

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization AMERICAN CANCER SOCIETY, INC.</td> <td>D Employer identification number 13-1788491</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number (800) 227-2345</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>250 WILLIAMS STREET NW</td> <td>400</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303</td> <td>G Gross receipts \$ 1,676,056,716.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: GARY M. REEDY 250 WILLIAMS STREET, STE 400, ATLANTA, GA 30303</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) </td> </tr> <tr> <td colspan="2"> I 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 </td> <td>H(c) Group exemption number ▶ 0580</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.CANCER.ORG</td> <td></td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td>L Year of formation: 1922 M State of legal domicile: NY</td> </tr> </table>	C Name of organization AMERICAN CANCER SOCIETY, INC.		D Employer identification number 13-1788491	Doing business as		E Telephone number (800) 227-2345	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	250 WILLIAMS STREET NW	400	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303		G Gross receipts \$ 1,676,056,716.	F Name and address of principal officer: GARY M. REEDY 250 WILLIAMS STREET, STE 400, ATLANTA, GA 30303		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	I 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		H(c) Group exemption number ▶ 0580	J Website: ▶ WWW.CANCER.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922 M State of legal domicile: NY
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THROUGH OUR SIX GEOGRAPHIC REGIONS, WE SAVE LIVES, CELEBRATE LIVES, AND FIGHT FOR A WORLD WITHOUT CANCER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5,160.
	6 Total number of volunteers (estimate if necessary)	6	1,120,651.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-156,330.
b Net unrelated business taxable income from Form 990-T, line 38	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 707,546,352.	Current Year 713,260,371.
	9 Program service revenue (Part VIII, line 2g)	11,620.	28,772.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,473,873.	57,728,313.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-474,905.	-1,128,595.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	788,556,940.	769,888,861.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	168,051,051.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		395,576,507.	326,605,041.
16a Professional fundraising fees (Part IX, column (A), line 11e)		12,684,825.	11,588,368.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 138,696,166.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		237,316,949.	232,140,827.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		813,629,332.	740,575,770.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-25,072,392.	29,313,091.
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,697,658,010.	End of Year 1,634,380,835.
	21 Total liabilities (Part X, line 26)	582,794,769.	541,857,169.
	22 Net assets or fund balances. Subtract line 21 from line 20.	1,114,863,241.	1,092,523,666.

Part II Signature Block

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

Sign Here	 Signature of officer		11/14/19 Date	
	CATHERINE MICKLE Type or print name and title		CHIEF ADMINISTRATIVE OFFICER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	LAURA KIELCZEWSKI		11-15-19	P00740769
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596		
	Firm's address ▶ 5 TIMES SQUARE NEW YORK, NY 10036	Phone no. 212-773-3000		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

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

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 148,958,038. including grants of \$ 101,947,467.) (Revenue \$ 28,772.)

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

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

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

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

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

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

(Expenses \$ 62,708,672. including grants of \$ 8,740,993.) (Revenue \$ 0.)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 5,160		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a	X
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c X	
d If "Yes," indicate the number of Forms 8282 filed during the year 7d 1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

☒ **X****Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 CATHERINE E. MICKLE 250 WILLIAMS STREET, STE 400 ATLANTA, GA 30303 404-329-7934

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARNOLD M. BASKIES, MD, FACS IMMEDIATE PAST CHAIR	5.00 0.	X		X				0.	0.	0.
(2) KEVIN J. CULLEN, MD CHAIR	5.00 2.00	X		X				0.	0.	0.
(3) DANIEL P. HEIST, CPA VICE CHAIR	3.00 1.00	X		X				0.	0.	0.
(4) JOHN ALFONSO, CPA, CGMA SECRETARY/TREASURER	5.00 0.	X		X				0.	0.	0.
(5) CARMEN E. GUERRA, MD, MSCE, FA BOARD SCIENTIFIC OFFICER	3.00 0.	X		X				0.	0.	0.
(6) AMIT KUMAR, PHD DIRECTOR	3.00 0.	X						0.	0.	0.
(7) BRIAN A. MARLOW, CFA DIRECTOR	3.00 0.	X						0.	0.	0.
(8) BRUCE N. BARRON DIRECTOR	3.00 0.	X						0.	0.	0.
(9) EDWARD J. BENZ, MD FACP DIRECTOR	3.00 0.	X						0.	0.	0.
(10) GARETH T. JOYCE DIRECTOR	3.00 0.	X						0.	0.	0.
(11) GARY S. SHEDLIN DIRECTOR	3.00 0.	X						0.	0.	0.
(12) GREGORY L. PEMBERTON, ESQ. DIRECTOR	3.00 0.	X						0.	0.	0.
(13) JEFFERY L. KEAN DIRECTOR	3.00 0.	X						0.	0.	0.
(14) JENNIFER R. CROZIER DIRECTOR	3.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JORGE LUIS LOPEZ, ESQ. DIRECTOR	3.00 0.	X						0.	0.	0.
(16) JOSEPH A. AGRESTA, JR. DIRECTOR	3.00 0.	X						0.	0.	0.
(17) JOSEPH M. NAYLOR DIRECTOR	3.00 0.	X						0.	0.	0.
(18) MARGARET MCCAFFERY DIRECTOR	3.00 0.	X						0.	0.	0.
(19) MICHAEL T. MARQUARDT DIRECTOR	3.00 0.	X						0.	0.	0.
(20) SCARLOTT K. MUELLER, MPH, RN DIRECTOR	3.00 0.	X						0.	0.	0.
(21) WILLIAM D. NOVELLI DIRECTOR	3.00 0.	X						0.	0.	0.
(22) GARY M. REEDY CHIEF EXECUTIVE OFFICER	55.00 7.00			X				884,069.	80,370.	17,961.
(23) CATHERINE E. MICKLE CFO, OUTGOING/CAO INCOMING	55.00 7.00			X				405,071.	51,554.	28,976.
(24) ROBERT M. KING CFO, INCOMING	55.00 7.00			X				300,630.	38,262.	27,934.
(25) OTIS W. BRAWLEY CHIEF MED & SCI OFC, OUTGOING	55.00 0.				X			595,948.	0.	17,234.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								6,263,963.	170,186.	285,707.
d Total (add lines 1b and 1c)								6,263,963.	170,186.	285,707.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP PO BOX 120511 DALLAS, TX 75312-0511	SYS IMPLEMENTATION	18,148,168.
MERKLE INC PO BOX 64897 BALTIMORE, MD 21264-4897	PROF. FUNDRAISING	8,261,951.
APPRIIO INC PO BOX 120311 DALLAS, TX 75312-3011	SOFTWARE CONSULTING	6,629,047.
BLACKBAUD INC PO BOX 105090 ATLANTA, GA 30348-5090	CLOUD SOLUTIONS	5,026,210.
R.R. DONNELLY PO BOX 730165 DALLAS, TX 75373-0165	PRINTING SERVICES	4,984,666.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RICHARD C. WENDER CHIEF CANCER CONTROL OFFICER	55.00 0.				X			502,804.	0.	30,709.
(27) SHARON BYERS CHIEF DEV. AND MKTG OFFICER	55.00 0.				X			617,872.	0.	16,913.
(28) MICHAEL L. NEAL SENIOR EVP, FIELD OPERATIONS	55.00 0.				X			491,092.	0.	39,755.
(29) TIMOTHY B. PHILLIPS CHIEF LEGAL AND RISK OFFICER	55.00 0.					X		324,757.	0.	38,644.
(30) IRMA SHRIVASTAVA SVP, STRATEGIC MKTG ALLIANCES	55.00 0.					X		319,314.	0.	19,849.
(31) JUNG H. KIM EVP, NORTHEAST REGION	55.00 0.					X		386,974.	0.	17,085.
(32) WILTON W. WHITE EVP, NORTH CENTRAL REGION	55.00 0.					X		330,530.	0.	12,283.
(33) DAVID J. BENSON EVP, NORTH REGION	55.00 0.					X		316,804.	0.	18,364.
(34) NANCY C. YAW FRMR EVP, LAKESHORE DIVISION	55.00 0.						X	788,098.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	4,132,867.			
	b	Membership dues	1b				
	c	Fundraising events	1c	301,025,924.			
	d	Related organizations	1d	0.			
	e	Government grants (contributions) . .	1e	5,392,503.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	402,709,077.			
	g	Noncash contributions included in lines 1a-1f: \$		55,941,119.			
	h	Total. Add lines 1a-1f ▶		713,260,371.			
Program Service Revenue	2a	EDUCATIONAL JOURNAL ADVERTISING	Business Code	541800	28,772.	28,772.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		28,772.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		24,726,533.		119,964.	24,606,569.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		4,084,012.			4,084,012.
			(i) Real	(ii) Personal			
	6a	Gross rents		1,102,821.			
	b	Less: rental expenses		489,724.			
	c	Rental income or (loss)		613,097.			
	d	Net rental income or (loss) ▶		613,097.		-308,224.	921,321.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
					845,968,886.	15,659,325.	
	b	Less: cost or other basis and sales expenses			819,390,576.	9,235,855.	
	c	Gain or (loss)			26,578,310.	6,423,470.	
	d	Net gain or (loss) ▶			33,001,780.		33,001,780.
	8a	Gross income from fundraising events (not including \$ 301,025,924. of contributions reported on line 1c). See Part IV, line 18 a			39,270,400.		
	b	Less: direct expenses b			39,270,400.		
	c	Net income or (loss) from fundraising events ▶			0.		
	9a	Gross income from gaming activities. See Part IV, line 19 a			1,682,521.		
b	Less: direct expenses b			309,491.			
c	Net income or (loss) from gaming activities ▶			1,373,030.		1,373,030.	
10a	Gross sales of inventory, less returns and allowances a			24,363,078.			
b	Less: cost of goods sold b			37,471,809.			
c	Net income or (loss) from sales of inventory ▶			-13,108,731.		-13,108,731.	
	Miscellaneous Revenue	Business Code					
11a	GRANT REFUND/RESIGNATION	900099		5,519,057.		5,519,057.	
b	OTHER GAINS (LOSSES)	900099		350,395.	347,237.	3,158.	
c	REGISTRATIONS	900099		40,545.		40,545.	
d	All other revenue						
e	Total. Add lines 11a-11d ▶			5,909,997.			
12	Total revenue. See instructions. ▶			769,888,861.	347,237.	-156,330.	56,437,583.

Part IX Statement of Functional Expenses

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

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

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

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

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

Form **990** (2018)

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

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

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

f Enter the number of supported organizations

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	96.15 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	96.34 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART IV

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Employer identification number

13-1788491

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____ (ii) Assets included in Form 990, Part X. ▶ \$ _____	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____ b Assets included in Form 990, Part X. ▶ \$ _____	

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

Schedule D (Form 990) 2018

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 100.0000 %

c Temporarily restricted endowment ▶ _____ %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,634,685.		23,634,685.
b Buildings		279,807,502.	127,991,200.	151,816,302.
c Leasehold improvements		62,397,191.	42,733,130.	19,664,061.
d Equipment		41,659,269.	37,880,472.	3,778,797.
e Other		88,305,707.	58,660,941.	29,644,766.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				228,538,611.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INVESTMENTS HELD FOR AFFILIATES	21,559,135.	
(3) GIFT ANNUITY LIABILITY	14,204,000.	
(4) DEFERRED RENT PAYABLE	8,593,164.	
(5) CAPITAL LEASES	1,660,763.	
(6) DUE TO AFFILIATES	1,154,129.	
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	47,171,191.	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY.

DISTRIBUTIONS FROM THE INVESTMENT EARNING OF THE ENDOWMENT FUNDS ARE MADE

IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY. THESE

DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN

ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 2D

REVENUE OF AFFILIATES: \$21,470,488

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$(21,960,238)

TOTAL: \$(489,750)

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 4B

UBIT: \$1,375

TOTAL: \$1,375

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 2D

EXPENSE OF AFFILIATES: \$17,940,980

TOTAL: \$17,940,980

Part XIII Supplemental Information *(continued)*

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 4B

GRANT REFUNDS/RESIGNATIONS: \$5,519,057

UBIT: \$1,375

TOTAL: \$5,520,432

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-1788491

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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) EUROPE	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	5,883.
(2) EUROPE	0.	0.	PROGRAM SERVICES	PARTNERSHIPS	25,000.
(3) EUROPE	0.	0.	PROGRAM SERVICES	TOBACCO CONTROL	1,671.
(4) NORTH AMERICA	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	511.
(5) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	484.
(6) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	TOBACCO CONTROL	1,821.
(7) SOUTH ASIA	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	24,630.
(8) SOUTH ASIA	0.	0.	PROGRAM SERVICES	TOBACCO CONTROL	1,404.
(9) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	CRVCL CANCER AWARENESS	34,471.
(10) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	38,425.
(11) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	PAIN MANAGEMENT	1,106,416.
(12) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	PARTNERSHIPS	8,877.
(13) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	TOBACCO CONTROL	2,820.
(14) EUROPE	0.	0.	GRANTMAKING		300,755.
(15) NORTH AMERICA	0.	0.	GRANTMAKING		826,782.
(16) SOUTH AMERICA	0.	0.	GRANTMAKING		414,426.
(17) SOUTH ASIA	0.	0.	GRANTMAKING		250,219.
3a Subtotal					3,044,595.
b Total from continuation sheets to Part I					1,517,302.
c Totals (add lines 3a and 3b)					4,561,897.

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

Schedule F (Form 990) 2018

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-1788491

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		1,517,302.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2018

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/ICELAND/GREENLAND	GLBL CANCER ADVOCACY	30,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	GLBL CANCER ADVOCACY	75,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	GLBL CANCER ADVOCACY	42,500.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	BREAST CNCR EDUCATION	68,630.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	BREAST CNCR EDUCATION	82,350.	WIRE			
(6)			NORTH AMERICA	CRVCAL CNCR AWARENESS	36,254.	WIRE			
(7)			NORTH AMERICA	CRVCAL CNCR AWARENESS	669,515.	WIRE			
(8)			NORTH AMERICA	GLBL TOBACCO CONTROL	46,114.	WIRE			
(9)			NORTH AMERICA	GLBL TOBACCO CONTROL	17,818.	WIRE			
(10)			NORTH AMERICA	GLBL TOBACCO CONTROL	27,080.	WIRE			
(11)			SOUTH AMERICA	GLBL CANCER ADVOCACY	90,000.	WIRE			
(12)			SOUTH AMERICA	GLBL CANCER ADVOCACY	15,000.	WIRE			
(13)			SOUTH AMERICA	GLBL CANCER ADVOCACY	50,350.	WIRE			
(14)			SOUTH AMERICA	GLBL TOBACCO CONTROL	19,819.	WIRE			
(15)			SOUTH AMERICA	GLBL TOBACCO CONTROL	25,000.	WIRE			
(16)			SOUTH AMERICA	GLBL TOBACCO CONTROL	124,802.	WIRE			

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

3 Enter total number of other organizations or entities ▶

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	GLBL TOBACCO CONTROL	39,455.	WIRE			
(2)			SOUTH AMERICA	GLBL TOBACCO CONTROL	50,000.	WIRE			
(3)			SOUTH ASIA	GLBL CANCER ADVOCACY	25,219.	WIRE			
(4)			SOUTH ASIA	GLBL CANCER ADVOCACY	170,000.	WIRE			
(5)			SOUTH ASIA	GLBL TOBACCO CONTROL	55,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	CRVCAL CNCR AWARENESS	37,242.	WIRE			
(7)			SUB-SAHARAN AFRICA	CRVCAL CNCR AWARENESS	60,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	CRVCAL CNCR AWARENESS	100,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	GLBL CANCER ADVOCACY	50,000.	WIRE			
(10)			SUB-SAHARAN AFRICA	GLBL CANCER ADVOCACY	15,000.	WIRE			
(11)			SUB-SAHARAN AFRICA	GLBL CANCER ADVOCACY	50,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	GLBL CANCER ADVOCACY	49,677.	WIRE			
(13)			SUB-SAHARAN AFRICA	GLBL CANCER ADVOCACY	47,760.	WIRE			
(14)			SUB-SAHARAN AFRICA	GLBL CANCER ADVOCACY	74,025.	WIRE			
(15)			SUB-SAHARAN AFRICA	GLBL TOBACCO CONTROL	64,520.	WIRE			
(16)			SUB-SAHARAN AFRICA	GLBL TOBACCO CONTROL	46,850.	WIRE			

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

3 Enter total number of other organizations or entities ▶

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GLBL TOBACCO CONTROL	56,360.	WIRE			
(2)			SUB-SAHARAN AFRICA	GLBL TOBACCO CONTROL	10,600.	WIRE			
(3)			SUB-SAHARAN AFRICA	PAIN MGMT	30,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	PAIN MGMT	15,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	PAIN MGMT	135,880.	WIRE			
(6)			SUB-SAHARAN AFRICA	PAIN MGMT	191,525.	WIRE			
(7)			SUB-SAHARAN AFRICA	PAIN MGMT	20,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	PAIN MGMT	94,910.	WIRE			
(9)			SUB-SAHARAN AFRICA	PAIN MGMT	92,835.	WIRE			
(10)			SUB-SAHARAN AFRICA	PAIN MGMT	108,798.	WIRE			
(11)			SUB-SAHARAN AFRICA	PAIN MGMT	35,352.	WIRE			
(12)			SUB-SAHARAN AFRICA	PAIN MGMT	33,379.	WIRE			
(13)			SUB-SAHARAN AFRICA	PAIN MGMT	35,414.	WIRE			
(14)			SUB-SAHARAN AFRICA	PAIN MGMT	27,200.	WIRE			
(15)			SUB-SAHARAN AFRICA	PAIN MGMT	20,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	PAIN MGMT	5,750.	WIRE			

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

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

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

Schedule F (Form 990) 2018

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

Part V Supplemental Information

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

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

SCHEDULE F, PART I, LINE 2

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

SCHEDULE G
(Form 990 or 990-EZ)

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 for instructions and the latest instructions.

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I

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

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

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total 53,665,077. 11,588,368. 43,265,454.

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

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	74,344.		1,608,177.	1,682,521.
	2 Cash prizes	1,000.		213,154.	214,154.
Direct Expenses	3 Noncash prizes			4,990.	4,990.
	4 Rent/facility costs	4,208.		2,180.	6,388.
	5 Other direct expenses	9,683.		74,276.	83,959.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 95.0000% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.0000% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				309,491.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				1,373,030.

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

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

b If "No," explain:

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

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

b If "Yes," explain:

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

Name ▶ ANNETTA MARTIN

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ CATHERINE MICKLE

Gaming manager compensation ▶ \$ _____

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 ▶ \$ 1,373,030.

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

SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING

SCHEDULE G, PART II

MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT

RAISES AWARENESS FOR AND FIGHTS BACK AGAINST BREAST CANCER BY:

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

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

WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM.

-HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT. WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY CAN FOCUS ON FEELING BETTER.

-FINDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER AND BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE.

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR BREAST CANCER.

-FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR AFFILIATE, AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO

FIGHT THE DISEASE.

RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE
BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR
SUPPORT TO THOSE FIGHTING CANCER. IT HONORS THOSE WHO HAVE BEEN LOST TO
THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
MERKLE INC. 7001 COLUMBIA GATEWAY DR. COLUMBIA MA 21046	DIRECT MAIL STRATEGY		X	44,157,225.	8,261,951.	35,895,273.
CASWELL ZACHRY GRIZZARD LLC 6301 GASTON AVE 715 DALLAS TX 75214	PLANNED GIV STRATEGY		X		895,888.	
SOCIAL CAPITAL INC. 980 NORTH MICHIGAN AVENUE, STE 1610 CHICAGO IL 60611	FUNDRAISING CONSULTANT		X		263,181.	
CHARITY DYNAMICS 4301 GUADALUPE ST AUSTIN TX 78751	GENERAL DEV		X	1,561,069.	157,496.	1,403,573.
DINI SPHERIS 2727 ALLEN PKWY, STE 1650 HOUSTON TX 77019	FUNDRAISING CONSULTANT		X	1,663,940.	116,591.	1,547,349.

M+R STRATEGIES	ONLINE				
2120 L STREET NW 6TH FLOOR	STRATEGY	X	2,316,732.	517,548.	1,799,184.
WASHINGTON					
DC 20037					
PMX AGENCY LLC	DIRECT				
5 HANOVER SQUARE, 6TH FLOOR	MAIL	X	3,966,111.	1,346,036.	2,620,075.
NEW YORK					
NY 10004					
JAMES P LYDDY	PLANNED GIV				
810 GREENWOOD DR	STRATEGY	X		29,677.	
SPRING LAKE HEIGHTS					
NJ 07762					

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

Name ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

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

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESS 2651 SAULINO CT DEARBORN, MI 48126	23-7444497	501(C)(3)	100,000.				CANCER CONTROL
(2) ADVOCATE HEALTH CARE 2025 WINDSOR DR OAK BROOK, IL 60523	36-2169147	501(C)(3)	5,995.				RELAY FOR LIFE
(3) AFFINIA HEALTHCARE 1717 BIDDLE ST SAINT LOUIS, MO 63106	43-0817642	501(C)(3)	80,000.				COLORECTAL HEALTH AND EDUCATION
(4) AGAPE COMMUNITY HEALTH CENTER 120 KING ST JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	18,750.				CANCER CONTROL
(5) ALL CARE HEALTH CENTER 902 S 6TH ST COUNCIL BLUFFS, IA 51501	42-1466508	501(C)(3)	28,274.				COLERECTAL HEALTH AND EDUCATION
(6) ALLIANCE FOR CHILDHOOD INC PO BOX 5758 ANNAPOLIS, MD 21403-0704	52-2327902	501(C)(3)	50,000.				PATIENT NAVIGATOR POSITION
(7) AMEC HEALTH COMMISSION PO BOX 225 WILLINGBORO, NJ 08046	53-0204696	501(C)(3)	10,000.				CANCER CONTROL
(8) AMERICAN ASSOC FOR CANCER RSRCH PO BOX 8500-1916 PHILADELPHIA, PA 19178	23-6251648	501(C)(3)	20,000.				INTRAMURAL RESEARCH GRANT
(9) AMERICAN COLLEGE OF SURGEONS 633 N ST CLAIR ST CHICAGO, IL 60611-3211	36-2192800	501(C)(3)	1,298,663.				RESEARCH AND CANCER CTRL
(10) AMHERST H WILDER FOUNDATION 1295 BANDANA BLVD N ST PAUL, MN 55108	41-0693889	501(C)(3)	21,500.				COLERECTAL HEALTH AND EDUCATION
(11) AMISTAD COMMUNITY HEALTH CNTR 1533 S BROWNLEE BLVD CC, TX 78404	20-3008507	501(C)(3)	50,000.				HPV ADVOCACY
(12) ARCTIC SLOPE NATIVE ASSOCIATION 7000 UULA ST BARROW, AK 99723	91-0873623	501(C)(3)	25,000.				CANCER CONTROL

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

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

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(1) ART CENTER COLLEGE OF DESIGN 1700 LIDA ST PASADENA, CA 91103-1924	95-1921340	501(C)(3)	9,000.				TOBACCO CONTROL
(2) ASCENSION ST JOHN HOSPITAL 28000 DEQUINDRE RD WARREN, MI 48092-2468	38-1359063	501(C)(3)	10,000.				TRANSPORTATION ASSISTANCE
(3) ASPEN CANCER CONFERENCE INC. 4204 MARINA VILLA DR DUCK KEY, FL 33050	52-1746776	501(C)(3)	16,000.				RESEARCH AND CANCER CTRL
(4) ASSOCIATION OF ONCOLOGY SOCIAL WORK 1 PARKVIEW PLZ OAKBR. TERRACE, IL 60181	13-3736895	501(C)(3)	6,000.				CANCER CONTROL
(5) ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	50,000.				HPV AND CANCER CTRL
(6) AXESSPOINTE COMMUNITY HEALTH CENTERS, INC. 1400 S. ARLINGTON ST. AKRON, OH 44306	34-1735884	501(C)(3)	50,000.				CANCER CONTROL
(7) BALTIMORE MEDICAL SYSTEM INC 3501 SINCLAIR LN BALTIMORE, MD 21213	52-1358241	501(C)(3)	18,750.				CANCER CONTROL
(8) BARBARA ANN KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	36-1613280	501(C)(3)	10,000.				TRANSPORTATION ASSISTANCE
(9) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLZ HOUSTON, TX 77030	76-0481211	501(C)(3)	955,500.				EXTRAMURAL RESEARCH GRANT
(10) BAYLOR SCOTT & WHITE HEALTH FOUNDATION 1717 SW H K DODGEN LOOP TEMPLE, TX 76502	46-3131350	501(C)(3)	15,000.				TRANSPORTATION ASSISTANCE
(11) BEAUFORT JASPER HAMPTON COMP HLTH SVCS INC 1320 RIBAUT RD PORT ROYAL, SC 29935	57-0523586	501(C)(3)	12,500.				CANCER CONTROL
(12) BECKMAN RSRCH INST OF THE CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	433,500.				EXTRAMURAL RESEARCH GRANT

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(1) BERGEN COMMUNITY COLLEGE FOUNDATION 400 PARAMUS RD PARAMUS, NJ 07652	22-2351891	501(C)(3)	9,000.				TOBACCO CONTROL
(2) BOARD OF HEALTH CITY OF CINCINNATI 3101 BURNET AVE CINCINNATI, OH 45229	31-6000064	GOVT	50,000.				COLORECTAL HEALTH AND EDUCATION
(3) BOARD OF REGENTS OF THE UNIV OF WISCONSIN 21 N PARK ST MADISON, WI 53715-1218	39-0743975	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(4) BOARD OF REGENTS OF THE UNIV OF WISCONSIN S UW-MADISON GARA ACCT MILWAUKEE, WI 53278	37-1555782	501(C)(3)	480,000.				EXTRAMURAL RESEARCH GRANT
(5) BOB PERKS CANCER ASSISTANCE FUND 1290 DEERBROOK DR PORT MATILDA, PA 16870	20-4220990	501(C)(3)	34,929.				CANCER CONTROL
(6) BRIGHAM AND WOMENS HOSPITAL PO BOX 3887, MA 02241	04-2312909	501(C)(3)	1,509,000.				EXTRAMURAL RESEARCH GRANT
(7) BROWNSVILLE COMMUNITY DEVELOPMENT CORP 592 ROCKAWAY AVE BROOKLYN, NY 11212	11-2544630	501(C)(3)	50,000.				CANCER CONTROL
(8) BUTLER COUNTY COMMUNITY HEALTH CONSORTIUM 300 HIGH ST HAMILTON, OH 45011	31-1694200	501(C)(3)	50,000.				CANCER CONTROL
(9) CABIN CREEK HEALTH SYSTEMS 5722 CABIN CREEK RD DAWES, WV 25054	55-0709223	501(C)(3)	75,000.				CANCER CONTROL
(10) CALIFORNIA COLORECTAL CANCER COALITION INC 1710 WEBSTER ST OAKLAND, CA 94612	95-3102332	501(C)(3)	50,000.				IMPROVE HEALTHCARE SYSTEMS
(11) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(12) CAMC HEALTH EDUC AND RSRCH INSTITUTE INC PO BOX 1547 CHARLESTON, WV 25326	55-0753754	501(C)(3)	90,000.				CANCER CONTROL

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(1) CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I STREET NW WASHINGTON, DC 20005	52-1969967	501(C)(3)	300,000.				IMPROVE HEALTHCARE SYSTEMS
(2) CAPITOL CITY FAMILY HEALTH CEN PO BOX 66156 BATON ROUGE, LA 70896	72-1395500	501(C)(3)	18,750.				CANCER CONTROL
(3) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106-7006	34-1018992	501(C)(3)	1,933,300.				EXTRAMURAL RESEARCH GRANT
(4) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD W HOLLYWOOD, CA 90048	95-1644500	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(5) CENTRAL CALIFORNIA FOUNDATION FOR HEALTH 1401 GARCES HWY DELANO, CA 93215	77-0258013	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(6) CENTRAL FLORIDA FAMILY HEALTH 4930 E LAKE MARY BLVD SANFORD, FL 32771	59-1741286	501(C)(3)	18,750.				CANCER CONTROL
(7) CENTROMED 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1787031	501(C)(3)	50,000.				HPV ADVOCACY
(8) CHATHAM UNIVERSITY WOODLAND RD PITTSBURGH, PA 15232	25-0717890	501(C)(3)	5,964.				TOBACCO CONTROL
(9) CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVE CHICAGO, IL 60617	36-2893854	501(C)(3)	18,750.				CANCER CONTROL
(10) CHILDRENS HOSP OF PHILADELPHIA LOCKBOX 1457 PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	13,822.				IMPROVE HEALTHCARE SYSTEMS
(11) CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241-4413	04-2703265	501(C)(3)	403,500.				EXTRAMURAL RESEARCH GRANT
(12) CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	144,000.				EXTRAMURAL RESEARCH GRANT

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(1) CHRIST COMMUNITY HEALTH SERVICES INC 2595 CENTRAL AVE MEMPHIS, TN 38104-5905	62-1583270	501(C)(3)	10,000.				CANCER CONTROL
(2) CHRISTIAN COMMUNITY HEALTH SERVICES 5 E LIBERTY ST CINCINNATI, OH 45202	31-1321054	501(C)(3)	18,750.				CANCER CONTROL
(3) CHRISTIANA CARE HLTH SERVICES 200 HYGEIA DRIVE NEWARK, DE 19713	51-0103684	501(C)(3)	20,250.				CANCER CONTROL
(4) CIRCLE HEALTH SERVICES 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)	18,750.				CANCER CONTROL
(5) CITY UNIVERSITY OF NEW YORK 365 5TH AVE NEW YORK, NY 10016	13-1988190	501(C)(3)	40,000.				EXTRAMURAL RESEARCH GRANT
(6) COASTAL FAMILY HEALTH CENTER P. O. BOX 239 ASTORIA, OR 97103-0239	41-2036133	501(C)(3)	50,000.				CANCER CONTROL
(7) COASTAL HEALTH & WELLNESS PO BOX 939 LA MARQUE, TX 77568	74-1665318	OTHER	18,750.				CANCER CONTROL
(8) CODMAN SQUARE HEALTH CENTER INC. 637 WASHINGTON ST DORCHESTER, MA 02124	04-2678774	501(C)(3)	50,000.				CANCER CONTROL
(9) COLORADO STATE UNIVERSITY 555 S HOWES ST FORT COLLINS, CO 80523	84-6000545	GOVT	1,447,000.				EXTRAMURAL RESEARCH GRANT
(10) COLUMBIA UNIVERSITY 116TH & BROADWAY NEW YORK, NY 10087	13-5598093	501(C)(3)	430,000.				EXTRAMURAL RESEARCH GRANT
(11) COMM SVC EDUC & RSCH FUND OF THE SEDMS 5380 ELVAS AVENUE SACRAMENTO, CA 95819	23-7003581	501(C)(3)	16,725.				IMPROVE HEALTHCARE SYSTEMS
(12) COMMUNITY FDN OF THE VIRGIN ISLANDS CFVI PO BOX 11790 ST THOMAS, VI 00801-4790	66-0470703	501(C)(3)	30,000.				IMPROVE HEALTHCARE SYSTEMS & FIN ASST.

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(1) COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)(3)	42,030.				COLORECTAL HEALTH AND EDUCATION
(2) COMMUNITY HEALTH CENTER OF WYOMING 5000 BLACKMORE ROAD CASPER, WY 82609	83-0326307	501(C)(3)	37,379.				IMPROVE HEALTHCARE SYSTEMS
(3) COMMUNITY HEALTH CTRS OF GREATER DAYTON 1323 WEST THIRD ST DAYTON, OH 45402	26-1253235	501(C)(3)	12,500.				CANCER CONTROL
(4) COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 STREET MIAMI, FL 33190	59-1372690	501(C)(3)	8,914.				COLORECTAL CANCER AND EDUCATION
(5) COMMUNITY HEALTH SERVICES INC. 500 ALBANY AVE HARTFORD, CT 06120-2508	06-0863942	501(C)(3)	7,650.				COLORECTAL HEALTH AND EDUCATION
(6) COMMUNITY HEALTHNET INC 1021 W 5TH AVE GARY, IN 46402	35-2048141	501(C)(3)	12,500.				CANCER CONTROL
(7) COMMUNITY HEALTH CARE 1019 PACIFIC AVE TACOMA, WA 98402	91-1349657	501(C)(3)	49,999.				CANCER CONTROL
(8) COMMUNITY HLTH CTRS OF SOUTHEASTERN IOWA 1706 W AGENCY ROAD BURLINGTON, IA 52655	39-1908462	501(C)(3)	48,076.				COLORECTAL HEALTH AND EDUCATION
(9) CONQUER CANCER FOUNDATION 2318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000.				CANCER CONTROL
(10) COOK COUNTY HEALTH FOUNDATION 1603 ORRINGTON AVE EVANSTON, IL 60201	45-4607769	501(C)(3)	50,000.				CANCER CONTROL
(11) COOPERATIVE EDUCATIONAL SERVICE N19 W23131 PAUL RD PEWAUKEE, WI 53072	39-1483818	OTHER	22,500.				RESEARCH AND CANCER CTRL
(12) COVENANT COMMUNITY CARE INC. 559 W GRAND BLVD DETROIT, MI 48216	38-3533998	501(C)(3)	18,000.				COLORECTAL HEALTH AND EDUCATION

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CTR FOR FAMILY HEALTH AND EDUCATION INC. 8727 VAN NUYS BLVD PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	18,750.				CANCER CONTROL
(2) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501(C)(3)	1,806,000.				RESEARCH AND BREAST EDU
(3) DARTMOUTH-HITCHCOCK CLINIC 1 MEDICAL CTR DR LEBANON, NH 03756	22-2519596	501(C)(3)	583,000.				EXTRAMURAL RESEARCH GRANT
(4) DELAWARE VALLEY COMMUNITY HLTH 401 W ALLEGHENY AVE PHL, PA 19133	23-2077750	501(C)(3)	18,750.				CANCER CONTROL
(5) DENVER HEALTH & HOSPITAL AUTH PO BOX 17093 DENVER, CO 80127-0093	84-1343242	GOVT	50,000.				CANCER CONTROL
(6) DEPARTMENT OF PUBLIC HLTH & SOCIAL SVCS 123 CHALAN KARETA MANGILAO, GU 96913	(BLANK)	OTHER	10,000.				IMPROVE HEALTHCARE SYSTEMS
(7) DISTRICT CLINIC HOLDINGS, INC. 1150 45TH ST WEST PALM BEACH, FL 33407	45-591655	501(C)(3)	26,333.				RESEARCH AND CANCER CTRL
(8) DUBOIS COUNTY HEALTH DEPT 1187 S ST. CHARLES ST JASPER, IN 47546	35-6000141	GOVT	75,000.				HPV AND CANCER CTRL
(9) DUKE UNIVERSITY 2127 CAMPUS DR, DURHAM, NC 27708	56-0532129	501(C)(3)	897,000.				EXTRAMURAL RESEARCH GRANT AND TOBACCO
(10) EAST LIBERTY FAMILY HEALTH CARE CTR INC. 7171 CHURCHLAND ST PITTSBURGH, PA 15206	25-1417228	501(C)(3)	50,000.				CANCER CONTROL
(11) EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	19,740.				COLERECTAL HEALTH AND EDUCATION
(12) EMORY UNIVERSITY GRANTS 200 DOWMAND DR, ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	933,000.				EXTRAMURAL RESEARCH GRANT

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(1) ENLOE MEDICAL CENTER 1531 ESPLANADE CHICO, CA 95926-3310	94-1603784	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(2) ERIE COUNTY MEDICAL CENTER 462 GRIDER ST BUFFALO, NY 14215	83-0382654	501(C)(3)	50,000.				CANCER CONTROL
(3) FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL RD BALTIMORE, MD 21225	52-1118424	501(C)(3)	50,000.				CANCER CONTROL
(4) FAMILY HEALTH CTR OF SAN DIEGO 823 GATEWAY CTR WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	50,000.				CANCER CONTROL
(5) FLAGLER COLLEGE 74 KING ST ST AUGUSTINE, FL 32084	59-1157081	501(C)(3)	6,000.				TOBACCO CONTROL
(6) FLORIDA ASSCN OF COMMUNITY HEALTH CTRS 2340 HANSEN LN TALLAHASSEE, FL 32301	59-2559163	501(C)(3)	25,000.				COLERECTAL HEALTH AND EDUCATION
(7) FOND DU LAC HUMAN SERVICES 927 TRETTEL LN CLOQUET, MN 55720	41-0965719	OTHER	25,000.				CANCER CONTROL
(8) FOUND CARE INC. 2330 S CONGO AVE W PALM BEACH, FL 33406	54-2083748	501(C)(3)	26,333.				RESEARCH AND CANCER CTRL
(9) FRONTIER NURSING UNIVERSITY INC 170 PROSPEROUS PL LEXINGTON, KY 40509	61-1124267	501(C)(3)	5,906.				TOBACCO CONTROL
(10) GANNON UNIVERSITY 109 UNIVERSITY SQ ERIE, PA 16541	25-0496976	501(C)(3)	6,000.				TOBACCO CONTROL
(11) GASTON FAMILY HEALTH SERVICES INC 2000 EAST SECOND AVE GASTONIA, NC 28052	58-1958398	501(C)(3)	50,000.				CANCER CONTROL
(12) GENESIS COMMUNITY HEALTH INC. 2623 S SEACREST BLVD BOYT. BCH, FL 33435	80-0374741	501(C)(3)	26,333.				RESEARCH AND CANCER CTRL

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(1) GRAND CANYON UNIVERSITY FOUNDATION 3101 N CENTRAL AVE PHOENIX, AZ 85012	94-2940102	501(C)(3)	15,000.				TOBACCO CONTROL
(2) GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD BRANDYWINE, MD 20613	52-0961414	501(C)(3)	50,000.				CANCER CONTROL
(3) GREATER WATERBURY YMCA 4007 EST DIAMOND RUBY ST CROIX, VI 00820	31-1802333	501(C)(3)	6,938.				BC SCREENINGS
(4) GREATER WATERBURY YMCA 136 WEST MAIN ST WATERBURY, CT 06702	06-0646988	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(5) GREEN MOUNTAIN COLLEGE ONE BRENNAN CIRCLE POULTNEY, VT 05764	03-0179299	501(C)(3)	5,481.				TOBACCO CONTROL
(6) H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	535,500.				EXTRAMURAL RESEARCH GRANT
(7) HEALTH CONNECT SOUTH 1950 LAKE PARK DR SE SMYRNA, GA 30080	46-3967515	501(C)(6)	10,000.				CANCER CONTROL
(8) HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD OLATHE, KS 66062	48-1115529	501(C)(3)	50,000.				CANCER CONTROL
(9) HEKTOEN INST LLC FUND 03838 2240 W OGDEN AVE FL 2 CHICAGO, IL 60612	36-2244897	501(C)(3)	65,526.				BREAST EDUCATION AND HEALTH
(10) HOPE 7 HEROES CHILDREN'S CANCER FUND 161 FT WASHINGTON AVE NEW YORK, NY 10032	74-3066193	501(C)(3)	1,186,305.				CANCER CONTROL
(11) HOSPARUS INC 353 EHPRAIM MCDOWELL DR LOUIS., KY 40205	61-0921718	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(12) HUDSON ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	20,000.				IMPROVE HEALTHCARE SYSTEMS

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(1) INDIAN HEALTH CENTER OF SCV 1333 MERIDIAN AVE SAN JOSE, CA 95125	94-2476242	501(C)(3)	18,750.				CANCER CONTROL
(2) INDIANA STATE UNIVERSITY PH 116 TERRE HAUTE, IN 47809	35-6001670	501(C)(3)	9,000.				TOBACCO CONTROL
(3) INDIANA UNIVERSITY 509 E 3RD ST INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	1,589,000.				RESEARCH AND TOBACCO CTRL
(4) INTERAMERICAN HEART FOUNDATION, INC. 7272 GREENVILLE AVE DALLAS, TX 75231	75-2605363	501(C)(3)	7,500.				EXTRAMURAL RESEARCH GRANT
(5) INTERMOUNTAIN HEALTHCARE FOUNDATION 36 S STATE ST SALT LAKE CITY, UT 84111	80-0225150	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(6) INTERNATIONAL COMMUNITY HEALTH 720 8TH AVE SOUTH SEATTLE, WA 98104	91-0947084	501(C)(3)	12,475.				IMPROVE HEALTHCARE SYSTEMS
(7) JESSIE TRICE COMMUNITY HEALTH FDN INC 5607 NW 27TH AVE MIAMI, FL 33142-2826	59-2681559	501(C)(3)	50,000.				CANCER CONTROL
(8) JOHNS HOPKINS UNIVERSITY BOA CENTRAL LOCKBOX CHICAGO, IL 60693	52-0591627	501(C)(3)	3,505,000.				EXTRAMURAL RESEARCH GRANT
(9) KERN COMMUNITY COLLEGE DISTRICT FDN 2100 CHESTER AVE BAKERFIELD, CA 93301	77-0055885	501(C)(3)	6,000.				TOBACCO CONTROL
(10) KEWEENAW BAY INDIAN COMMUNITY 16429 BEARTOWN RD BARAGA, MI 49908	38-1743340	OTHER	23,249.				CANCER CONTROL
(11) KEYSTONE HEALTH 755 NORLAND AVE CHAMBERSBURG, PA 17201	25-1546810	501(C)(3)	27,500.				COLORECTAL HLTH & ED HPV AND CANCER CTRL
(12) LACKAWANNA COLLEGE 501 VINE ST SCRANTON, PA 18509	24-0839402	501(C)(3)	6,000.				TOBACCO CONTROL

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(1) LEGACY COMMUNITY HEALTH SVCS PO BOX 66308 HOUSTON, TX 77266-6308	76-0009637	501(C)(3)	50,000.				CANCER CONTROL
(2) LINCOLN PRIMARY CARE 7400 LYNN AVE HAMLIN, WV 25523	55-0552212	501(C)(3)	45,000.				CANCER CONTROL
(3) LOMA LINDA UNIVERSITY 11130 ANDERSON ST LOMA LINDA, CA 92350	95-1816009	501(C)(3)	10,000.				TRANSPORTATION ASSISTANCE
(4) LONG ISLAND FQHC INC 1600 STEWART AVE WESTBURY, NY 11590	27-0216316	501(C)(3)	18,750.				CANCER CONTROL
(5) LONGVIEW WELLNESS CENTER INC. PO BOX 3647 LONGVIEW, TX 75606	75-2723993	501(C)(3)	50,000.				CANCER CONTROL
(6) LOOK GOOD FEEL BETTER FOUNDATION 1620 L ST, NW WASHINGTON, DC 20036	52-1523017	501(C)(3)	116,974.				LOOK GOOD FEEL BETTER
(7) LOYOLA UNIVERSITY CHICAGO 820 N. MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)(3)	789,000.				TOBACCO CONTROL
(8) MADISON CO COMMUNITY HLTH CTR 1547 OHIO AVE ANDERSON, IN 46016	35-2098820	501(C)(3)	18,750.				CANCER CONTROL
(9) MANO A MANO FAMILY RESOURCE CENTER 6 E. MAIN ST ROUND LAKE PARK, IL 60073	36-4418084	501(C)(3)	13,500.				CERVICAL CANCER
(10) MARILLAC COMMUNITY HEALTH CENT PO BOX 4148 NEW ORLEANS, LA 70178-4148	27-3046997	501(C)(3)	8,266.				CANCER CONTROL
(11) MARIN COMMUNITY CLINICS 9 COMMERICAL BLVD NOVATO, CA 94949	94-2237120	501(C)(3)	50,000.				CANCER CONTROL
(12) MARY'S CTR FOR MATERNAL & CHILD CARE INC 2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	18,750.				CANCER CONTROL

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(1) MASS INSTITUTE OF TECHNOLOGY BLDGE E19-750 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	955,500.				EXTRAMURAL RESEARCH GRANT
(2) MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE BOSTON, MA 02241	04-1564655	501(C)(3)	3,067,500.				EXTRAMURAL RESEARCH GRANT
(3) MAYO CLINIC PO BOX 4008 ROCHESTER, MN 55903-4008	41-1937751	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(4) MEDICAL COLLEGE OF WISCONSIN 8701 WTRTOWN PK RD MILWAUKEE, W I53226	39-0806261	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(5) MEDSTAR WASHINGTON HOSP CENTER 110 IRVING ST NW WASHINGTON, DC 20010	52-1272129	501(C)(3)	29,240.				CANCER CONTROL
(6) MERCY FOUNDATION - BAKERSFIELD PO BOX 119 BAKERSFIELD , CA 93302	77-0201321	501(C)(3)	8,665.				IMPROVE HEALTHCARE SYSTEMS
(7) MESSENGERS FOR HEALTH PO BOX 940 CROW AGENCY, MT 59022	27-0566321	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(8) METRO COMMUNITY PROVIDER NETWORK INC 3701 S BROADWAY ENGLEWOOD, CO 80113-3611	74-2477108	501(C)(3)	30,750.				CANCER CONTROL
(9) MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD N MIAMI, FL 33181	59-1829984	501(C)(3)	18,750.				CANCER CONTROL
(10) MILWAUKEE HEALTH SERVICES INC 2555 N MLK JR DR MILWAUKEE, WI 53212	39-1664109	501(C)(3)	18,750.				CANCER CONTROL
(11) MOAB HEALTHCARE FOUNDATION 450 WILLIAMS WAY MOAB, UT 84532-2185	27-2355337	501(C)(3)	9,154.				TRANSPORTATION HOME OF HOPE
(12) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	1,162,500.				EXTRAMURAL RESEARCH GRANT

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(1) MOUNTAINLANDS COMMUNITY HEALTH CTR INC 589 SOUTH STATE ST PROVO, UT 84606	87-0515716	501(C)(3)	68,530.				COLORECTAL HLTH & ED IMPROVE HLTHCR SYS
(2) NASSAU COMMUNITY COLLEGE FOUNDATION INC. 1 EDU. DR V2276 GARDEN CITY, NY 11530	11-2533314	501(C)(3)	15,000.				TOBACCO CONTROL
(3) NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	25,000.				IMPROVE HEALTHCARE SYSTEMS
(4) NATIVE AMERICANS FOR COMMUNITY ACTION INC 2717 N STEVES BLVD FLAGSTAFF, AZ 86004	86-0268489	OTHER	25,000.				CANCER CONTROL
(5) NEIGHBORHOOD HEALTH CENTER 155 LAWN AVE BUFFALO, NY 14207	16-1294447	501(C)(3)	18,750.				CANCER CONTROL
(6) NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVE MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	45,866.				CANCER CONTROL
(7) NEW YORK CITY HEALTH AND HOSPITALS CORP 160 WATER STREET NEW YORK, NY 10038	13-265501	501(C)(3)	50,000.				CANCER CONTROL
(8) NEW YORK UNIVERSITY 105 EAST 17TH ST FL 3 NEW YORK, NY 10003	13-5562308	OTHER	30,000.				EXTRAMURAL RESEARCH GRANT
(9) NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241-5026	13-5562309	SECTION 115	602,000.				EXTRAMURAL RESEARCH GRANT
(10) NEWARK COMMUNITY HEALTH CENTERS INC 741 BROADWAY NEWARK, NJ 07104-4309	22-2747589	501(C)(3)	11,250.				BREAST EDUCATION AND HEALTH
(11) NORFOLK STATE UNIVERSITY FOUNDATION INC. 700 PARK AVE NORFOLK, VA 23504-8050	23-7235954	501(C)(3)	9,000.				TOBACCO CONTROL
(12) NORTH AMERICAN QUITLINE CONSORTIUM 3219 E CAMELBACK RD PHOENIX, AZ 85013	27-0142713	501(C)(3)	128,517.				TOBACCO CONTROL

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

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Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NC COMMUNITY HEALTH CENTER ASSOC 4917 WATERS EDGE DR RALEIGH, NC 27606	56-1240332	501(C)(3)	50,625.				COLORECTAL HLTH & ED HPV AND CANCER CTRL
(2) NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE STREET PITTSBURGH, PA 15212	25-1715426	501(C)(3)	10,000.				HPV AND CANCER CTRL
(3) NORTHEASTERN UNIVERSITY 960 RENAISSANCE PLACE BOSTON, MA 20115	04-1679980	501(C)(3)	30,000.				EXTRAMURAL RESEARCH GRANT
(4) NORTHSIDE HOSPITAL INC 1000 JOHNSON FERRY RD ATLANTA, GA 30342	58-1954432	501(C)(3)	6,000.				HPV AND CANCER CTRL
(5) NORTHWESTERN UNIVERSITY 633 CLARK ROOM G547 EVANSTON, IL 60208	36-2167817	501(C)(3)	1,410,500.				EXTRAMURAL RESEARCH GRANT
(6) NYC DEPT OF HEALTH AND MENTAL HYGIENE 42-09 28TH ST, LONG ISLAND CITY, NY 11101	13-6400434	GOVT	300,000.				EXTRAMURAL RESEARCH GRANT
(7) OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL D STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	18,750.				CANCER CONTROL
(8) OCHSNER CLINIC FOUNDATION 1514 JEFF. HGWY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	10,000.				TRANSPORTATION ASSISTANCE
(9) OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	16,000.				IMPROVE HEALTHCARE SYSTEMS
(10) OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210-1063	31-6401599	501(C)(3)	3,397,461.				EXTRAMURAL RESEARCH GRANT
(11) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW JACKSON PARK RD POR, OR 97239	93-1176109	170(B)(1)(A)(V)	4,167,250.				EXTRAMURAL RESEARCH GRANT
(12) OREGON PACIFIC AREA HEALTH CENTER PO BOX 767 LINCOLN CITY, OR 97367	93-1111753	501(C)(3)	23,674.				IMPROVE HEALTHCARE SYSTEMS

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(1) OVERLAKE HOSPITAL FOUNDATION 1035 116TH AVE NE BELLEVUE, WA 98004	91-1050325	501(C)(3)	7,820.				IMPROVE HEALTHCARE SYSTEMS
(2) PACK HEALTH LLC 110 12TH ST N BIRMINGHAM, AL 35203	46-4018650	OTHER	200,000.				RESEARCH AND CANCER CTRL
(3) PARKTREE COMMUNITY HEALTH CTR 1450 E HOLT AVE POMONA, CA 91767	22-3914738	OTHER	45,000.				IMPROVE HEALTHCARE SYSTEMS
(4) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	500,000.				NCIC
(5) PENINSULA COMMUNITY HEALTH SERVICES PO BOX 960 BREMERTON, WA 98337	94-3079770	501(C)(3)	18,750.				CANCER CONTROL
(6) PEOPLES COMMUNITY HEALTH CLINIC INC 905 FRANKLIN ST WATERLOO, IA 50703-4407	42-1058629	501(C)(3)	31,250.				COLORECTAL AND CANCER CTRL
(7) PRESIDENT & FELLOWS OF HARVARD COLLEGE 1033 MA AVE CAMBRIDGE, MA 02241	04-2103580	501(C)(3)	1,013,000.				EXTRAMURAL RESEARCH GRANT
(8) PRESTON TAYLOR COMMUNITY HEALTH CTRS INC. 725 N PIKE ST GRAFTON, WV 26354	55-0665614	501(C)(3)	10,000.				HPV AND CANCER CTRL
(9) PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE PITTSBURGH, PA 15208	25-1300356	501(C)(3)	18,750.				CANCER CONTROL
(10) PRIMARY HEALTH CARE INC 9943 HICKMAN RD URBAN DALE, IA 50310	42-1350092	501(C)(3)	7,178.				COLERECTAL HEALTH AND EDUCATION
(11) PROGRESSIVE COMMUNITY HEALTH CTRS INC. 3225 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	50,000.				CANCER CONTROL
(12) PROVIDENCE ST PETER HOSPITAL 413 LILLY RD NE OLYMPIA, WA 98506-5133	91-0567732	501(C)(3)	6,000.				TRANSPORTATION ASSISTANCE

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(1) PUBLIC HEALTH MANAGEMENT CORPORATION LM500 LOWER MEZZANINE PHIL, PA 19102	23-7221025	501(C)(3)	50,000.				CANCER CONTROL
(2) PUBLIC HEALTH SEATTLE KING CO 401 FIFTH AVE STE 1250 SEATTLE, WA 98104	91-6001327	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(3) RAPHAEL HEALTH CENTER 401 E 34TH ST INDIANAPOLIS, IN 46205	35-1948768	501(C)(3)	64,100.				CANCER CONTROL
(4) REGENESIS HEALTH CARE PO BOX 5158 SPARTANBURG, SC 29304	57-1084051	501(C)(3)	18,750.				CANCER CONTROL
(5) REGENTS OF THE UNIV OF CA BERKELEY EXTRAMURAL FUNDS ACCT BERKELEY, CA 94720	94-6002123	GOVT	163,500.				TOBACCO CONTROL
(6) REGENTS OF THE UNIV OF CA IRVINE CONTRACTS & GRANT ACCT IRVINE, CA 92697	94-6002123	GOVT	1,747,500.				TOBACCO CONTROL
(7) REGENTS OF THE UNIV OF CA SAN DIEGO ATTN UCSD CASHIER OFC LA JOLLA, CA 92093	94-6002123	GOVT	275,000.				TOBACCO CONTROL
(8) REGENTS OF THE UNIV OF CA SAN FRAN 3333 CALIFORNIA ST, SAN FRANCISCO 94143	94-6036493	501(C)(3)	1,941,000.				EXTRAMURAL RESEARCH GRANT AND TOBACCO
(9) REGENTS OF THE UNIV OF CA UCLA ATTN PYMT SOL & COMP. LA, CA 92093	95-6006143	501(C)(3)	792,000.				TOBACCO CONTROL
(10) REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD LA, CA 90024	94-3067788	501(C)(3)	100,000.				TOBACCO CONTROL
(11) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	GOVT	2,814,500.				EXTRAMURAL RESEARCH GRANT
(12) REGENTS OF THE UNIVERSITY OF MINNESOTA PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	GOVT	1,329,500.				EXTRAMURAL RESEARCH GRANT

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(1) REGIONAL MEDICAL CENTER AT MEMPHIS TRANSP. GRANT PROGRAM MEMPHIS, TN 38103	58-1737037	501(C)(3)	10,000.				TRANSPORTATION ASSISTANCE
(2) RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201-0009	14-1368361	501(C)(3)	955,500.				TOBACCO CONTROL
(3) RIVERSIDE - SAN BERNARDINO CTY INDIAN HLTH 11980 MV AVE GRAND TERRACE, CA 92313	95-2846605	501(C)(3)	25,000.				CANCER CONTROL
(4) ROSWELL PARK CANCER INSTITUTE ELM & CARLTON STREETS BUFFALO, NY 14263	16-1391608	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(5) SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	11,250.				COLORECTAL AND HEALTHCARE SYSTEMS
(6) SALUD PARA LA GENTE 195 AVIATION WAY WATSONVILLE, CA 95076	94-2705747	501(C)(3)	44,743.				CANCER CONTROL
(7) SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	18,750.				CANCER CONTROL
(8) SAN ANTONIO REGIONAL HOSPITAL 999 SAN BERNARDINO RD UPLAND, CA 91786	95-1183919	501(C)(3)	10,000.				TRANSPORTATION ASSISTANCE
(9) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION SAN DIEGO, CA 92182	95-6042721	501(C)(3)	396,000.				EXTRAMURAL RESEARCH GRANT
(10) SC PRIMARY HEALTH CARE ASSOC 3 TECHNOLOGY CIR COLUMBIA, SC 29201	57-0803696	501(C)(3)	10,000.				COLERECTAL HEALTH AND EDUCATION
(11) SCRIPPS RESEARCH INSTITUTE 10550 N TRY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	327,000.				EXTRAMURAL RESEARCH GRANT
(12) SENTARA HEALTHCARE 6015 POPLAR HALL DR NORFOLK, VA 23502	52-1271901	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS

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(1) SKIN CANCER FOUNDATION INC 205 LEXINGTON AVE NEW YORK, NY 10016	13-2948778	501(C)(3)	10,000.				CANCER CONTROL
(2) SLOAN-KETTERING INST FOR CANCER RSCH ATTN MSKCC FINANCE NEW YORK, NY 10087	13-1924236	501(C)(3)	1,959,000.				EXTRAMURAL RESEARCH GRANT
(3) SOUTH END COMMUNITY HEALTH CTR 1601 WASHINGTON ST BOSTON, MA 02118	04-2103854	501(C)(3)	18,750.				CANCER CONTROL
(4) SOUTHBIDGE MEDICAL ADVISORY 601 NEW CASTLE AVE WILMINGTON, DE 19801	23-7047824	501(C)(3)	13,125.				COLORECTAL HEALTH AND EDUCATION
(5) SOUTHEAST ASIAN EDUCATIONAL DEVELOPMENT INC MILWAUKEE, WI 53205	26-3285743	501(C)(3)	15,000.				RESEARCH AND CANCER CTRL
(6) SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE. ATLANTA, GA 30315	58-1131002	501(C)(3)	50,000.				CANCER CONTROL
(7) SPRING BRANCH COMM HLTH CTR 1615 HILLENDahl BLVD HOUSTON, TX 77055	30-0198705	501(C)(3)	11,194.				CANCER CONTROL
(8) ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 1000 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	1,684,500.				EXTRAMURAL RESEARCH GRANT
(9) ST MARY CORWIN FOUNDATION 1008 MINNEQUA AVE PUEBLO, CO 81004	23-7293638	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(10) ST NORBERT COLLEGE INC FINANCIAL AID OFFICE DE PERE, WI 54115	39-1399196	501(C)(3)	6,000.				TOBACCO CONTROL
(11) ST THOMAS RADIOLOGY ASSOCIATES PO BOX 11839 ST THOMAS, VI 8104839	66-0434472		7,000.				BC SCREENINGS
(12) STANFORD UNIVERSITY BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	1,361,000.				RESEARCH AND TOBACCO CTRL

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(1) SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	18,750.				CANCER CONTROL
(2) TAMPA FAMILY HEALTH CENTERS 302 WEST FLETCHER AVE TAMPA, FL 33612	59-2420282	501(C)(3)	50,000.				CANCER CONTROL
(3) TEXAS A&M RESEARCH FOUNDATION 400 HRVY MITCH. PWY CLGE STAT., TX 33612	74-1238434	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(4) TEXAS ONCOLOGY FOUNDATION INC. 12221 MERIT DR DALLAS, TX 75251	75-2705785	501(C)(3)	25,000.				TRANSPORTATION ASSISTANCE
(5) THE BOARD OF TRUSTEES OF THE UNIV OF IL 506 S. WRIGHT STREET URBANA, IL 61801	37-6000511	501(C)(3)	37,500.				CANCER CONTROL
(6) THE HUNTSVILLE HOSPITAL FDN INC 801 CLINTON AVE E HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	12,000.				TRANSPORTATION ASSISTANCE
(7) THE MEDICAL COLLEGE OF WISCONSIN, INC. PO BOX 26509 MILWAUKEE, WI 26509	39-0806261	501(C)(3)	50,000.				BREAST EDU AND CANCER CTRL
(8) THE MIRIAM HOSPITAL 1 HOPPIN ST PROVIDENCE, RI 02903	05-0258954	501(C)(3)	719,000.				EXTRAMURAL RESEARCH GRANT
(9) THE PENNSYLVANIA STATE UNIV ATN CONTROLLERS OFFICE HERSHEY, PA 17033	24-6000376	501(C)(3)	728,000.				EXTRAMURAL RESEARCH GRANT
(10) THE RECTOR & VISITORS OF THE UNIV OF VA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001795	501(C)(3)	1,068,000.				EXTRAMURAL RESEARCH GRANT
(11) THE RESEARCH INST OF FOX CHASE CANCER CTR 333 COTTMAN AVE PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	3,108,750.				EXTRAMURAL RESEARCH GRANT
(12) THE UNIV OF NORTH CAROLINA CHAPEL HILL 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	2,816,500.				EXTRAMURAL RESEARCH GRANT AND TOBACCO

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(1) THE UNIV OF TEXAS HLTH SCIENCE CTR HOUSTON 7000 FANNIN ST STE 901 HOUSTON, TX 77030	74-6000949	GOVT	163,500.				EXTRAMURAL RESEARCH GRANT
(2) THE UNIVERSITY OF IOWA 5 W JEFFERSON ST IOWA CITY, IA 52242	42-6004224	501(C)(3)	360,000.				EXTRAMURAL RESEARCH GRANT
(3) THE UNIVERSITY OF TEXAS HEALTH 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1586031	GOVT	1,584,000.				EXTRAMURAL RESEARCH GRANT AND TOBACCO
(4) THE UNIVERSITY OF TOLEDO 3450 CTRL AVE TOLEDO, OH 43606	34-6401483	OTHER	792,000.				EXTRAMURAL RESEARCH GRANT
(5) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(6) TRENTON MEDICAL CENTER INC. 23343 NW CNTY RD 236 HIGH SPG, FL 32643	59-2871302	501(C)(3)	50,000.				CANCER CONTROL
(7) TRI-CITY HEALTH CENTER 39465 PASEO PADRE PKWY FREMONT, CA 94538	23-27255435	501(C)(3)	18,750.				CANCER CONTROL
(8) TRUSTEES OF BOSTON UNIVERSITY BUMC 25 BUICK ST BOSTON, MA 02215	04-2103547	501(C)(3)	240,000.				EXTRAMURAL RESEARCH GRANT
(9) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD HANOVER, NH 03755-1404	02-0222111	501(C)(3)	800,986.				TOBACCO CONTROL EMS RSRCH GRANT
(10) TRUSTEES OF THE UNIV OF PENNSYLVANIA P221 FRANKLIN BLDG PHILADELPHIA, PA	23-1352685	501(C)(3)	3,167,000.				EXTRAMURAL RESEARCH GRANT
(11) TRUSTEES OF TUFTS UNIVERSITY 75 KNEELAND ST, BOSTON, MA 02111	04-2103634	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(12) TUFTS UNIVERSITY 169 HOLLAND ST SOMERVILLE, MA 02144	04-2103634	501(C)(3)	111,500.				EXTRAMURAL RESEARCH GRANT

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

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

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

Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TUG RIVER HEALTH ASSOCIATION INC PO BOX 507 GARY, WV 24836	31-0889458	501(C)(3)	25,000.				COLERECTAL HEALTH AND EDUCATION
(2) TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE TYLER, TX 75702	45-2578435	501(C)(3)	18,750.				CANCER CONTROL
(3) UC SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093-0026	95-2544535	GOVT	239,115.				TOBACCO CONTROL
(4) UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL, MN 55102	27-0052697	501(C)(3)	18,750.				COLORECTAL AND CANCER CTRL
(5) UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVE NASHVILLE, TN 37210	62-1032792	501(C)(3)	18,750.				CANCER CONTROL
(6) UNIV OF TENNESSEE HEALTH SCIENCE CTR 877 MADISON AVE MEMPHIS, TN 38163	31-1626179	501(C)(3)	24,000.				TOBACCO CONTROL
(7) UNIV OF TEXAS MD ANDERSON CANCER CTR PO BOX 4266 HOUSTON, TX 77210-4266	74-6001118	GOVT	2,350,000.				EXTRAMURAL RESEARCH GRANT
(8) UNIVERSITY AT ALBANY 1 UNIVERSITY PL RENSSELAER, NY 12144	16-1514621	501(C)(3)	20,000.				TOBACCO CONTROL
(9) UNIVERSITY COMMUNITY HEALTH SE 601 BENTON AVE NASHVILLE, TN 37204-2303	62-1438461	501(C)(3)	50,000.				CANCER CONTROL
(10) UNIVERSITY OF ALABAMA 152 ROSE ADMIN TUSCALOOSA, AL 35487	63-6001138	GOVT	40,000.				EXTRAMURAL RESEARCH GRANT
(11) UNIVERSITY OF ALABAMA BIRMINGHAM 701 S 20TH ST AB990 BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	1,119,000.				RESEARCH AND HEALTHCARE SYS
(12) UNIVERSITY OF ALABAMA BIRMINGHAM 619 19TH ST S BIRMINGHAM, AL 35294-0109	63-0649108	501(C)(3)	15,000.				TRANS ASSIST. IMPROVE HLTHCR SYS.

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

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

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Schedule I (Form 990) (2018)

SCHEDULE I
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Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722-3520	74-2652689	SECTION 115	1,152,000.				EXTRAMURAL RESEARCH GRANT
(2) UNIVERSITY OF CHICAGO 1427 E 60TH ST CHICAGO, IL 60637	36-2177139	501(C)(3)	849,500.				EXTRAMURAL RESEARCH GRANT
(3) UNIVERSITY OF CINCINNATI CASHIERS OFF DEPT A CINCINNATI, OH 45221	31-6000989	501(C)(3)	782,000.				EXTRAMURAL RESEARCH GRANT
(4) UNIVERSITY OF COLORADO AT BOULDER PO BOX 910220 DENVER, CO 80291-0220	84-6000555	GOVT	783,000.				EXTRAMURAL RESEARCH GRANT
(5) UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS DENVER, CO 80291	18-4064688	501(C)(3)	1,054,500.				EXTRAMURAL RESEARCH GRANT
(6) UNIVERSITY OF CONNECTICUT 438 WHITNEY RD STORRS, CT 06269	06-6070722	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(7) UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469-1600	31-0536715	501(C)(3)	11,250.				TOBACCO CONTROL
(8) UNIVERSITY OF FLORIDA 123 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	1,584,000.				EXTRAMURAL RESEARCH GRANT
(9) UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST HONOLULU, HI 96822	99-0085260	501(C)(3)	8,350.				IMPROVE HEALTHCARE SYSTEMS
(10) UNIVERSITY OF ILLINOIS 1901 S FIRST ST, CHAMPAIGNE, IL 61820	37-6006004	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(11) UNIVERSITY OF ILLINOIS CHICAGO GRANTS & CONTRACTS CHICAGO, IL 60673	37-6000061	501(C)(6)	221,000.				EXTRAMURAL RESEARCH GRANT
(12) UNIVERSITY OF KANSAS KUM RESEARCH INSTITUTE KS CITY, KS 66160	48-1202402	SECTION 115	111,500.				EXTRAMURAL RESEARCH GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF LOUISVILLE 2301 S THIRD LOUISVILLE, KY 40292	61-1029626	501(C)(3)	80,000.				EXTRAMURAL RESEARCH GRANT
(2) UNIVERSITY OF LOUISVILLE FOUNDATION INC. 215 CENTRAL AVE LOUISVILLE, KY 40208	23-7078461	501(C)(3)	7,500.				TRANSPORTATION ASSISTANCE
(3) UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 21203-6428	31-1678679	501(C)(3)	1,139,000.				EXTRAMURAL RESEARCH GRANT
(4) UNIVERSITY OF MIAMI 1311 MILLER RD, CORAL GABLES, FL 33146	59-0624458	501(C)(3)	30,000.				EXTRAMURAL RESEARCH GRANT
(5) UNIVERSITY OF MISSISSIPPI 113 FALKNER, UNIVERSITY, MS 38677	64-6001159	501(C)(3)	14,066.				TOBACCO CONTROL
(6) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NE MEDICAL CENTER OMAHA, NE 68198	47-4049123	OTHER	180,000.				EXTRAMURAL RESEARCH GRANT
(7) UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE RD DURHAM, NH 03824-0000	02-0437506	501(C)(3)	15,000.				TOBACCO CONTROL
(8) UNIVERSITY OF NEW MEXICO 1 NMU MSC01 ALBUQUERQUE, NM 87131-0001	85-6000642	GOVT	1,834,000.				RSRCH & TOBACCO CTRL CANCER CTRL
(9) UNIVERSITY OF NORTH DAKOTA MEDICAL 264 CENTENNIAL DR GRAND FORKS, ND 58202	45-6002491	501(C)(3)	12,500.				COLORECTAL HEALTH AND EDUCATION
(10) UNIVERSITY OF PITTSBURGH CNTRLER RSCH ACCT PITTSBURGH, PA 15251	25-0965591	501(C)(3)	3,022,000.				EXTRAMURAL RESEARCH GRANT
(11) UNIVERSITY OF ROCHESTER 175 CORPORATE WOODS ROCHESTER, NY 14623	16-0743209	501(C)(3)	400,000.				EXTRAMURAL RESEARCH GRANT
(12) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST LOS ANGELES, CA 90089	95-1642394	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT

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

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Schedule I (Form 990) (2018)

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

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(1) UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713-7159	74-1587488	501(C)(3)	854,000.				RESEARCH AND TOBACCO CTRL
(2) UNIVERSITY OF UTAH 302 PARK BLDG SALT LAKE CITY, UT 84112	23-7112869	501(C)(3)	875,500.				RESEARCH AND TOBACCO CTRL
(3) UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVE MADISON, WI 53726	39-6006492	501(C)(3)	12,500.				BREAST EDUCATION AND HEALTH
(4) UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284-1753	75-6042147	501(C)(3)	2,079,369.				EXTRAMURAL RESEARCH GRANT
(5) VALLEY COMMUNITY HEALTH CENTER 212 S 4TH ST GRAND FORKS, ND 58201	27-0056777	501(C)(3)	35,000.				COLORECTAL HEALTH AND EDUCATION
(6) VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR WAVERLY, OH 45690	31-1072406	501(C)(3)	10,000.				COLORECTAL HEALTH AND EDUCATION
(7) VANDERBILT UNIV MEDICAL CENTER PO BOX 121171 DALLAS, TX 75312	35-2528741	501(C)(3)	111,500.				EXTRAMURAL RESEARCH GRANT
(8) VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 37240	62-0476822	501(C)(3)	111,500.				EXTRAMURAL RESEARCH GRANT
(9) VENICE FAMILY CLINIC 2509 PICO BLVD SANTA MONICA, CA 90405	95-2769432	501(C)(3)	18,750.				CANCER CONTROL
(10) VIDANT HEALTH FOUNDATION 690 MEDICAL DR GREENVILLE, NC 27834	56-0585243	501(C)(3)	25,000.				IMPROVE HEALTHCARE SYSTEMS
(11) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284-3039	54-6001758	501(C)(3)	518,000.				EXTRAMURAL RESEARCH GRANT
(12) VIRGINIA COMMUNITY HEALTHCARE ASSOCIATION 3831 WESTERRE PKWY HENRICO, VA 23233	54-1231284	501(C)(3)	50,000.				HPV AND CANCER CTRL

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

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Schedule I (Form 990) (2018)

SCHEDULE I
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Department of the Treasury
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VISITING NURSES ASSOCIATION OF CAPE COD 434 ROUTE 134 SOUTH DENNIS, MA 02660	22-3321236	501(C)(3)	18,750.				CANCER CONTROL
(2) WALSH COLLEGE 3838 LIVERNOIS RD TROY, MI 48007-7006	38-1308480	501(C)(3)	5,325.				TOBACCO CONTROL
(3) WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS, MO 63112	43-6401888	501(C)(3)	3,258,500.				EXTRAMURAL RESEARCH GRANT
(4) WATTS HEALTHCARE CORPORATION 10300 COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501(C)(3)	50,000.				CANCER CONTROL
(5) WELLNESS PLAN MEDICAL CENTERS 7700 SECOND AVE DETROIT, MI 48202	27-3971570	501(C)(3)	50,000.				CANCER CONTROL
(6) WESLEY COMMUNITY CENTER INC 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	50,000.				CANCER CONTROL
(7) WESTERN KENTUCKY UNIVERSITY 1906 CLG HGHTS BLVD BOWLING GR. KY 42101	61-1605562	501(C)(3)	15,000.				TOBACCO CONTROL
(8) WESTERN WAYNE FAMILY HEALTH CENTERS TAYLOR, MI 48180	30-0281587	501(C)(3)	18,750.				CANCER CONTROL
(9) WESTMORELAND CTY COMM COLLEGE EDU FDN INC 145 PAVILION LN YOUNGWOOD, PA 15697-1814	25-1511934	501(C)(3)	15,000.				TOBACCO CONTROL
(10) WHITEHEAD INSTITUTE FOR BIOMEDICAL RSCH 455 MAIN ST CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	327,000.				EXTRAMURAL RESEARCH GRANT
(11) WISTAR INSTITUTE 3451 WALNUT ST PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(12) WOFFORD COLLEGE 429 N CHURCH ST SPARTANBURG, SC 29303	57-0314422	501(C)(3)	6,000.				TOBACCO CONTROL

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

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Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
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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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	1,504,000.				EXTRAMURAL RESEARCH GRANT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 286.
- 3 Enter total number of other organizations listed in the line 1 table 15.

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GUEST ROOM PROGRAM	66,398.	126,333.	5,675,231.	FMV	GUEST ROOMS
2 LOOK GOOD, FEEL BETTER	31,347.		7,735,600.	FMV	COSMETIC KITS
3 TRANSPORTATION	34,253.	5,353,791.			
4 WIGS	13,178.	361,702.	7,596,978.	FMV	WIGS
5 OTHER	751.	114,959.	579,214.	FMV	OTHER PAT SUPP ITEMS
6					
7					

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

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

SCHEDULE I, PART I, LINE 2

RESEARCH GRANTS: IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD. ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE. THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS: PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIXTY DAYS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIXTY DAYS AFTER THE GRANT HAS TERMINATED. THE

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

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

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

SCIENTIFIC REPORT INCLUDES:

- (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT,
- (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION,
- (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF
CANCER,
- (D) PUBLICATIONS SUBMITTED, AND
- (E) A LIST OF PATENTS GRANTED IF APPLICABLE.

NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A
DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND. ANNUAL
REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER

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

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

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

SOCIETY STAFF.

FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT:

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

- SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS

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

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

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

- INDIRECT COSTS
- SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR
- SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER

REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING

GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS

ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND

VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A

GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES

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

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

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

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

UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT

FUNDS EXPENDED. SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT

EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE

SOCIETY. THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO

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

REGULAR TELEPHONE CONFERENCES WITH GRANTEES REGARDING PROGRAM ACTIVITIES

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

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

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

NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

REQUIREMENTS.

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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Employer identification number

13-1788491

Part I Questions Regarding Compensation

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

☐
☐
☐
☐

First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account

☐
☐
☐
☐

Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (such as maid, chauffeur, chef)

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

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

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

☒
☒
☐

Compensation committee
Independent compensation consultant
Form 990 of other organizations

☐
☒
☒

Written employment contract
Compensation survey or study
Approval by the board or compensation committee

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

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

Schedule J (Form 990) 2018

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

NANCY C YAW: YAW RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 31 YEARS. RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$788,098 (PART II, LINE 3C) INCLUDES SEVERANCE OF \$194,256 AND EARNED NON-QUALIFIED SUPPLEMENTAL RETIREMENT BENEFITS OF \$593,842. THE FILING ORGANIZATION PAID THESE EARNED BENEFITS IN 2018.

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"), 457(B), AND 457(F) PLANS AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. THE ORGANIZATION RESTORES MATCHING CONTRIBUTION BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON THE FILING 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

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.

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.

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		24,606,278.	COST/SELLING PRICE
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	536.	9,443,848.	FMV
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		114,828.	21,890,993.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2018

JSA

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PAGE 87

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

SCHEDULE M, PART I, COLUMN B

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COSMETIC KIT	X	31347.	7,836,750.	COST/SELLING PRICE
WIGS	X	12520.	7,644,711.	COST/SELLING PRICE
GUEST ROOM PROGRAM	X	65792.	5,647,637.	COST/SELLING PRICE
HOPE LODGE SUPPLIES	X	5168.	738,243.	COST/SELLING PRICE
DONATED SPACE	X	1.	23,652.	COST/SELLING PRICE
TOTALS		<u>114,828.</u>	<u>21,890,993.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-1788491

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

DETECTION AND TREATMENT PROGRAMS ARE DIRECTED AT FINDING CANCER BEFORE IT
IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT CANCER
TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT AND PAIN CONTROL.
DETECTION/TREATMENT EXPENSES INCLUDED ACTIVITIES SUCH AS OUR COMMUNITY
GRANTS FOR BREAST AND COLORECTAL CANCER SCREENINGS, OUR BREAST CANCER
AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS.

PROCESS USED TO REVIEW THE FORM 990

FORM 990, PART VI, LINE 11B

MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES
AND REVIEWS THE FORM 990. THE DRAFT FORM 990 IS THEN PROVIDED TO THE
BOARD OF DIRECTORS' FINANCE COMMITTEE; AND THE CFO CONDUCTS A DETAILED
REVIEW OF THE FORM 990 WITH THE COMMITTEE MEMBERS. AN ELECTRONIC (OR
HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF
DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF
OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

THE AMERICAN CANCER SOCIETY, INC. MAINTAINS A WRITTEN CONFLICT OF
INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF
DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED.

Name of the organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE CHAIR OF THE BOARD OF DIRECTORS' AUDIT COMMITTEE RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES. EMPLOYEES' RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.

COMPENSATION REVIEW PROCESS

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

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

Name of the organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ("DISQUALIFIED PERSONS"). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL:

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

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

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

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

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

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

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

(H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE

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

AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON;

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

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

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

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

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

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

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

FORM 990, PART VI, LINE 19

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

Name of the organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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THE INPUT OF APPROPRIATE EXPERTS ON DECISION-MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES. THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$(21,960,238)

NET CHANGE IN RETIREMENT PLAN LIABILITY: \$ 13,825,445

TOTAL \$ (8,134,793)

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACS BRIGHTEDGE VENTURE LLC 82-2597570 250 WILLIAMS ST. NW STE. 4B ATLANTA, GA 30303	INVESTING	DE	0.	-359,755.	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 555 11RH STREET NW WASHINGTON, DC 20004	ELIM CANCER	DC	501(C)(4)	N/A	ACS, INC.	X	
(2) ACS DEVELOPMENT I, INC. 46-5439010 250 WILLIAMS ST. NW STE 600 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.	X	
(3) ACS CAPITAL, INC. 46-5429467 250 WILLIAMS ST, NW STE 600 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS CAN		X
(4) ACS PRODUCTS, INC. 02-0651055 250 WILLIAMS ST, NW STE 400 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.	X	
(5) AMERICAN CANCER SOCIETY, INC PUERTO RICO 66-0321594 566 CABO ALVERIO STREET HATO REY, PR 00918	ELIM CANCER	PR	501(C)(3)	7	ACS, INC.	X	
(6) THE JOSEPH AND JAEANETTE M SILBER FDTN 34-1363915 4900 TIEDEMAN RD, OH-01-49=015 BROOKLAND, OH 44144	ELIM CANCER	OH	501(C)(3)	12D	N/A		X
(7) ACS DEVELOPMENT COMPANY II, INC. 82-1993189 250 WILLIAMS ST. NW STE 600 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.	X	

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ISRAEL FAMILY HOLDINGS, LLC 81 340 S. LEMON AVENUE #2625 WALN	SUPPORT ACS	DE	RELATED	RELATED	0.	978,219.		X	0.		X	99.0000
(2) THE BROWER-IADONE FAMILY, LLC 2360 CLAUDIA STREET CORONA, CA	SUPPORT ACS	DE	RELATED	RELATED	-24,118.	1,112,419.		X	-29,557.		X	99.0000
(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) CHARITABLE REMAINDER ANNUITY TRUSTS (25)	SUPPORT ACS	NY	N/A	TRUST					X
(2) CHARITABLE REMAINDER UNITRUSTS (93)	SUPPORT ACS	NY	N/A	TRUST					X
(3) DISCRETIONARY TRUSTS (13)	SUPPORT ACS	NY	N/A	TRUST					X
(4) NET INC PRNCPL INVASION REMAINDER (116)	SUPPORT ACS	NY	N/A	TRUST					X
(5) NET INCOME REMAINDER TRUSTS (49)	SUPPORT ACS	NY	N/A	TRUST					X
(6) PERPETUAL TRUSTS (75)	SUPPORT ACS	NY	N/A	TRUST					X
(7) REVOCABLE LIVING TRUSTS (48)	SUPPORT ACS	NY	N/A	TRUST					X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE LEAD ANNUITY TRUSTS (2)	SUPPORT ACS	NY	N/A	TRUST					X
(2) COMBINATION TRUSTS (6)	SUPPORT ACS	NY	N/A	TRUST					X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK, INC.	Q	11,455,054.	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	Q	97,500.	FMV
(3) ACS PRODUCTS, INC.	Q	3,177,978.	FMV
(4) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	Q	2,191,475.	FMV
(5) ACS CANCER ACTION NETWORK, INC.	B	32,806,584.	FMV
(6) ACS DEVELOPMENT COMPANY I, INC.	K	102,500.	FMV

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	B	381,667.	FMV
(2) THE JOSEPH AND JEANETTE SILBER FDTN	C	178,943.	FMV
(3) ACS PRODUCTS, INC.	B	230,378.	FMV
(4) ACS CANCER ACTION NETWORK, INC.	L	95,224.	FMV
(5) ACS CANCER ACTION NETWORK, INC.	N	111,090.	FMV
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under 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)													

Schedule R (Form 990) 2018

Part VII **Supplemental Information**

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