CARILION MEDICAL CENTER 213 S JEFFERSON ST SUITE 301, ROANOKE, VA 24011	54-0506332	501 ( C ) (3)	12,500				PATIENT SUPPORT
(242) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	84-0902211	501 ( C ) (3)	7,500				PATIENT SUPPORT
(243) CHARLESTON AREA MEDICAL CENTER FOUNDATION 3415 STAUNTON AVE SE, CHARLESTON, WV 25304	31-0887133	501 ( C ) (3)	30,000				PATIENT SUPPORT
(244) CHEYENNE REGIONAL MEDICAL CENTER FOUNDATION 214 E 23RD ST, CHEYENNE, WY 82001	83-0236858	501 ( C ) (3)	15,000				PATIENT SUPPORT
(245) COMMONWEALTH HEALTH FOUNDATION DBA MED CENTER HEALTH FOUNDATION 800 PARK SREET, BOWLING GREEN, KY 42101	61-1362000	501 ( C ) (3)	7,500				PATIENT SUPPORT
(246) COMMUNITY HEALTH NETWORK FOUNDATION INC 7330 SHADELAND STATION SUITE 150, INDIANAPOLIS, IN 46256	51-0181688	501 ( C ) (3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(247) CONE HEALTH CANCER CENTER 2400 W FRIENDLY AVENUE, GREENSBORO, NC 27403	58-1588823	501 ( C ) (3)	12,500				PATIENT SUPPORT
(248) CONFLUENCE HEALTH 1201 S MILLER STREET, WENATCHEE, WA 98801	45-4789950	501 ( C ) (3)	10,000				PATIENT SUPPORT
(249) COOPER UNIVERSITY HEALTH CARE 1 FEDERAL STREET SUITE NW400-B, CAMDEN, NJ 08103	22-6409235	501 ( C ) (3)	15,000				PATIENT SUPPORT
(250) CORNERSTONE WHOLE HEALTHCARE ORGANIZATION INC 11485 PAYETTE HEIGHTS RD, PAYETTE, ID 83661	83-0598989	501 ( C ) (3)	6,464				PATIENT SUPPORT
(251) COXHEALTH FOUNDATION 3525 S NATIONAL AVE SUITE 204, SPRINGFIELD, MO 65807	43-6810485	501 ( C ) (3)	7,000				PATIENT SUPPORT
(252) EISENHOWER HEALTH 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270	95-6130458	501 ( C ) (3)	55,000				PATIENT SUPPORT
(253) ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR AVE, CHICAGO, IL 60622	36-3088628	501 ( C ) (3)	18,000				PATIENT SUPPORT
(254) FAMILY COUNSELING CENTER OF MOBILE INC 705 OAK CIRCLE DRIVE EAST, MOBILE, AL 36609	63-0388685	501 ( C ) (3)	20,000				PATIENT SUPPORT
(255) FLORIDA HEALTH SCIENCE CENTER PO BOX 1289, TAMPA, FL 33601	23-7354477	501 ( C ) (3)	20,000				PATIENT SUPPORT
(256) FOODRIGHT INC PO BOX 510622, MILWAUKEE, WI 53203	47-3976982	501 ( C ) (3)	30,000				PATIENT SUPPORT
(257) FUNDACION ONCOLOGICA PO BOX 4980, CAGUAS, PR 00726-4980	66-0805404	501 ( C ) (3)	15,000				PATIENT SUPPORT
(258) GATEWAY COMMUNITY HEALTH CENTER INC PO BOX 3397, LAREDO, TX 78044	74-2553409	501 ( C ) (3)	12,500				PATIENT SUPPORT
(259) GENESEE HEALTH PLAN 2171 SOUTH LINDEN RD, FLINT, MI 48532	38-3625439	501 ( C ) (3)	31,286				PATIENT SUPPORT
(260) GENESYS HURLEY CANCER INSTITUTE 302 KENSINGTON, FLINT, MI 48503	38-3545312	501 ( C ) (3)	6,000				PATIENT SUPPORT
(261) GEORGE WASHINGTON MEDICAL FACULTY ASSOCIATES CANCER CENTER 2150 PENNSYLVANIA AVENUE, WASHINGTON, DC 20037	52-2220700	501 ( C ) (3)	15,000				PATIENT SUPPORT
(262) GUERNSEY HEALTH SYSTEMS 1341 CLARK ST, CAMBRIDGE, OH 43725	31-1148352	501 ( C ) (3)	10,000				PATIENT SUPPORT
(263) HALIFAX HEALTH MEDICAL CENTER FOUNDATION DBA HALIFAX HEALTH FOUNDATION 303 NORTH CLYDE MORRIS BLVD, DAYTONA BEACH, FL 32114	59-2893051	501 ( C ) (3)	12,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(264) HARTFORD HOSPITAL 80 SEYMOUR STREET, HARTFORD, CT 06102	06-0646668	501 ( C ) (3)	15,000				PATIENT SUPPORT
(265) HILO MEDICAL CENTER FOUNDATION 1190 WAIANUENUE AVE, HILO, HI 96720	99-0323155	501 ( C ) (3)	30,000				PATIENT SUPPORT
(266) HOLY CROSS HOSPITAL 4725 N FEDERAL HWY, FORT LAUDERDALE, FL 33308	36-2170133	501 ( C ) (3)	7,500				PATIENT SUPPORT
(267) HOPE CLINIC 7001 CORPORATE DR STE 120, HOUSTON, TX 77036	20-5200746	501 ( C ) (3)	8,395				PATIENT SUPPORT
(268) HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC 4936 LAVERNA RD, SPRINGFIELD, IL 62707	37-1186514	501 ( C ) (3)	15,000				PATIENT SUPPORT
(269) HUNTSMAN CANCER INSTITUTE 1950 CIRCLE OF HOPE, SALT LAKE CITY, UT 84112	87-0541293	501 ( C ) (3)	15,000				PATIENT SUPPORT
(270) IMD GUEST HOUSE FOUNDATION 1933 WEST POLK STREET SSR #214, CHICAGO, IL 60601	36-4284387	501 ( C ) (3)	100,000				PATIENT SUPPORT
(271) INCLUSIVCARE PO BOX 2490, MARRERO, LA 70073	56-2439708	501 ( C ) (3)	37,500				PATIENT SUPPORT
(272) INDIANA UNIVERSITY HEALTH FOUNDATION INC PO BOX 775589, CHICAGO, IL 60677-5589	35-6043086	501 ( C ) (3)	15,000				PATIENT SUPPORT
(273) INOVA HEALTH CARE SERVICES 8110 GATEHOUSE RD, SUITE 400, FALLS CHURCH, VA 22042	54-0620889	501 ( C ) (3)	10,000				PATIENT SUPPORT
(274) KARMANOS CANCER INSTITUTE 4100 JOHN R, DETROIT, MI 48201	38-1613280	501 ( C ) (3)	65,000				PATIENT SUPPORT
(275) KENOSHA COMMUNITY HEALTH CENTER 625 57TH STREET SUITE 700, KENOSHA, WI 53140	39-1789874	501 ( C ) (3)	35,000				PATIENT SUPPORT
(276) KENOSHA YMCA 7101 53RD ST, KENOSHA, WI 53144	39-0826296	501 ( C ) (3)	30,000				PATIENT SUPPORT
(277) KERN MEDICAL FOUNDATION 3511 UNION AVE, BAKERSFIELD, CA 93305	36-4642420	501 ( C ) (3)	15,000				PATIENT SUPPORT
(278) KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD, KETTERING, OH 45429	23-7419897	501 ( C ) (3)	15,000				PATIENT SUPPORT
(279) KIRKLAND CANCER CENTER 620 SKYLINE DR, JACKSON, TN 38301	58-1671241	501 ( C ) (3)	6,250				PATIENT SUPPORT
(280) KOOTENAI HEALTH 2003 KOOTENAI HEALTH WAY, COEUR D ALENE, ID 83814	82-0380784	501 ( C ) (3)	10,000				PATIENT SUPPORT
(281) LEE MEMORIAL HLTH SYST FNDDN 8931 COLONIAL CENTER DR #200, FORT MYERS, FL 33905	59-0714812	501 ( C ) (3)	15,000				PATIENT SUPPORT
(282) LIFESPAN CANCER INSTITUTE 593 EDDY STREET, PROVIDENCE, RI 02903	05-0493219	501 ( C ) (3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(283) LOMA LINDA UNIVERSITY CANCER 24951 N CIRCLE DR NH 1709, LOMA LINDA, CA 92350	33-0672914	501 ( C ) (3)	15,000				PATIENT SUPPORT
(284) MAIMONIDES MEDICAL CENTER ON BEHALF OF ITS CANCER CENTER 4802 10TH AVE, BROOKLYN, NY 11219	11-1635081	501 ( C ) (3)	15,000				PATIENT SUPPORT
(285) MARIN HEALTH FOUNDATION 100B DRAKES LANDING RD SUITE 255, GREENBRAE, CA 94904	94-6127213	501 ( C ) (3)	15,000				PATIENT SUPPORT
(286) MARKEY CANCER FOUNDATION 115 WALLER AVE STE 204, LEXINGTON, KY 40503	31-0944925	501 ( C ) (3)	15,000				PATIENT SUPPORT
(287) MARY WASHINGTON HEALTHCARE 1300 HOSPITAL DR SUITE 305, FREDERICKSBURG, VA 22401	54-1240646	501 ( C ) (3)	10,000				PATIENT SUPPORT
(288) MATHER HOSPITAL 75 NORTH COUNTRY ROAD, PORT JEFFERSON, NY 11777	11-1639818	501 ( C ) (3)	10,000				PATIENT SUPPORT
(289) MEDICAL CENTER OF CENTRAL GEORGIA INC 777 HEMLOCK STREET MSC#84, MACON, GA 31210	58-2149128	501 ( C ) (3)	10,000				PATIENT SUPPORT
(290) MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION 18 BEE STREET MSC 450, CHARLESTON, SC 29425	57-6028985	501 ( C ) (3)	15,000				PATIENT SUPPORT
(291) MEDSTAR FRANKLIN SQUARE MEDICAL CENTER 9103 FRANKLIN SQUARE DRIVE STE 2200, BALTIMORE, MD 21237	52-0608007	501 ( C ) (3)	15,000				PATIENT SUPPORT
(292) MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR ROAD NW, WASHINGTON, DC 20007	52-2218584	501 ( C ) (3)	50,000				PATIENT SUPPORT
(293) MEMORIAL HEALTH SYSTEM 701 N FIRST STREET, SPRINGFIELD, IL 62781	37-1110690	501 ( C ) (3)	15,000				PATIENT SUPPORT
(294) MEMORIAL HEALTH SYSTEMS FOUNDATION DBA ADVENTHEALTH DAYTONA BEACH FOUNDATION 305 MEMORIAL MEDICAL PARKWAY , 212, DAYTONA BEACH, FL 32117	31-1771522	501 ( C ) (3)	10,000				PATIENT SUPPORT
(295) MEMORIAL SLOAN KETTERING 1275 YORK AVENUE, NEW YORK, NY 10065	13-1924236	501 ( C ) (3)	37,500				PATIENT SUPPORT
(296) MERCY HEALTH FOUNDATION JEFFERSON 1400 HWY 61 SOUTH, FESTUS, MO 63028	46-2797051	501 ( C ) (3)	22,000				PATIENT SUPPORT
(297) MERCY HEALTH FOUNDATION ST LOUIS 615 S NEW BALLAS ROAD, SAINT LOUIS, MO 63141	56-2410020	501 ( C ) (3)	35,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(298) MERCY HEALTH FOUNDATION WASHINGTON 901 E FIFTH ST, WASHINGTON, MO 63090	56-2410022	501 ( C ) (3)	7,050				PATIENT SUPPORT
(299) MERCYONE CANCER CENTER 411 LAUREL STREET SUITE 2340, DES MOINES, IA 50314	23-7358794	501 ( C ) (3)	7,500				PATIENT SUPPORT
(300) METHODIST HOSPITALS INC 600 GRANT ST, GARY, IN 46402	35-0868133	501 ( C ) (3)	7,250				PATIENT SUPPORT
(301) METHODIST PHYSICIANS CLINIC 825 S 169TH ST, OMAHA, NE 68118	47-0687317	501 ( C ) (3)	7,500				PATIENT SUPPORT
(302) MIAMI VALLEY HOSPITAL FOUNDATION 31 WYOMING ST, DAYTON, OH 45409	31-1040231	501 ( C ) (3)	15,000				PATIENT SUPPORT
(303) MIDMICHIGAN HEALTH FOUNDATION 4000 WELLNESS DRIVE, MIDLAND, MI 48670	81-2813405	501 ( C ) (3)	7,500				PATIENT SUPPORT
(304) MILTON S HERSHEY MEDICAL CENTER 100 CRYSTAL DRIVE A, HERSHEY, PA 17033	25-1854772	501 ( C ) (3)	50,000				PATIENT SUPPORT
(305) MONTANA PUBLIC HEALTH INSTITUTE 235 SEGIAH WAY, KALISPELL, MT 59901	85-1137954	501 ( C ) (3)	30,054				PATIENT SUPPORT
(306) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET, BRONX, NY 10467	13-1740114	501 ( C ) (3)	7,500				PATIENT SUPPORT
(307) MONTEFIORE ST LUKES CORNWALL 70 DUBOIS ST, NEWBURGH, NY 12550	14-1340054	501 ( C ) (3)	7,500				PATIENT SUPPORT
(308) MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET, CAMBRIDGE, MA 02138	04-2103606	501 ( C ) (3)	81,972				PATIENT SUPPORT
(309) MUNSON HEALTHCARE 1105 SIXTH STREET, TRAVERSE CITY, MI 49684	38-2640544	501 ( C ) (3)	7,500				PATIENT SUPPORT
(310) NEBRASKA METHODIST HOSPITAL FOUNDATION 8701 WEST DODGE ROAD SUITE 450, OMAHA, NE 68114	47-0595345	501 ( C ) (3)	15,000				PATIENT SUPPORT
(311) NEIGHBORHOOD FAMILY PRACTICE 4115 BRIDGE AVENUE SUITE 300, CLEVELAND, OH 44113	34-1300581	501 ( C ) (3)	10,000				PATIENT SUPPORT
(312) NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY, ALEXANDRIA, VA 22306	54-1849891	501 ( C ) (3)	10,000				PATIENT SUPPORT
(313) NEW HORIZON MINISTRIES 1770 ELLIS AVE SUITE 200, JACKSON, MS 39204	57-0899274	501 ( C ) (3)	20,000				PATIENT SUPPORT
(314) NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE, NEWARK, NJ 07112	22-3452311	501 ( C ) (3)	10,000				PATIENT SUPPORT
(315) NORTH MISSISSIPPI MEDICAL CENTER 830 S GLOSTER ST, TUPELO, MS 38801	64-0662976	501 ( C ) (3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(316) NORTHEAST GEORGIA MEDICAL CTR 743 SPRING ST, GAINESVILLE, GA 30501	58-1694098	501 ( C ) (3)	22,436				PATIENT SUPPORT
(317) NORTHWESTERN MEMORIAL FNDTN 675 N ST CLAIR, CHICAGO, IL 60611	36-3155315	501 ( C ) (3)	5,600				PATIENT SUPPORT
(318) NOVANT HEALTH PRESBYTERIAN 200 HAWTHORNE LANE, CHARLOTTE, NC 28204	58-1413074	501 ( C ) (3)	10,000				PATIENT SUPPORT
(319) ORLANDO HEALTH CANCER INSTITUTE 1414 KUHL AVENUE, ORLANDO, FL 32806	59-1726273	501 ( C ) (3)	12,500				PATIENT SUPPORT
(320) OSF SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVENUE, PEORIA, IL 61637	37-0662569	501 ( C ) (3)	50,000				PATIENT SUPPORT
(321) OUR LADY OF THE LAKE HOSPITAL 9032 PERKINS RD, BATON ROUGE, LA 70810	72-0423651	501 ( C ) (3)	10,000				PATIENT SUPPORT
(322) PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD, ST. LOUIS PARK, MN 55426	23-7346465	501 ( C ) (3)	6,000				PATIENT SUPPORT
(323) PARKLAND HEALTH & HOSPITAL SYSTEM PO BOX 660599, DALLAS, TX 75266-0599	75-6004221	501 ( C ) (3)	12,500				PATIENT SUPPORT
(324) PHOEBE PUTNEY HEALTH SYSTEMS 417 W THIRD AVE, ALBANY, GA 31706-3770	58-2001014	501 ( C ) (3)	7,500				PATIENT SUPPORT
(325) PHOEBE PUTNEY MEMORIAL HOSPITAL INC 427 W THIRD AVE SUITE 100, ALBANY, GA 31701	58-1928247	501 ( C ) (3)	25,000				PATIENT SUPPORT
(326) PIEDMONT ATHENS REGIONAL 1199 PRINCE AVE, ATHENS, GA 30606	58-1978389	501 ( C ) (3)	15,000				PATIENT SUPPORT
(327) PREVENT CANCER FOUNDATION PO BOX 34885, ALEXANDRIA, VA 22334-0885	52-1429544	501 ( C ) (3)	21,000				PATIENT SUPPORT
(328) PRISMA HEALTH 877 W FARIS ROAD, GREENVILLE, SC 29605	82-2595551	501 ( C ) (3)	17,500				PATIENT SUPPORT
(329) PROVIDENCE GENERAL FOUNDATION PO BOX 1067, EVERETT, WA 98206	91-1041617	501 ( C ) (3)	15,000				PATIENT SUPPORT
(330) PROVIDENCE HEALTH & SERVICES WASHINGTON DBA ALASKA MEDICAL CENTER 3760 PIPER STREET, ANCHORAGE, AK 99508	51-0216586	501 ( C ) (3)	65,000				PATIENT SUPPORT
(331) PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON 101 W 8TH AVE, SPOKANE, WA 99204	32-0014330	501 ( C ) (3)	65,000				PATIENT SUPPORT
(332) PROVIDENCE MONTANA HEALTH FOUNDATION 502 W SPRUCE STREET, MISSOULA, MT 59802	23-7056976	501 ( C ) (3)	40,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(333) PROVIDENCE ST JOSEPH HEALTH 900 PACIFIC AVENUE, EVERETT, WA 98201	81-1244422	501 ( C ) (3)	20,000				PATIENT SUPPORT
(334) PUBLIC HEALTH TRUST OF MIAMI- DADE COUNTY FLORIDA 1611 NW 12TH AVENUE, MIAMI, FL 33136- 1005	59-1713947	501 ( C ) (3)	8,500				PATIENT SUPPORT
(335) REGIONS HOSPITAL FOUNDATION 640 JACKSON ST MS11202C, SAINT PAUL, MN 55101	41-1888902	501 ( C ) (3)	9,000				PATIENT SUPPORT
(336) RIVERSIDE HEALTH FOUNDATION 701 TOWN CENTER DRIVE SUITE 1000, NEWPORT NEWS, VA 23606	48-1142989	501 ( C ) (3)	15,000				PATIENT SUPPORT
(337) ROCKING HORSE COMMUNITY HEALTH CENTER 651 S LIMESTONE ST, SPRINGFIELD, OH 45505	31-1593544	501 ( C ) (3)	14,000				PATIENT SUPPORT
(338) ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	84-0745018	501 ( C ) (3)	7,500				PATIENT SUPPORT
(339) RUNNING REBELS 225 W CAPITOL DRIVE, MILWAUKEE, WI 53212	39-3910464	501 ( C ) (3)	30,000				PATIENT SUPPORT
(340) RUTGERS UNIVERSITY FOUNDATION 195 LITTLE ALBANY STREET, NEW BRUNSWICK, NJ 08903-2681	23-7318742	501 ( C ) (3)	50,000				PATIENT SUPPORT
(341) SANFORD MEDICAL CENTER FARGO 415 N 3RD AVE, FARGO, ND 58122-2157	45-0226909	501 ( C ) (3)	15,000				PATIENT SUPPORT
(342) SANFORD USD MEDICAL CENTER 1305 WEST 18TH STREET, SIOUX FALLS, SD 57117	46-0227855	501 ( C ) (3)	135,000				PATIENT SUPPORT
(343) SANTA BARBARA COTTAGE HOSPITAL 400 W PUEBLO ST, SANTA BARBARA, CA 93105	95-1644629	501 ( C ) (3)	15,000				PATIENT SUPPORT
(344) SCL HEALTH FOUNDATION 500 ELDORADO BLVD STE 4300, BROOMFIELD, CO 80021	82-3290526	501 ( C ) (3)	15,000				PATIENT SUPPORT
(345) SCRIPPS MD ANDERSON CANCER CENTER 10010 CAMPUS POINT DRIVE, SAN DIEGO, CA 92121	95-1684089	501 ( C ) (3)	50,000				PATIENT SUPPORT
(346) SEATTLE CANCER CARE ALLIANCE PO BOX 19023, SEATTLE, WA 98109	91-1935159	501 ( C ) (3)	10,000				PATIENT SUPPORT
(347) SEATTLE INSTITUTE FOR BIOMEDICAL & CLINICAL RESEARCH 1325 FOURTH AVENUE SUITE 1310, SEATTLE, WA 98101-2573	91-1452438	501 ( C ) (3)	10,000				PATIENT SUPPORT
(348) SENTARA HEALTHCARE SYSTEMS 600 GRESHAM DRIVE, NORFOLK, VA 23507	52-1271901	501 ( C ) (3)	15,000				PATIENT SUPPORT
(349) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123	95-3492461	501 ( C ) (3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(350) SIDNEY KIMMEL CANCER CENTER 925 CHESTNUT ST SUITE 421C, PHILADELPHIA, PA 19107	23-2829095	501 ( C ) (3)	20,000				PATIENT SUPPORT
(351) SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHNS HOPKINS 750 E PRATT STREET SUITE 1700, BALTIMORE, MD 21202	52-0591656	501 ( C ) (3)	15,000				PATIENT SUPPORT
(352) SINAI HEALTH SYSTEM 1500 S FAIRFIELD AVE F-125, CHICAGO, IL 60608	36-3166895	501 ( C ) (3)	10,000				PATIENT SUPPORT
(353) SOUTHEAST GEORGIA HEALTH SYSTEM 2415 PARKWOOD DRIVE, BRUNSWICK, GA 31520	58-1911751	501 ( C ) (3)	10,000				PATIENT SUPPORT
(354) SOUTHEASTERN HEALTHCARE FOUNDATION PO BOX 100386, GAINESVILLE, FL 32610	59-2357609	501 ( C ) (3)	10,000				PATIENT SUPPORT
(355) SOUTHWESTERN VERMONT MEDICAL CENTER 100 HOSPITAL DRIVE, BENNINGTON, VT 05201	22-2563241	501 ( C ) (3)	7,500				PATIENT SUPPORT
(356) SPARTANBURG REGIONAL HEALTH 101 EAST WOOD STREET, SPARTANBURG, SC 29303	57-0937166	501 ( C ) (3)	8,000				PATIENT SUPPORT
(357) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503	38-2752328	501 ( C ) (3)	40,000				PATIENT SUPPORT
(358) SSM HEALTH FOUNDATION ST LOUIS 12312 OLIVE BLVD. SUITE 100, ST. LOUIS, MO 63141	43-1552945	501 ( C ) (3)	12,500				PATIENT SUPPORT
(359) ST ELIZABETH MEDICAL CENTER INC 1360 DOLWICK DRIVE SUITE 225, ERLANGER, KY 41018-3233	61-0445850	501 ( C ) (3)	23,000				PATIENT SUPPORT
(360) ST FRANCIS FOUNDATION 211 SAINT FRANICS DR, CAPE GIRARDEAU, MO 63703	43-1111276	501 ( C ) (3)	7,000				PATIENT SUPPORT
(361) ST JOSEPHS/CANDLER 5353 REYNOLDS STREET, SAVANNAH, GA 31405	58-2288758	501 ( C ) (3)	25,000				PATIENT SUPPORT
(362) ST TAMMANY HOSPITAL FOUNDATION 1127 SOUTH TYLER STREET, COVINGTON, LA 70433	37-1458857	501 ( C ) (3)	10,000				PATIENT SUPPORT
(363) ST TERESA OF KOLKATA CATHOLIC CHURCH 3445 MAYNARDVILLE HWY, MAYNARDVILLE, TN 37807	45-3854765	501 ( C ) (3)	24,000				PATIENT SUPPORT
(364) ST. JOHN'S HEALTHCARE FOUNDATION 1600 N ROSE AVENUE, OXNARD, CA 93030	20-2865781	501 ( C ) (3)	15,000				PATIENT SUPPORT
(365) ST. PETER'S HOSPITAL FOUNDATION INC 310 SOUTH MANNING BLVD, ALBANY, NY 12208	22-2262982	501 ( C ) (3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(366) ST. VINCENT HEALTHCARE FOUNDATION 1106 N 30TH ST, BILLINGS, MT 59101	81-0468034	501 ( C ) (3)	28,000				PATIENT SUPPORT
(367) SUMMERLIN HOSPITAL MEDICAL CENTER AUXILIARY 657 NORTH TOWN CENTER DRIVE, LAS VEGAS, NV 89144	23-2873021	501 ( C ) (3)	50,000				PATIENT SUPPORT
(368) SUTTER MEDICAL CENTER SACRAMENTO CANCER PROGRAM 2800 L STREET SUITE 420, SACRAMENTO, CA 95816	94-2788906	501 ( C ) (3)	15,000				PATIENT SUPPORT
(369) SWEDISH MEDICAL CENTER 1101 MADISON ST SUITE 510, SEATTLE, WA 98104	91-0983214	501 ( C ) (3)	75,000				PATIENT SUPPORT
(370) TEMPLE UNIVERSITY HOSPITAL INC 2450 W HUNTING PARK AVE, PHILADELPHIA, PA 19129-1398	23-2825878	501 ( C ) (3)	20,000				PATIENT SUPPORT
(371) TEXAS CHILDREN'S HOSPITAL 1919 S BRAESWOOD BLVD SUITE 5214, HOUSTON, TX 77030	74-1100555	501 ( C ) (3)	7,500				PATIENT SUPPORT
(372) THE FAMILY HEALTH CENTERS OF GEORGIA INC 868 YORK AVENUE, SW ATLANTA, GA 30310-2750	58-1233448	501 ( C ) (3)	10,000				PATIENT SUPPORT
(373) THE IDAHO FOODBANK 3630 E COMMERCIAL COURT, MERIDIAN, ID 83642	82-0425400	501 ( C ) (3)	10,000				PATIENT SUPPORT
(374) THE JEWISH HOSPITAL MERCY HEALTH 4777 E GALBRAITH RD, CINCINNATI, OH 45236	27-1408630	501 ( C ) (3)	35,000				PATIENT SUPPORT
(375) THE LINKS FOUNDATION INC 1200 MASSACHUSETTS AVE NW, WASHINGTON, DC 20005	52-1170830	501 ( C ) (3)	162,500				PROGRAM SUPPORT
(376) THE METHODIST HOSPITAL RESEARCH INSTITUTE PO BOX 4805, HOUSTON, TX 77210-4805	87-0721923	501 ( C ) (3)	35,000				PATIENT SUPPORT
(377) THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE, CLEVELAND, OH 44109	34-6607695	501 ( C ) (3)	10,000				PATIENT SUPPORT
(378) THE MOUNT SINAI HOSPITAL ONE GUSTAVE L LEVY PLACE, NEW YORK, NY 10029	13-1624096	501 ( C ) (3)	15,000				PATIENT SUPPORT
(379) THE RESEARCH FOUNDATION 2316 E MEYER BLVD, KANSAS CITY, MO 64132	43-1349021	501 ( C ) (3)	30,000				PATIENT SUPPORT
(380) THEDACARE FAMILY OF FOUNDATIONS 1818 N MEADE STREET, APPLETON, WI 54911	46-4112255	501 ( C ) (3)	15,000				PATIENT SUPPORT
(381) TMC CHARITABLE FOUNDATION 2310 HOLMES STREET STE #735, KANSAS CITY, MO 64108	43-1194064	501 ( C ) (3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(382) TOTAL HEALTH CARE INC 1501 DIVISION STREET, BALTIMORE, MD 21217	23-7267007	501 ( C ) (3)	10,000				PATIENT SUPPORT
(383) UCLA FOUNDATION PO BOX 7145, PASADENA, CA 91109-9903	95-2250801	501 ( C ) (3)	83,000				PATIENT SUPPORT
(384) UNITED WAY PO BOX 307, FREDERICK, MD 21705	58-0566194	501 ( C ) (3)	25,000				PATIENT SUPPORT
(385) UNITYPOINT HEALTH 1415 WOODLAND AVENUE SUITE E-200, DES MOINES, IA 50309	42-0680452	501 ( C ) (3)	8,000				PATIENT SUPPORT
(386) UNIVERSITY DISTRICT DEVELOPMENT CORPORATION 2801 SOUTH UNIVERSITY AVENUE, LITTLE ROCK, AR 72204	26-2424174	501 ( C ) (3)	6,680				PATIENT SUPPORT
(387) UNIVERSITY HOSPITAL CANCER CENTER 205 SOUTH ORANGE AVENUE A LEVEL, NEWARK, NJ 07101	47-1686351	501 ( C ) (3)	15,000				PATIENT SUPPORT
(388) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVE, CLEVELAND, OH 44106	34-1567805	501 ( C ) (3)	22,500				PATIENT SUPPORT
(389) UNIVERSITY MEDICAL CENTER FOUNDATION 1400 HARDAWAY SUITE 220, EL PASO, TX 79903	74-2540513	501 ( C ) (3)	8,800				PATIENT SUPPORT
(390) UNIVERSITY OF ARKANSAS FOUNDATION INC 4301 W MARKHAM ST, LITTLE ROCK, AR 72205	71-6056774	501 ( C ) (3)	25,044				PATIENT SUPPORT
(391) UNIVERSITY OF COLORADO HOSPITAL AUTHORITY 7901 E LOWRY BLVD STE 350, DENVER, CO 80230	84-1179794	501 ( C ) (3)	79,500				PATIENT SUPPORT
(392) UNIVERSITY OF KENTUCKY MARKEY CANCER FOUNDATION 115 WALLER AVE., SUITE 204, LEXINGTON, KY 40503	31-0944925	501 ( C ) (3)	50,000				PATIENT SUPPORT
(393) UNIVERSITY OF MARYLAND MEDICAL SYSTEM FND 110 S PACA ST, 9TH FLOOR, BALTIMORE, MD 21201	52-2238893	501 ( C ) (3)	20,000				PATIENT SUPPORT
(394) UNIVERSITY OF VERMONT CANCER CENTER 111 COLCHESTER AVE, BURLINGTON, VT 05401	03-0219309	501 ( C ) (3)	17,500				PATIENT SUPPORT
(395) UPMC MAGEE WOMENS HOSPITAL 300 HALKET ST SUITE 2148, PITTSBURGH, PA 15213	25-0965420	501 ( C ) (3)	10,000				PATIENT SUPPORT
(396) UPMC MCKEESPORT HOSPITAL ADMIN 2 PRESCOTT 1500 FIFTH AVE, MCKEESPORT, PA 15132	25-0965423	501 ( C ) (3)	7,500				PATIENT SUPPORT
(397) VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR, WAVERLY, OH 45690	81-5082884	501 ( C ) (3)	13,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(398) VMC FOUNDATION 2400 CLOVE DRIVE, SAN JOSE, CA 95128	77-0187890	501 ( C ) (3)	15,000				PATIENT SUPPORT
(399) WEST CALDWELL HEALTH COUNCIL PO BOX 9, COLLETTSVILLE, NC 28611	59-1756933	501 ( C ) (3)	7,500				PATIENT SUPPORT
(400) WEST VIRGINIA UNIVERSITY FOUNDATION INC ONE WATERFRONT PLACE, 7TH FLOOR, MORGANTOWN, WV 26507	55-6017181	501 ( C ) (3)	80,000				PATIENT SUPPORT
(401) WESTCHESTER MEDICAL CENTER FOUNDATION 100 WOODS ROAD SUITE C-108, VALHALLA, NY 10595	13-4095845	501 ( C ) (3)	50,000				PATIENT SUPPORT
(402) WYOMING FOUNDATION FOR CANCER CARE 6501 W 2ND ST, CASPER, WY 82609	81-5130255	501 ( C ) (3)	50,000				PATIENT SUPPORT
(403) YALE NEW HAVEN HOSPITAL 20 YORK STREET, NEW HAVEN, CT 06510	06-0646652	501 ( C ) (3)	65,000				PATIENT SUPPORT
(404) BECKMAN RESEARCH INSTITUTE OF 1500 E DUARTE RD, DUARTE, CA 91010	95-3432210	501 ( C ) (3)	119,500				EXTRAMURAL RESEARCH GRANT
(405) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD #6210, HANOVER, NH 03755-1404	02-0222111	501 ( C ) (3)	300,000				EXTRAMURAL RESEARCH GRANT
(406) MASSACHUSETTS GENERAL HOSPITAL BOX 414876, BOSTON, MA 02241-4876	04-1564655	501 ( C ) (3)	720,000				EXTRAMURAL RESEARCH GRANT
(407) TRUSTEES OF BOSTON UNIV BUMC PO BOX 28763, NEW YORK, NY 10087-8763	04-2103547	501 ( C ) (3)	360,000				EXTRAMURAL RESEARCH GRANT
(408) HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02138	04-2103580	501 ( C ) (3)	119,500				EXTRAMURAL RESEARCH GRANT
(409) TRUSTEES OF TUFTS UNIVERSITY 136 HARRISON AVE, BOSTON, MA 02111	04-2103634	501 ( C ) (3)	240,000				EXTRAMURAL RESEARCH GRANT
(410) WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD, WORCESTER, MA 01609	04-2121659	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(411) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BP431C, BOSTON, MA 02215	04-2263040	501 ( C ) (3)	1,638,168				EXTRAMURAL RESEARCH GRANT
(412) BRIGHAM AND WOMENS HOSPITAL PO BOX 3149, BOSTON, MA 02241-3149	04-2312909	501 ( C ) (3)	904,500				EXTRAMURAL RESEARCH GRANT
(413) CHILDREN'S HOSPITAL BOSTON PO BOX 414413, BOSTON, MA 02241-4413	04-2703265	501 ( C ) (3)	415,222				EXTRAMURAL RESEARCH GRANT
(414) BOSTON MEDICAL CENTER 660 HARRISON AVE GAMBRO 2, BOSTON, MA 02118	04-3314093	501 ( C ) (3)	30,600				EXTRAMURAL RESEARCH GRANT
(415) YALE UNIVERSITY PO BOX 1873, NEW HAVEN, CT 06508-1873	06-0646973	501 ( C ) (3)	4,021,000				EXTRAMURAL RESEARCH GRANT
(416) WHITEHEAD INSTITUTE FOR 9 CAMBRIDGE CENTER, CAMBRIDGE, MA 02142	06-1043412	501 ( C ) (3)	175,500				EXTRAMURAL RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(417) UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT UNIT 1133, STORRS, CT 06269-1133	06-1066510	501 ( C ) (3)	788,000				EXTRAMURAL RESEARCH GRANT
(418) COLD SPRING HARBOR LABORATORY ONE BUNGTOWN ROAD, COLD SPRING HARBOR, NY 11724	11-2013303	501 ( C ) (3)	15,190				EXTRAMURAL RESEARCH GRANT
(419) ROSWELL PARK CANCER INSTITUTE ELM & CARLTON STREETS C&V ROOM 604, BUFFALO, NY 14263	11-4140215	501 ( C ) (3)	1,032,000				EXTRAMURAL RESEARCH GRANT
(420) WEILL MED COLLEGE OF CORNELL U 1300 YORK AVE BXO 89, NEW YORK, NY 10065	13-1623978	501 ( C ) (3)	1,010,000				EXTRAMURAL RESEARCH GRANT
(421) SLOAN - KETTERING INSTITUTE FOR PO BOX 026338, NEW YORK, NY 10087	13-1924236	501 ( C ) (3)	1,017,800				EXTRAMURAL RESEARCH GRANT
(422) NEW YORK UNIV 15 WASHINGTON PLACE ROOM 1H, NEW YORK, NY 10003	13-5562308	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(423) NEW YORK UNIV SCHL OF MEDICINE PO BOX 415026, BOSTON, MA 02241-5026	13-5562309	SECTION 115	903,500				EXTRAMURAL RESEARCH GRANT
(424) COLUMBIA UNIVERSITY P O BOX 29789, NEW YORK, NY 10087-9789	13-5598093	501 ( C ) (3)	867,000				EXTRAMURAL RESEARCH GRANT
(425) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PLACE BOX 3500, NEW YORK, NY 10029-6574	13-6171197	501 ( C ) (3)	7,002				EXTRAMURAL RESEARCH GRANT
(426) RESEARCH FOUNDATION OF SUNY P O BOX 9, ALBANY, NY 12201-0009	14-1368361	501 ( C ) (3)	480,000				EXTRAMURAL RESEARCH GRANT
(427) UNIVERSITY OF ROCHESTER 930 GENESEE ST STE 200, ROCHESTER, NY 14611-3847	16-0743209	501 ( C ) (3)	9,336				EXTRAMURAL RESEARCH GRANT
(428) UNIV OF COLORADO DENVER 13001 E 17TH PLACE ROOM W 1126, AURORA, CO 80045	18-4064688	501 ( C ) (3)	1,436,600				EXTRAMURAL RESEARCH GRANT
(429) MORGRIDGE INSTITUTE FOR RESEARCH INC 330 NORTH ORCHARD, MADISON, WI 53715	20-8325570	501 ( C ) (3)	789,000				EXTRAMURAL RESEARCH GRANT
(430) RUTGERS STATE UNIVERSITY 3 RUTGERS PLAZA ASB III 2ND FLOOR, NEW BRUNSWICK, NJ 08901	22-6001086	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(431) THE CHILDRENS HOSPITAL PO BOX 8500 LOCKBOX 1457, PHILADELPHIA, PA 19178-1457	23-1352166	501 ( C ) (3)	960,000				EXTRAMURAL RESEARCH GRANT
(432) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST ROOM 528, PHILADELPHIA, PA 19107-5587	23-1352651	501 ( C ) (3)	480,000				EXTRAMURAL RESEARCH GRANT
(433) TRUSTEES OF THE UNIV OF PENN 3451 WALNUT STREET P221 FRANKLIN , PHILADELPHIA, PA 19104-6205	23-1352685	501 ( C ) (3)	1,087,000				EXTRAMURAL RESEARCH GRANT
(434) THE RESEARCH INSTITUTE OF FOX 604 COTTMAN AVE, CHELTENHAM, PA 19012	23-6296135	501 ( C ) (3)	250,500				EXTRAMURAL RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(435) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR 302 PARK BLDG, SALT LAKE CITY, UT 84112	23-7112869	501 ( C ) (3)	1,447,500				EXTRAMURAL RESEARCH GRANT
(436) FRED HUTCHINSON CANCER CENTER PO BOX 19024, SEATTLE, WA 98109-1024	23-7156071	501 ( C ) (3)	2,566,989				EXTRAMURAL RESEARCH GRANT
(437) UNIVERSITY OF PITTSBURGH 6614 CLAYTON ROAD SUITE 234, PITTSBURGH, PA 15251-7220	25-0965591	501 ( C ) (3)	1,584,000				EXTRAMURAL RESEARCH GRANT
(438) CHILDREN'S HOSP MED CTR 3333 BURNET AVE ML 4900, CINCINNATI, OH 45229-3039	31-0833936	501 ( C ) (3)	119,500				EXTRAMURAL RESEARCH GRANT
(439) UNIV OF MARYLAND BALTIMORE PO BOX 41428, BALTIMORE, MD 21203-6428	31-1678679	501 ( C ) (3)	44,000				EXTRAMURAL RESEARCH GRANT
(440) OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH 43210-1063	31-6401599	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(441) LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY 9420 ATHENA CIRCLE, LA JOLLA, CA 92037	33-0328688	501 ( C ) (3)	182,502				EXTRAMURAL RESEARCH GRANT
(442) SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD TPC-7, LA JOLLA, CA 92037	33-0435954	501 ( C ) (3)	175,500				EXTRAMURAL RESEARCH GRANT
(443) CASE WESTERN RESERVE UNIV 10900 EUCLID AVE, CLEVELAND, OH 44106-7006	34-1018992	501 ( C ) (3)	52,000				EXTRAMURAL RESEARCH GRANT
(444) INDIANA UNIVERSITY DEPT 78867 PO BOX 78000, DETROIT, MI 48278-0867	35-1990726	501 ( C ) (3)	2,428,000				EXTRAMURAL RESEARCH GRANT
(445) VANDERBILT UNIV MEDICAL CENTER PO BOX 121236 DEPT 1236, DALLAS, TX 75312-1236	35-2528741	501 ( C ) (3)	852,600				EXTRAMURAL RESEARCH GRANT
(446) PURDUE UNIVERSITY 23510 NETWORK PLACE, CHICAGO, IL 60673-1235	35-6002041	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(447) NORTHWESTERN UNIVERSITY 633 CLARK ROOM G547, EVANSTON, IL 60208-1112	36-2167817	501 ( C ) (3)	2,064,000				EXTRAMURAL RESEARCH GRANT
(448) UNIVERSITY OF CHICAGO 1427 E 60TH ST STE 120, CHICAGO, IL 60637	36-2177139	501 ( C ) (3)	1,675,000				EXTRAMURAL RESEARCH GRANT
(449) UNIVERSITY OF ILLINOIS CHICAG 28395 NETWORK PLACE, CHICAGO, IL 60673-1283	37-6000061	501 ( C ) (6)	6,222,200				EXTRAMURAL RESEARCH GRANT
(450) MICHIGAN STATE UNIV 426 AUDITORIUM RD ROOM 2, EAST LANSING, MI 48824-2600	38-6005984	501 ( C ) (3)	1,779,750				EXTRAMURAL RESEARCH GRANT
(451) REGENTS OF THE UNIV OF MICH 3003 S STATE ST RM 1054, ANN ARBOR, MI 48109-1274	38-6006309	501 ( C ) (3)	2,118,500				EXTRAMURAL RESEARCH GRANT
(452) BOARD OF REGENTS ON THE UNIV 21 NORTH PARK ST SUITE 6401, MADISON, WI 53715-1218	39-0743975	501 ( C ) (3)	330,000				EXTRAMURAL RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(453) MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD, MILWAUKEE, WI 53226	39-0806261	501 ( C ) (3)	30,000				EXTRAMURAL RESEARCH GRANT
(454) REGENTS OF THE UNIV OF MINN NW 5957 PO BOX 1450, MINNEAPOLIS, MN 55485-5957	41-6007513	501 ( C ) (3)	1,782,204				EXTRAMURAL RESEARCH GRANT
(455) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266, MINNEAPOLIS, MN 55486- 0266	41-6042488	501 ( C ) (3)	690,396				EXTRAMURAL RESEARCH GRANT
(456) THE UNIVERSITY OF IOWA B5 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	GOVERNMENT	480,000				EXTRAMURAL RESEARCH GRANT
(457) WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034, ST LOUIS, MO 63112-1408	43-6401888	501 ( C ) (3)	1,435,500				EXTRAMURAL RESEARCH GRANT
(458) BOARD OF REGENTS OF UNIVERSITY OF NEBRASKA 985045 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5045	47-0049123	501 ( C ) (3)	61,200				EXTRAMURAL RESEARCH GRANT
(459) UNIVERSITY OF KANSAS 3901 RAINBOW BLV, KANSAS CITY, KS 66160-7702	48-1202402	SECTION 115	1,797,750				EXTRAMURAL RESEARCH GRANT
(460) SANFORD BURNHAM PREBYS MEDICAL 10901 N TORREY PINES RD BLDG11, LA JOLLA, CA 92037	51-0197108	501 ( C ) (3)	30,600				EXTRAMURAL RESEARCH GRANT
(461) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR, CHICAGO, IL 60693	52-0591627	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(462) CHILDRENS NATIONAL MEDICAL CTR 111 MICHIGAN AVE NW, WASHINGTON, DC 20010	52-1640403	501 ( C ) (3)	240,000				EXTRAMURAL RESEARCH GRANT
(463) VAN ANDEL RESEARCH INSTITUTE 3600 GEORGETOWN RD, GRAND RAPIDS, MI 49503	52-2000823	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(464) GEORGETOWN UNIVERSITY 2121 WISCONSIN AVE NW SUITE 400, WASHINGTON, DC 20007	52-2299950	501 ( C ) (3)	836,000				EXTRAMURAL RESEARCH GRANT
(465) HOWARD UNIVERSITY MEDICINE AND CANCER CENTER 525 BRYANT STREET NW SUITE 137, WASHINGTON, DC 20059	53-0204707	501 ( C ) (3)	6,711,000				EXTRAMURAL RESEARCH GRANT
(466) VIRGINIA COMMONWEALTH UNIV PO BOX 843039, RICHMOND, VA 23284-3039	54-6001758	501 ( C ) (3)	2,125,200				EXTRAMURAL RESEARCH GRANT
(467) THE RECTOR & VISITORS OF THE PO BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001795	501 ( C ) (3)	825,000				EXTRAMURAL RESEARCH GRANT
(468) WEST VIRGINIA UNIV RESEARCH 886 CHESNUT RIDGE RD, MORGANTOWN, WV 26506	55-0665758	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(469) DUKE UNIVERSITY BOX 104144, DURHAM, NC 27708	56-2070036	501 ( C ) (3)	1,503,250				EXTRAMURAL RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(470) THE UNIVERSITY OF NC AT CHAPEL HILL 104 AIRPORT DR STE 2200 , CHAPEL HILL , NC 27599-1350	56-6001393	501 ( C ) (3)	1,797,102				EXTRAMURAL RESEARCH GRANT
(471) ATRIUM HEALTH FOUNDATION 208 EAST BLVD, CHARLOTTE, NC 28203	56-6060481	501 ( C ) (3)	240,000				EXTRAMURAL RESEARCH GRANT
(472) EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BLVD , 2900, GREENVILLE, NC 27858-4353	56-6000403	GOVERNMENT	792,000				EXTRAMURAL RESEARCH GRANT
(473) CLEMSON UNIVERSITY 391 COLLEGE AVE SUITE 301, CLEMSON, SC 29634-5355	57-0426335	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(474) MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVENUE, CHARLESTON, SC 29425	57-6000722	501 ( C ) (3)	30,000				EXTRAMURAL RESEARCH GRANT
(475) EMORY UNIVERSITY GRANTS PO BOX 935084, ATLANTA, GA 31193-5084	58-0566256	501 ( C ) (3)	764,000				EXTRAMURAL RESEARCH GRANT
(476) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW, ATLANTA, GA 30310-1495	58-1438873	501 ( C ) (3)	6,711,000				EXTRAMURAL RESEARCH GRANT
(477) THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH , 3 EAST, JACKSONVILLE, FL 32256	59-0634433	501 ( C ) (3)	240,000				EXTRAMURAL RESEARCH GRANT
(478) H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE MRC-RESADM , 3024, TAMPA, FL 33612	59-2451713	501 ( C ) (3)	1,333,200				EXTRAMURAL RESEARCH GRANT
(479) UNIVERSITY OF FLORIDA 33 TIGERT HALL, GAINESVILLE, FL 32611	59-6002052	501 ( C ) (3)	1,507,000				EXTRAMURAL RESEARCH GRANT
(480) UNIVERSITY OF KENTUCKY PO BOX 931113, CLEVELAND, OH 44193	61-6033693	501 ( C ) (3)	74,000				EXTRAMURAL RESEARCH GRANT
(481) MEHARRY MEDICAL COLLEGE 1005 DR D B TODD BLVD SUITE 612, NASHVILLE, TN 37208	62-0488046	501 ( C ) (3)	2,630,000				EXTRAMURAL RESEARCH GRANT
(482) ST JUDE CHILDREN'S RESRCH HOSP 262 DANNY THOMAS PL RM MS 509, N1030, MEMPHIS, TN 38148-0949	62-0646012	501 ( C ) (3)	175,500				EXTRAMURAL RESEARCH GRANT
(483) UNIVERSITY OF ALABAMA PO BOX 870136, TUSCALOOSA, AL 35487-0135	63-6001138	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(484) UNIVERSITY OF ALABAMA BIRMING 701 S 20TH ST AB990, BIRMINGHAM, AL 35294-0109	63-6005396	GOVERNMENT	720,000				EXTRAMURAL RESEARCH GRANT
(485) UNIVERSITY OF MISSISSIPPI 113 FALKNER, UNIVERSITY, MS 38677	64-6001159	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(486) UNIVERSITY OF ARKANSAS FOR 4301 WEST MARKHAM SLOT 560, LITTLE ROCK, AR 72205	71-6003252	GOVERNMENT	206,100				EXTRAMURAL RESEARCH GRANT
(487) UNIVERSITY OF OKLAHOMA HEALTH PO BOX 26901, SCB 228, OKLAHOMA CITY, OK 73190	73-1563627	501 ( C ) (3)	52,000				EXTRAMURAL RESEARCH GRANT
(488) UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159, AUSTIN, TX 78713-7159	74-1587488	501 ( C ) (3)	2,001,000				EXTRAMURAL RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(489) THE UNIVERSITY OF TEXAS HEALTH 7703 FLOYD CURL DR, SAN ANTONIO, TX 78229-3900	74-1761309	501 ( C ) (3)	480,000				EXTRAMURAL RESEARCH GRANT
(490) UNIVERSITY OF ARIZONA PO BOX 3520, TUCSON, AZ 85722-3520	74-2652689	SECTION 115	4,080,000				EXTRAMURAL RESEARCH GRANT
(491) UNIV OF TEXAS MEDICAL BRANCH 7000 FANNIN ST STE 901, HOUSTON, TX 77030	74-6000949	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(492) U OF TX MD ANDERSON CANCER CTR PO BOX 4266, HOUSTON, TX 77210-4266	74-6001118	501 ( C ) (3)	2,392,000				EXTRAMURAL RESEARCH GRANT
(493) UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753, DALLAS, TX 75284-1753	75-6042147	501 ( C ) (3)	3,659,004				EXTRAMURAL RESEARCH GRANT
(494) BAYLOR COLLEGE OF MEDICINE 6227 GLENLIVET DR., HOUSTON, TX 77030	76-0481211	501 ( C ) (3)	2,885,750				EXTRAMURAL RESEARCH GRANT
(495) UNIVERSITY OF NEW MEXICO 1 UNVRSTY OF NEW MEXICO MSC09 5225, 102, ALBUQUERQUE, NM 87131-0001	85-6000642	501 ( C ) (3)	434,000				EXTRAMURAL RESEARCH GRANT
(496) SEATTLE CHILDRENS HOSPITAL PO BOX 5371 MS-S200, SEATTLE, WA 98145-5005	91-0564748	501 ( C ) (3)	240,000				EXTRAMURAL RESEARCH GRANT
(497) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY ROOM 150 , 351122, SEATTLE, WA 98195	91-1486484	501 (C) (5)	583,200				EXTRAMURAL RESEARCH GRANT
(498) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY ROOM 150 , 351122, SEATTLE, WA 98195	91-6001537	501 ( C ) (3)	1,200,000				EXTRAMURAL RESEARCH GRANT
(499) OREGON HEALTH & SCIENCE UNIV 0690 SW BANCROFT ST, PORTLAND, OR 97239	93-1176109	GOVERNMENT	270,600				EXTRAMURAL RESEARCH GRANT
(500) STANFORD UNIVERSITY BOX 44253, SAN FRANCISCO, CA 94144- 4253	94-1156365	501 ( C ) (3)	2,445,000				EXTRAMURAL RESEARCH GRANT
(501) REGENTS OF CALIFORNIA PO BOX 748872, LOS ANGELES, CA 90074- 4872	94-6036493	GOVERNMENT	606,540				EXTRAMURAL RESEARCH GRANT
(502) UNIV OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST STE 102, LOS ANGELES, CA 90089-8001	95-1642394	501 ( C ) (3)	729,000				EXTRAMURAL RESEARCH GRANT
(503) CALIFORNIA INSTITUTE OF TECH 1200 E CALIFORNIA BLVD M/C 273-6, PASADENA, CA 91125	95-1643307	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(504) REGENTS OF THE UNIV OF CALIF BIOSCI III, SUITE 1400, IRVINE, CA 92697- 1050	95-2226406	501 ( C ) (3)	1,153,800				EXTRAMURAL RESEARCH GRANT
(505) REGENTS OF THE UNIV OF CA 9500 GILMAN DR, LA JOLLA, CA 92093-0009	95-6006144	501 ( C ) (3)	558,800				EXTRAMURAL RESEARCH GRANT
(506) CHARLES R DREW UNIVERSITY OF MED & SCIENCE 1731 E 120TH STREET, LOS ANGELES, CA 90059	95-6151774	501 ( C ) (3)	2,631,000				EXTRAMURAL RESEARCH GRANT

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(507) ACS CANCER ACTION NETWORK, INC. 655 15TH STREET, NW, SUITE 503, WASHINGTON, DC 20005	52-1240031	501 ( C ) (4)	24,408,692				PROGRAM SUPPORT
(508) AMERICAN CANCER SOCIETY, INC. PUERTO RICO URB LA MERCED 566 CALLE ALVERIO, HATO REY, PR 00918	66-0321594	501 (C) (3)	302,745				EXTRAMURAL RESEARCH GRANT

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>RESEARCH GRANTS: IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD. ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE. THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS: PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED. THE SCIENTIFIC REPORT INCLUDES:</p> <p>(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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>- SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS</li> <li>- INDIRECT COSTS</li> <li>- SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR</li> <li>- SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER</li> </ul> <p>REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE.</p> <p>FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS. THE SOCIETY REQUIRES GRANTEEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS. NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED. SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE SOCIETY. THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS REGULAR TELEPHONE CONFERENCES WITH GRANTEEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL. FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS.</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number

13-1788491

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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) </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	✓
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JUNG H. KIM CHIEF OPERATING OFFICER - OUTGOING	(i) 300,497	0	662,725	13,265	8,411	984,898	0
	(ii)	0	0	0	0	0	0	0
2	KAREN E. KNUDSEN, PHD CHIEF EXECUTIVE OFFICER - INCOMING	(i) 433,333	184,127	990	12,274	11,784	642,508	0
	(ii)	37,356	15,873	85	1,058	1,016	55,388	0
3	WILLIAM CANCE, MD CHIEF MEDICAL & SCIENTIFIC OFFICER - OUTGOING	(i) 554,866	0	21,525	33,772	22,304	632,467	0
	(ii)	0	0	0	0	0	0	0
4	KAEL REICIN CHIEF FINANCE & STRATEGY OFFICER	(i) 429,856	0	709	26,297	17,395	474,257	0
	(ii)	46,893	0	77	2,869	1,898	51,737	0
5	MICHAEL L. NEAL CHIEF OF ORGANIZATIONAL ADVANCEMENT	(i) 446,848	0	12,919	41,867	21,046	522,680	0
	(ii)	0	0	0	0	0	0	0
6	JEFF D. KLAAS EVP, WEST REGION	(i) 386,930	500	29,172	8,628	689	425,919	13,725
	(ii)	0	0	0	0	0	0	0
7	CAROLYN WILLIAMS-GOLDMAN INTERIM EVP, WEST REGION - OUTGOING	(i) 211,182	0	175,072	13,493	16,627	416,374	0
	(ii)	0	0	0	0	0	0	0
8	TIMOTHY B. PHILLIPS CHIEF LEGAL AND RISK OFFICER	(i) 374,103	0	921	22,993	15,282	413,299	0
	(ii)	0	0	0	0	0	0	0
9	JOHN B. WOODWARD SENIOR EVP, FIELD OPERATIONS	(i) 317,546	10,000	741	20,336	25,937	374,560	0
	(ii)	0	0	0	0	0	0	0
10	WILTON WHITE EVP, NORTH CENTRAL REGION	(i) 337,845	500	1,501	20,438	10,729	371,013	0
	(ii)	0	0	0	0	0	0	0
11	GARY M. REEDY CHIEF EXECUTIVE OFFICER - OUTGOING	(i) 241,274	0	66,827	12,986	1,919	323,006	0
	(ii)	21,542	0	5,967	1,160	171	28,840	0
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>PART II, LINE 3B (III) JUNG H. KIM: OTHER REPORTABLE COMPENSATION OF \$662,725 INCLUDES A SEVERANCE PAYMENT OF \$625,651 AND A SUPPLEMENTAL EXECUTIVE RETIREMENT BENEFIT PAYMENT OF \$4,357. KIM RETIRED FROM THE SOCIETY AS THE CHIEF OPERATING OFFICER IN 2021 AFTER A 22-YEAR CAREER AT THE SOCIETY SERVING IN A VARIETY OF OTHER LEADERSHIP ROLES.</p> <p>PART II, LINE 9B (III) CAROLYN WILLIAMS-GOLDMAN: OTHER REPORTABLE COMPENSATION OF \$175,072 INCLUDES A SEVERANCE PAYMENT OF \$130,825 AND A RETIREMENT BENEFIT PAYMENT OF \$26,049. WILLIAMS-GOLDMAN RETIRED FROM THE SOCIETY IN 2021 AFTER SERVING THE SOCIETY OVER 17 YEARS IN A VARIETY OF LEADERSHIP ROLES.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"), 457(B), AND 457(F) PLANS AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. THE ORGANIZATION RESTORES MATCHING CONTRIBUTION BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON THE FILING ORGANIZATION'S 403(B) PLAN IN THE 457(B) AND 457(F) PLANS. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP AND 457(F) BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV, LINE 15. THE SERP PLAN WAS FROZEN IN 2016, AND AS A RESULT PAYMENTS ARE NOW MADE ONLY AFTER RETIREMENT RATHER THAN IN INCREMENTAL AMOUNTS DURING THE EXECUTIVE'S SERVICE.</p> <p>THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR:            GARY M. REEDY - \$58,055            JUNG H. KIM - \$4,357            CAROLYN WILLIAMS-GOLDMAN - \$26,049</p> <p>GARY M. REEDY: OTHER REPORTABLE COMPENSATION OF \$72,794 INCLUDES A SUPPLEMENTAL EXECUTIVE RETIREMENT BENEFIT PAYMENT OF \$58,055. REEDY RETIRED FROM THE SOCIETY AS THE CHIEF EXECUTIVE OFFICER IN 2021 AFTER SERVING THE SOCIETY IN THAT ROLE FOR THE PAST 6 YEARS.</p>
<p>SCHEDULE J, PART II, COLUMN (C) -</p>	<p>SUPPLEMENTAL INFORMATION REGARDING COMPENSATION INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN 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.</p>

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

AMERICAN CANCER SOCIETY, INC

Employer identification number

13-1788491

**Part I 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				
2				
3				
4				
5				
6	✓		22,887,755	COST
7	✓	2,046	2,180,616	MARKET VALUE
8				
9	✓	475	6,852,104	MARKET VALUE
10				
11				
12	✓	245	3,900,703	MARKET VALUE
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	4	62,664	COST
26				
27				
28				

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

	Yes	No
30a		✓
31	✓	
32a	✓	
33		

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I -	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	ACS USED THIRD PARTY SERVICES TO LIQUIDATE VEHICLE AND CRYPTO GIFTS.

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the Organization  
**AMERICAN CANCER SOCIETY, INC**

Employer Identification Number  
**13-1788491**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 -	OUR VISION AT THE AMERICAN CANCER SOCIETY IS TO END CANCER AS WE KNOW IT, FOR EVERYONE.
FORM 990, PART III, LINE 4 -	TO HELP FIGHT COVID-19 IN 2020, WE CLOSED HOPE LODGES, SUSPENDED PATIENT ASSISTANCE PROGRAMS, REDUCED RESEARCH GRANT SPENDING, CLOSED DISCOVERY SHOPS AND CANCELED IN-PERSON FUNDRAISING EVENTS. OUR CLOSURES OF DISCOVERY SHOPS AND CANCELLATION OF IN-PERSON FUNDRAISING EVENTS CAUSED A SUBSTANTIAL DECLINE IN REVENUE RESULTING IN OUR IMPLEMENTING COST CONTAINMENT MEASURES. WE MADE STRATEGIC DECISIONS TO REDUCE AND REALIGN OUR PHYSICAL AND STAFFING FOOTPRINT AIMED AT INCREASING OUR OVERALL MISSION IMPACT. IN THE FIRST HALF OF 2021, COVID-19 CONTINUED ITS ADVERSE IMPACT. IN THE SECOND HALF OF 2021, THE SOCIETY BEGAN RE-EMERGING OPERATIONS BY REOPENING OUR HOPE LODGES AND DISCOVERY SHOPS, INCREASING PATIENT SUPPORT SERVICES AND RESEARCH GRANTS, AS WELL AS HOSTING IN-PERSON FUNDRAISING EVENTS. AS A RESULT, OUR REVENUE AND EXPENSES INCREASED IN 2021 COMPARED TO 2020.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES AND REVIEWS THE FORM 990. THE DRAFT FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS' FINANCE COMMITTEE; AND THE CHIEF FINANCE & STRATEGY OFFICER CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH THE COMMITTEE MEMBERS. AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE AMERICAN CANCER SOCIETY, INC. MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED. THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A RESPONSE TO A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE CHIEF LEGAL OFFICER/ASSISTANT SECRETARY OF THE AMERICAN CANCER SOCIETY RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES. EMPLOYEE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.

Return Reference - Identifier	Explanation							
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE AMERICAN CANCER SOCIETY, INC. USES AN INDEPENDENT COMPENSATION COMMITTEE ('THE COMMITTEE'), ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ('CEO') AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE 'BOARD') IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ('DISQUALIFIED PERSONS'). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL:</p> <p>(A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS;</p> <p>(B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA;</p> <p>(C) REVISE, IF NECESSARY, THE CEO'S PERFORMANCE GOALS;</p> <p>(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;</p> <p>(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;</p> <p>(F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD;</p> <p>(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;</p> <p>(H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON;</p> <p>(I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVES INCENTIVE PLAN;</p> <p>(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;</p> <p>(K) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE TERMS ARE REASONABLE;</p> <p>(L) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.</p>							
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY							
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	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							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES. THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG.							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 1549 1304 1577">(a) Description</th> <th data-bbox="1312 1549 1513 1577">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1581 1304 1608">CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS</td> <td data-bbox="1312 1581 1513 1608">12,252,980</td> </tr> <tr> <td data-bbox="467 1612 1304 1640">NET CHANGE IN PENSION LIABILITY</td> <td data-bbox="1312 1612 1513 1640">43,610,570</td> </tr> </tbody> </table>		(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	12,252,980	NET CHANGE IN PENSION LIABILITY	43,610,570
	(a) Description	(b) Amount						
	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	12,252,980						
NET CHANGE IN PENSION LIABILITY	43,610,570							
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	12,252,980							
NET CHANGE IN PENSION LIABILITY	43,610,570							

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**AMERICAN CANCER SOCIETY, INC**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number  
**13-1788491**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACS BRIGHTEDGE VENTURE, LLC (82-2597570) 3380 CHASTAIN MEADOWS PARKWAY NW, STE 200, KENNESAW, GA 30144	MISSION DRIVEN INVESTING	DE	5,939,554	37,457,424	ACS INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS CANCER ACTION NETWORK, INC. (52-1240031) 655 15TH STREET, NW, STE 503, WASHINGTON, DC 20005	ELIMINATE CANCER	DC	501(C)(4)		ACS, INC.	✓	
(2) ACS DEVELOPMENT I, INC. (46-5439010) 3380 CHASTAIN MDWS PKWY, KENNESAW, GA 30144	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS, INC.	✓	
(3) ACS CAPITAL, INC. (46-5429467) 3380 CHASTAIN MDWS PKWY, KENNESAW, GA 30144	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS CAN		✓
(4) AMERICAN CANCER SOCIETY, INC PUERTO RICO (66-0321594) URB LA MRCD 566 CLL ALVERIO, HATO REY, PR 00918	ELIMINATE CANCER	PR	501(C)(3)	7	ACS, INC.	✓	
(5) THE JOSEPH S AND JEANNETTE M SILBER FDTN (34-1363915) 4900 TIEDEMAN RD, OH-01-49-015, BROOKLAND, OH 44144	ELIMINATE CANCER	OH	501(C)(3)	12 TYPE III-O	N/A		✓
(6) ACS DEVELOPMENT COMPANY II, INC. (82-1993189) 3380 CHASTAIN MDWS PKWY, KENNESAW, GA 30144	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS, INC.	✓	
(7)							

**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) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

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

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

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

**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	12,673,599	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	Q	97,426	FMV
(3) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	Q	2,124,235	FMV
(4) ACS CANCER ACTION NETWORK, INC.	B	24,408,692	FMV
(5) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	B	302,745	FMV
(6) (SEE STATEMENT)			

**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 III**

**Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ISRAEL FAMILY HOLDINGS, LLC (81-4706366) 340 S. LEMON AVENUE #2625, WALNUT, CA 91789	SUPPORT ACS	DE	N/A	RELATED	104,767	978,169		✓	N/A		✓	0.99
(2) THE BROWER-IADONE FAMILY, LLC (47-3426422) 2360 CLAUDIA STREET, CORONA, CA 92882	SUPPORT ACS	DE	N/A	RELATED	76,077	1,094,098		✓	N/A		✓	0.99

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER ANNUITY TRUSTS (19) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓
(2) CHARITABLE REMAINDER UNITRUSTS (64) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓
(3) DISCRETIONARY TRUSTS (5) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓
(4) NET INC PRINCIPAL INVASION REMAINDER (51) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓
(5) NET INCOME REMAINDER TRUSTS (43) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓
(6) PERPETUAL TRUSTS (68) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓
(7) REVOCABLE LIVING TRUSTS (9) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓
(8) CHARITABLE LEAD ANNUITY TRUSTS (2) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓
(9) COMBINATION TRUSTS (4) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST					✓

**Part V****Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) ACS DEVELOPMENT COMPANY I, INC.	K	418,538	FMV
(7) ACS DEVELOPMENT COMPANY II, INC.	K	729,518	FMV
(8) ACS DEVELOPMENT COMPANY I, INC.	D	9,750,000	FMV

Form **8453-TE**

**Tax Exempt Entity Declaration and Signature for Electronic Filing**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_  
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
▶ Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

**2021**

Name of filer: **AMERICAN CANCER SOCIETY, INC** EIN or SSN: **13-1788491**

**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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	734,386,259
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 V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration of Officer or Person Subject to Tax**

- 11a  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 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.
- b  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 entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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**  
 Digitally signed by: Karel Pecin Date: 11/14/2022  
 Signature of officer or person subject to tax Title, if applicable  
CHIEF FINANCE & STRATEGY OFFICER

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

I declare that I have reviewed the above return and that the entries on Form 8453-TE 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 entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, 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 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.

<b>ERO's Use Only</b>	ERO's signature	<u>Aerial M. Orr</u>	Date	<u>11/10/22</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN	<u>P01598400</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST &amp; YOUNG US LLP 55 IVAN ALLEN JR. BOULEVARD SUITE 1000, ATLANTA, GA 30308</u>						
							EIN	<u>34-6565596</u>
							Phone no.	<u>(404) 874-8300</u>

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.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				
	Firm's address				

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

<b>A</b> For the 2021 calendar year, or tax year beginning , 2021, and ending , 20	
<b>B</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	<b>C</b> Name of organization <b>AMERICAN CANCER SOCIETY, INC</b> Doing business as
	<b>D</b> Employer identification number 13-1788491
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3380 CHASTAIN MEADOWS PKY NW 200
	<b>E</b> Telephone number (800) 227-2345
	City or town, state or province, country, and ZIP or foreign postal code KENNESAW, GA 30144
<b>F</b> Name and address of principal officer: <b>DR. KAREN E. KNUDSEN, PHD</b> SAME AS C ABOVE	<b>G</b> Gross receipts \$ 2,238,311,401
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>J</b> Website: ▶ WWW.CANCER.ORG	<b>H(c)</b> Group exemption number ▶ 0580
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1922 <b>M</b> State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	2,940
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,086,515
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	80,314
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	533,262,107	652,037,712
	<b>9</b> Program service revenue (Part VIII, line 2g)	31,098	6,537,530
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,085,786	76,556,148
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(3,083,460)	(745,131)
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	576,295,531	734,386,259
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	96,098,130	156,503,028
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	288,007,227	237,127,693
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	5,468,529	6,734,902
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 92,593,299		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	174,434,017	177,295,633
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	564,007,903	577,661,256
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,287,628	156,725,003	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 1,700,046,787	End of Year 1,891,787,660
	<b>21</b> Total liabilities (Part X, line 26)	512,242,998	499,477,625
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,187,803,789	1,392,310,035

<b>Part II Signature Block</b>	
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. My signature on this return is based on all information of which preparer has any knowledge.	
<b>Sign Here</b>	Signature of officer: <u>Kael Reicin</u> Date: <u>11/14/2022</u>
	KAEL REICIN, CHIEF FINANCE & STRATEGY OFFICER Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: AERRIAL M. ORR Preparer's signature: <u>Aerial M Orr</u> Date: <u>11/10/22</u> Check <input type="checkbox"/> if self-employed PTIN: P01598400
	Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596
	Firm's address ▶ 55 IVAN ALLEN JR. BOULEVARD SUITE 1000, ATLANTA, GA 30308 Phone no. (404) 874-8300
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	