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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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
American Cancer Society Inc

% Catherine E Mickle

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
250 Williams Street NW Suite 400

City or town, state or province, country, and ZIP or foreign postal code
Atlanta, GA 30303

D Employer identification number
13-1788491

E Telephone number
(800) 227-2345

G Gross receipts $ 1,099,764,448

F Name and address of principal officer
GARY M REEDY
250 Williams Street STE 400
Atlanta, GA 30303

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0580

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www cancer org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THROUGH OUR 11 GEOGRAPHIC DIVISIONS AND GLOBAL HEADQUARTERS, WE SERVED OVER 70 MILLION PEOPLE IN 5,000+ COMMUNITIES THROUGH RESEARCH, EDUCATION, ADVOCACY, AND SERVICE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7,028
6	Total number of volunteers (estimate if necessary)	6	1,974,248
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-111,256
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-112,756

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	804,931,290	785,868,454
	9	Program service revenue (Part VIII, line 2g)	20,815	14,986
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,547,069	37,171,978
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,362,356	1,647,862
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	847,861,530	824,703,280
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	135,259,632	149,945,332
	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)	441,686,016	471,357,927
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,238,219	6,320,604
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶176,599,332		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	255,109,455	288,386,946
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	843,293,322	916,010,809
	19	Revenue less expenses Subtract line 18 from line 12	4,568,208	-91,307,529
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,855,404,308	1,736,232,349
	21	Total liabilities (Part X, line 26)	691,205,535	612,942,950
	22	Net assets or fund balances Subtract line 21 from line 20	1,164,198,773	1,123,289,399

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2016-11-10

▶ Catherine E Mickle CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LAURA KIELCZEWSKI	LAURA KIELCZEWSKI			P00740769

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

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.

Cat No 11282Y Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 151,815,814 including grants of $ 100,808,146) (Revenue $ 14,986)

Research programs provide financial support to fund and conduct research into the causes of cancer, how it can be prevented, detected early, and treated successfully, how to improve the quality of life for people living with cancer, and to advocate for laws and policies that help further cancer research Our research program expenses included both our extramural research grants and intramural program, which includes our comprehensive cancer prevention study ('CPS - 3') Grants to Affiliates $5,109,872

4b (Code) (Expenses $ 330,080,136 including grants of $ 38,974,562) (Revenue $ 968,527)

PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE FOR THEM EXPENSES INCLUDED OUR SPECIFIC ASSISTANCE TO INDIVIDUALS THROUGH THE LOOK GOOD FEEL BETTER PROGRAM, OUR 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR NATIONAL CANCER INFORMATION CENTER, AND OUR HOPE LODGE FACILITIES, WHICH PROVIDE FREE, HIGH QUALITY, TEMPORARY LODGING FOR PATIENTS AND THEIR CAREGIVERS CLOSE TO TREATMENT CENTERS, THEREBY EASING THE EMOTIONAL AND FINANCIAL BURDEN OF FINDING AFFORDABLE LODGING Grants to Affiliates $8,168,156

4c (Code) (Expenses $ 120,549,497 including grants of $ 3,734,526) (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 Grants to Affiliates $15,486,921

4d Other program services (Describe in Schedule O)

(Expenses $ 84,517,099 including grants of $ 6,428,098) (Revenue $ 0)

4e **Total program service expenses ▶** 686,962,546

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

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

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3,045			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	89			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,028			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure**

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

(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			
See Additional Data Table										

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	6,059,652	167,606	1,827,695

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 ▶ 366

			Yes	No
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*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DDB CHICAGO INC, 200 E RANDOLPH CHICAGO, IL 60675	MEDIA Consulting	3,694,089
MERKLE INC, PO BOX 64897 BALTIMORE, MD 212644897	PROF FUNDRAISER	2,992,898
PENTON MEDIA INC, 24652 NETWORK PLACE CHICAGO, IL 606731246	MARKETING CONSULTING	2,018,048
QUESTAR DATA SYSTEMS INC, 5900 BAKER ROAD MINNETONKA, MN 55345	PROGRAM Consulting	1,896,149
ZENITH MEDIA SERVICES INC, PO BOX 100938 LOCKBOX Atlanta, GA 30384	MEDIA Consulting	1,863,869

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 80

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 11,026,965				
	b	Membership dues	1b				
	c	Fundraising events	1c 414,355,739				
	d	Related organizations	1d 528,498				
	e	Government grants (contributions)	1e 5,428,949				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 354,528,303				
	g	Noncash contributions included in lines 1a-1f $	61,858,901				
	h	**Total.** Add lines 1a-1f ▶		785,868,454			
Program Service Revenue			Business Code				
	2a	EDUCATION MAGAZINE ADVERTISING	541800	14,986		14,986	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		14,986			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		24,514,015			24,514,015
	4	Income from investment of tax-exempt bond proceeds ▶		0			0
	5	Royalties ▶		4,480,847			4,480,847
			(i) Real / (ii) Personal				
	6a	Gross rents	1,256,047 /				
	b	Less rental expenses	446,867 /				
	c	Rental income or (loss)	809,180 / 0				
	d	Net rental income or (loss) ▶		809,180		-126,242	935,422
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	199,539,685 / 5,949,772				
	b	Less cost or other basis and sales expenses	190,654,873 / 2,176,621				
	c	Gain or (loss)	8,884,812 / 3,773,151				
	d	Net gain or (loss) ▶		12,657,963			12,657,963
	8a	Gross income from fundraising events (not including $ 414,355,739 of contributions reported on line 1c) See Part IV, line 18	a 46,775,999				
	b	Less direct expenses	b 46,775,999				
	c	Net income or (loss) from fundraising events ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19	a 1,975,997				
	b	Less direct expenses	b 179,915				
	c	Net income or (loss) from gaming activities ▶		1,796,082			1,796,082
	10a	Gross sales of inventory, less returns and allowances	a 23,079,501				
	b	Less cost of goods sold	b 34,826,893				
	c	Net income or (loss) from sales of inventory ▶		-11,747,392			-11,747,392
		Miscellaneous Revenue	Business Code				
	11a	Grant Refund/Resignations	900099	4,744,146	0	0	4,744,146
	b	Other Gains (Losses)	900099	1,564,999	968,527	0	596,472
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶		6,309,145			
	12	**Total revenue.** See Instructions ▶		824,703,280	968,527	-111,256	37,977,555

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	112,283,975	112,283,975		
2 Grants and other assistance to domestic individuals See Part IV, line 22	35,428,873	35,428,873		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,232,484	2,232,484		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	6,554,872	4,624,887	786,633	1,143,352
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,193,915	3,419,490	642,827	2,131,598
7 Other salaries and wages	331,549,849	228,692,932	21,807,376	81,049,541
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,329,284	37,582,757	3,641,283	13,105,244
9 Other employee benefits	48,209,153	33,618,314	3,280,775	11,310,064
10 Payroll taxes	24,520,854	16,922,898	1,640,527	5,957,429
11 Fees for services (non-employees)				
a Management	851,359	618,832	50,548	181,979
b Legal	992,030	324,164	578,106	89,760
c Accounting	611,065	3,515	606,172	1,378
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	6,320,604			6,320,604
f Investment management fees	3,281,315	0	3,281,315	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,973,423	29,921,720	3,011,752	4,039,951
12 Advertising and promotion	40,125,938	29,402,803	252,252	10,470,883
13 Office expenses	41,920,046	27,431,505	5,125,370	9,363,171
14 Information technology	18,792,760	13,118,050	1,343,678	4,331,032
15 Royalties	0			
16 Occupancy	40,642,110	30,080,388	2,307,084	8,254,638
17 Travel	20,366,542	13,808,099	910,358	5,648,085
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	9,191,358	5,841,280	559,729	2,790,349
20 Interest	592,768	435,042	89,635	68,091
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	18,880,956	12,949,012	1,288,222	4,643,722
23 Insurance	3,212,569	2,402,042	195,444	615,083
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 Grants to Affiliates	34,180,706	34,180,706	0	0
b Print - Edu & Fundraising	13,968,446	9,228,924	874,210	3,865,312
c MISCELLANEOUS	3,801,829	2,408,128	175,635	1,218,066
d UBIT	1,726	1,726	0	0
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	916,010,809	686,962,546	52,448,931	176,599,332
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☑ if following SOP 98-2 (ASC 958-720)	236,825,749	158,914,379	8,917,185	68,994,185

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		138,252,796	2	62,347,560
	3	Pledges and grants receivable, net		25,675,550	3	37,817,454
	4	Accounts receivable, net		5,051,224	4	4,960,356
	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		3,873,567	8	3,642,105
	9	Prepaid expenses and deferred charges		10,669,795	9	8,576,805
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 520,174,535			
	b	Less accumulated depreciation	10b 275,472,758	261,468,486	10c	244,701,777
	11	Investments—publicly traded securities		1,012,694,150	11	982,256,773
	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		397,718,740	15	391,929,519
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,855,404,308	16	1,736,232,349
Liabilities	17	Accounts payable and accrued expenses		371,733,506	17	303,989,786
	18	Grants payable		199,156,049	18	195,291,652
	19	Deferred revenue		5,819,852	19	4,749,104
	20	Tax-exempt bond liabilities		5,970,000	20	5,370,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		39,842,352	23	38,180,923
	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		68,683,776	25	65,361,485
	26	**Total liabilities.** Add lines 17 through 25		691,205,535	26	612,942,950
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		627,460,356	27	569,250,570
	28	Temporarily restricted net assets		247,070,494	28	275,032,640
	29	Permanently restricted net assets		289,667,923	29	279,006,189
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,164,198,773	33	1,123,289,399
	34	Total liabilities and net assets/fund balances		1,855,404,308	34	1,736,232,349

Part XI Reconcilliation of Net Assets

Check 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	824,703,280
2	Total expenses (must equal Part IX, column (A), line 25)	2	916,010,809
3	Revenue less expenses Subtract line 2 from line 1	3	-91,307,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,164,198,773
5	Net unrealized gains (losses) on investments	5	-26,266,426
6	Donated services and use of facilities	6	114,587
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	76,549,994
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,123,289,399

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN D HENRY LCSW DIRECTOR	3 0 0 0	X						0	0	0
JEFFREY L KEAN SECRETARY & TREASURER	5 0 0 0	X		X				0	0	0
SCARLOTT K MUELLER RN MPH VICE CHAIR	5 0 0 0	X		X				0	0	0
ARNOLD M BASKIES MD FACS BOARD SCIENTIFIC OFFICER	5 0 0 0	X		X				0	0	0
JOHN W HAMILTON DDS DIRECTOR	3 0 3 0	X						0	0	0
CLEMENT S ROSE MD DIRECTOR	3 0 0 0	X						0	0	0
DONALD K WARNE MD MPH DIRECTOR	3 0 0 0	X						0	0	0
CAROL JACKSON DIRECTOR	3 0 0 0	X						0	0	0
KEVIN J CULLEN MD DIRECTOR	3 0 0 0	X						0	0	0
PAMELA K MEYERHOFFER FAHP IMMEDIATE PAST CHAIR	5 0 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROBERT E YOULE CHAIR	5 0 2 0	X		X				0	0	0
ENRIQUE HERNANDEZ MD FACOG DIRECTOR	3 0 0 0	X						0	0	0
DANIEL P HEIST CPA DIRECTOR	3 0 1 0	X						0	0	0
JOHN ALFONSO CPA DIRECTOR	3 0 0 0	X						0	0	0
PATRICIA J CROME RN MN NE-BC DIRECTOR	3 0 0 0	X						0	0	0
Lewis E Foxhall MD DIRECTOR	3 0 0 0	X						0	0	0
Jorge Luis Lopez Esq DIRECTOR	3 0 0 0	X						0	0	0
Carolyn F Rhee FACHE DIRECTOR	3 0 0 0	X						0	0	0
Gil West DIRECTOR	3 0 0 0	X						0	0	0
EUGENE D HEFLIN DIRECTOR	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ALLEN H HENDERSON PHD DIRECTOR	3 0 0 0	X						0	0	0
JOHN R SEFFRIN CEO, OUTGOING	55 0 5 0			X				868,542	78,958	172,855
CATHERINE E MICKLE CHIEF FINANCIAL OFFICER	55 0 7 0			X				349,995	44,544	145,164
GARY M REEDY CEO, INCOMING	55 0 5 0			X				485,147	44,104	8,577
OTIS W BRAWLEY CHIEF MEDICAL OFFICER	55 0 0 0				X			488,272	0	174,767
GREGORY P BONTRAGER COO, outgoing	55 0 1 0				X			1,080,211	0	677,499
JOSEPH C CAHOON JR SENIOR EVP, FIELD OPERATIONS	55 0 0 0				X			498,314	0	237,839
RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	55 0 0 0				X			420,083	0	164,964
DAVID F VENEZIANO EVP, CALIFORNIA DIVISION	45 0 0 0					X		409,090	0	8,518
NANCY C YAW EVP, LAKESHORE DIVISION	45 0 0 0					X		390,936	0	97,784

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA E ROTH SVP, PRODUCT & PROGRAM MGMT	45 0 0 0					X		346,170	0	87,152
JUNG H KIM EVP, EASTERN DIVISION	45 0 0 0					X		420,708	0	42,592
ROSEMARIE H SAMPSON SVP, PREV & EARLY DETECTION	45 0 0 0					X		302,184	0	9,984

SCHEDULE A (Form 990 or 990EZ)

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

OMB No 1545-0047

2015

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 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Cat No 11285F

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	350,778,337	216,822,172	871,904,237	804,931,290	785,868,454	3,030,304,490
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	350,778,337	216,822,172	871,904,237	804,931,290	785,868,454	3,030,304,490
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						3,030,304,490

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	350,778,337	216,822,172	871,904,237	804,931,290	785,868,454	3,030,304,490
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,467,852	9,162,567	27,579,534	27,026,029	30,250,909	102,486,891
9 Net income from unrelated business activities, whether or not the business is regularly carried on	51,145	134,205	0	0	0	185,350
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		557,760	953,806			1,511,566
11 **Total support.** Add lines 7 through 10						3,134,488,297

12 Gross receipts from related activities, etc (see instructions) **12** 252,124,037

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 96 676 %

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15** 96 968 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Part IV Supporting Organizations (continued)

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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
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.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
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.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015**	**(iii) Distributable Amount for 2015**
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . _____			
e From 2014. . . . . _____			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . _____			
d From 2014. . . . . _____			
e From 2015. . . . . _____			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

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

☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		17,441,696
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,612
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			17,450,308
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	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 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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	115,902,123	117,328,894	102,734,090	35,285,733	32,585,547
b Contributions	835,482	1,646,646	3,639,657	64,302,632	1,170,697
c Net investment earnings, gains, and losses	-932,027	3,026,813	15,529,578	3,145,725	2,781,051
d Grants or scholarships					
e Other expenditures for facilities and programs	4,561,388	6,100,230	4,574,431		1,251,562
f Administrative expenses					
g End of year balance	111,244,190	115,902,123	117,328,894	102,734,090	35,285,733

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶

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

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

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

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

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,101,336		32,101,336
b Buildings		293,810,599	121,980,191	171,830,408
c Leasehold improvements		75,822,830	46,140,108	29,682,722
d Equipment		57,057,410	49,262,899	7,794,511
e Other		61,382,360	58,089,560	3,292,800
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				244,701,777

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		
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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,843,857
(2) Planned Giving assets	75,518,841
(3) Beneficial Interests in Trust	305,464,698
(4) OTHER RECEIVABLES	9,102,123
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	391,929,519

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
Federal income taxes	0
Investments Held for Affiliates	27,205,842
Gift Annuity Liability	21,525,920
Deferred rent payable	13,078,869
Capital Leases Obligations	1,788,297
Due to affiliates	1,762,557
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	65,361,485

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	815,826,220
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-26,266,426		
b	Donated services and use of facilities	2b	15,603,316		
c	Recoveries of prior year grants	2c	-4,744,146		
d	Other (Describe in Part XIII)	2d	9,366,370		
e	Add lines **2a** through **2d**			2e	-6,040,886
3	Subtract line **2e** from line **1**			3	821,867,106
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	3,281,315		
b	Other (Describe in Part XIII)	4b	-445,141		
c	Add lines **4a** and **4b**			4c	2,836,174
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	824,703,280

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	940,543,981
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	15,488,729		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	16,624,763		
e	Add lines **2a** through **2d**			2e	32,113,492
3	Subtract line **2e** from line **1**			3	908,430,489
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	3,281,315		
b	Other (Describe in Part XIII)	4b	4,299,005		
c	Add lines **4a** and **4b**			4c	7,580,320
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	916,010,809

Part XIII **Supplemental Information**

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

Return Reference	Explanation
INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 5 THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XII, LINE 2D EXPENSE OF AFFILIATES $16,624,762 TOTAL $16,624,762 EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990 SCHEDULE D, PART XII, LINE 4B GRANT REFUNDS/RESIGNATIONS $4,744,146 UBIT $1,726 RENTAL EXPENSES ($446,867) TOTAL $4,299,005

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					323,277
b Total from continuation sheets to Part I		1			3,359,063
c Totals (add lines 3a and 3b)		1			3,682,340

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 46

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

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

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

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	SCHEDULE F, PART I, LINE 2 THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS U NDER EACH GRANT THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE SOCIETY TO O BSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTE E'S PERSONNEL, OR BY THE SOCIETY RECEIVING BENCHMARKING GRANT REPORTS THE SOCIETY ALSO CO NDUCTS FINANCIAL MONITORING OF GRANTEES GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PR OVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITI ES (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT THE MIDPOINT OF THE GRANT, AND (2) FINA L NARRATIVE AND FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION O F 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 REPORTIN G FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT TH E PROGRAM ACTIVITIES DID OCCUR

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Capacity building	10,751
Central America and the Caribbean			Program Services	Pain management	4,671
East Asia and the Pacific			Program Services	Breast cncr awareness	1,232

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Capacity building	44,506
East Asia and the Pacific			Program Services	Crvcl cancer awareness	161
East Asia and the Pacific			Program Services	Global cancer advocacy	131

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Global tobacco control	1,682
East Asia and the Pacific			Program Services	Research fellowship	23,420
Europe (Including Iceland and Greenland)			Program Services	Breast cncr awareness	3,034

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Cancer prevention	6,282
Europe (Including Iceland and Greenland)			Program Services	Capacity building	67,401
Europe (Including Iceland and Greenland)			Program Services	Crvcl cancer awareness	7,307

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Global cancer advocacy	37,443
Europe (Including Iceland and Greenland)			Program Services	Pain Management	75,576
Europe (Including Iceland and Greenland)			Program Services	Patient support	1,514

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Research Fellowship	32,942
Europe (Including Iceland and Greenland)			Program Services	Women cancer awareness	5,224
Middle East and North Africa			Program Services	Capacity building	47,404

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Crvcl cancer awareness	167
Middle East and North Africa			Program Services	Global cancer advocacy	18,457
Middle East and North Africa			Program Services	Global tobacco control	67,147

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Pain management	410
Middle East and North Africa			Program Services	Research fellowship	41,274
North America			Program Services	Breast cncr awareness	2,569

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	Cancer prevention	759
North America			Program Services	Capacity building	40,402
North America			Program Services	Crvcl cancer awareness	1,571

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	Global cancer advocacy	3,206
North America			Program Services	Global tobacco control	2,665
North America			Program Services	Research fellowship	1,614

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	Women cancer awareness	31,400
Russia and the Newly Independent States			Program Services	Global tobacco control	2,594
South Asia			Program Services	Capacity building	69,645

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Program Services	Crvcl cancer awareness	3,820
South Asia			Program Services	Global cancer advocacy	11,682
South Asia			Program Services	Global tobacco control	16,660

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Program Services	Research fellowship	4,380
South Asia			Program Services	Women cancer awareness	122,815
Sub-Saharan Africa			Program Services	Cancer prevention	3,194

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Cancer treatment	5,103
Sub-Saharan Africa			Program Services	Capacity building	133,574
Sub-Saharan Africa			Program Services	Crvcl cancer awareness	11,841

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Global cancer advocacy	11,413
Sub-Saharan Africa			Program Services	Global tobacco control	5,493
Sub-Saharan Africa			Program Services	Pain managment	346,579

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Patient support	32,969
Sub-Saharan Africa			Program Services	Research fellowship	3,832
Sub-Saharan Africa			Program Services	Women cancer awareness	22,474

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa		1	Program Services	Pain management	67,023
North America			Grantmaking		144,228
Central America and the Caribbean			Grantmaking		15,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		16,000
Europe (Including Iceland and Greenland)			Grantmaking		455,500
South America			Grantmaking		130,500

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Grantmaking		31,400
Sub-Saharan Africa			Grantmaking		1,432,299

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	WOMEN CANCER AWARENESS	75,000	WIRE			
		Central America and the Caribbean	GLOBAL CANCER ADVOCACY	15,000	WIRE			
		East Asia and the Pacific	CAPACITY BUILDING	16,000	WIRE			
		Europe (Including Iceland and Greenland)	BREAST CANCER AWARENESS	50,000	CHECK			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	BREAST CANCER AWARENESS	137,500	WIRE			
		Europe (Including Iceland and Greenland)	BREAST CANCER RESEARCH	68,000	WIRE			
		Europe (Including Iceland and Greenland)	CANCER RESEARCH	50,000	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH FELLOWSHIP	150,000	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	CAPACITY BUILDING	15,000	WIRE			
		North America	Global Tobacco Control	22,584	check			
		North America	Research Fellowship	31,644	check			
		South America	Global Tobacco Control	10,000	wire			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Patient Support	75,000	wire			
		South America	Women cancer awareness	45,500	wire			
		South Asia	Breast cancer awareness	15,000	check			
		South Asia	Capacity Building	16,400	wire			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Breast cancer awareness	20,000	wire			
		Sub-Saharan Africa	Capacity Building	51,328	WIRE			
		Sub-Saharan Africa	Cervical Cancer Awareness	465,000	WIRE			
		Sub-Saharan Africa	Global Cancer Advocacy	9,250	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Tobacco Control	22,438	WIRE			
		Sub-Saharan Africa	Pain Management	693,195	WIRE			
		Sub-Saharan Africa	Research Fellowship	17,012	CHECK			
		Sub-Saharan Africa	Research Fellowship	79,077	WIRE			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Women cancer awareness	75,000	WIRE			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
1	Caswell Zachary Grizzard	Planned Giv Strategy		No	0	1,019,968	-1,019,963
2	Charity Dynamics	General Dev Consultant		No	2,066,559	167,958	1,898,601
3	Connextions Inc	Participant Recruitment		No	0	224,345	-224,345
4	For Momentum LLC	Fundraising Consultant		No	0	150,000	-150,000
5	MR Strategic Services Inc	Online Strategy		No	1,809,070	744,438	1,064,632
6	Merkle Group Inc	Direct Mail Strategy		No	41,611,010	2,992,898	38,618,112
7	Paradysz Matera	Direct Mail Consultant		No	7,454,341	1,020,997	6,433,345
8							
9							
10							
Total				▶	52,940,980	6,320,604	46,620,382

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 591 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	303,891,949	64,668,130	92,571,659	461,131,738
	2 Less Contributions	282,602,767	59,454,072	72,298,900	414,355,739
	3 Gross income (line 1 minus line 2)	21,289,182	5,214,058	20,272,759	46,775,999
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,689,695	89,826	332,113	3,111,634
	6 Rent/facility costs	5,452,051	2,128,353	5,563,371	13,143,775
	7 Food and beverages	772,564	96,954	5,775,522	6,645,040
	8 Entertainment	2,048,985	244,992	3,283,481	5,577,458
	9 Other direct expenses	10,325,887	2,653,933	5,318,272	18,298,092
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				46,775,999
	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			1,975,997	1,975,997
Direct Expenses	2 Cash prizes			65,282	65,282
	3 Noncash prizes			3,018	3,018
	4 Rent/facility costs			14,434	14,434
	5 Other direct expenses			97,181	97,181
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 95.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				179,915
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				1,796,082

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

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

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

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

b If "Yes," explain
THE STATE OF WISCONSIN WITHDREW THE FILING ORGANIZATIONS GAMING LICENSE DUE TO A REQUIREMENT TO PROVIDE LOCAL ARTICLES OF INCORPORATION

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ANNETTA MARTIN

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

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ CATHERINE E MICKLE

Gaming manager compensation ▶ $ 0

Description of services provided ▶ OVERSIGHT/MANAGEMENT

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 1,796,082

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING	SCHEDULE G, PART II MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS FOR AND FIGHTS BACK AGAINST BREAST CANCER BY -HELPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE THEIR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM -HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY CAN FOCUS ON FEELING BETTER -FINDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER AND BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR BREAST CANCER -FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR AFFILIATE, AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR SUPPORT TO THOSE FIGHTING CANCER IT HONORS THOSE WHO HAVE BEEN LOST TO THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING THE DISEASE FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE FIGHT AGAINST CANCER THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED OFFICIALS ABOUT CANCER BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE MANDATORY DISTRIBUTIONS FORM 990, SCHEDULE G, PART III, LINE 17 ALL FUNDS FROM GAMING ACTIVITIES ARE SPENT ON THE FILING ORGANIZATION'S EXEMPT ACTIVITIES DURING THE TAX YEAR

Additional Data

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

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	CA,CO,FL,GA,ID,IL,IA,KS,LA,MD,MA,MI,MN,MO,MT,NJ,NM,NY,NC,OH,OK,OR,PA,SC,TX,VT,VA,WA,WV,WY

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 332

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 21

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) LOOK GOOD, FEEL BETTER	49508	8,204	12,377,300	FMV	COSMETIC KITS
(2) WIGS	18849	837,707	15,079,200	FMV	WIGS
(3) GUESTROOM PROGRAM	58185	119,547	4,864,500	FMV	GUEST ROOMS
(4) TRANSPORTATION	9370	1,445,699			
(5) PATIENT SUPPORT	1540	302,537	394,179	FMV	PATIENT SPRT ITEMS

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

Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF	GRANTS FORM 990, SCHEDULE I, PART I, LINE 2 RESEARCH GRANTS IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS PROGRESS REPORTS PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED THE SCIENTIFIC REPORT INCLUDES (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT, INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING - SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS - INDIRECT COSTS - SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR - SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS OF NON-RESEARCH GRANTS THE SOCIETY REQUIRES GRANTEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE SOCIETY THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS REGULAR TELEPHONE CONFERENCES WITH GRANTEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Trustees of Dartmouth College 11 Rope Ferry Rd 6210 Hanover, NH 03755	02-0222111	501(C)(3)	942,000				EXTRAMURAL RESEARCH GRANT
MANCHESTER COMMUNITY HLTH CTR 145 HOLLIS ST MANCHESTER, NH 03101	02-0458174	501(C)(3)	9,500				COLORECTAL EDU AND HEALTH
Harvard University School of Public Health 677 Huntington Avenue Boston, MA 02115	04-2103580	501(C)(3)	727,000				EXTRAMURAL RESEARCH GRANT

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Massachusetts Institute of Technology 77 Massachusetts Ave Cambridge, MA 02139	04-2103594	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
HILLTOWN COMMUNITY HEALTH CTRS 58 OLD NORTH RD WORTHINGTON, MA 01098	04-2161484	501(C)(3)	39,375				CANCER CONTROL
Dana-Farber Cancer Institute 450 Brookline Ave Boston, MA 02215	04-2263040	501(C)(3)	853,700				EXTRAMURAL RESEARCH GRANT

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Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	04-2312909	501(C)(3)	837,500				EXTRAMURAL RESEARCH GRANT
MA LEAGUE OF COMMUNITY HEALTH 40 COURT ST 10TH FLOOR Boston, MA 02108	04-2507409	501(C)(3)	20,000				COLORECTAL EDU AND HEALTH
MANET COMMUNITY HEALTH CENTER 2 GRANITE AVE STE 101 MILTON, MA 02186	04-2646695	501(C)(3)	50,000				Colorectal Edu and Cancer Ctrl

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Massachusetts General Hospital 101 Huntington Ave Ste 300 Boston, MA 02199	04-2697983	501(C)(3)	2,840,500				EXTRAMURAL RESEARCH GRANT
Children's Hospital Boston 300 Longwood Avenue Boston, MA 02115	04-2774441	501(C)(3)	111,500				EXTRAMURAL RESEARCH GRANT
COMMUNITY HEALTH CENTER OF FRANKLIN CO 498 BERNARDSTON RD GREENFIELD, MA 01301	04-3312968	501(C)(3)	11,500				CANCER CONTROL

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Boston Medical Center Corporation 660 Harrison Ave Gambro 2 Boston, MA 02118	04-3314093	501(C)(3)	1,048,378				EXTRAMURAL RESEARCH GRANT
Memorial Hospital of Rhode Island 111 Brewster Street Pawtucket, RI 02860	05-0259004	501(C)(3)	410,000				EXTRAMURAL RESEARCH GRANT
Yale University 25 Science Pk 3rd Fl New Haven, CT 06520	06-0646973	501(C)(3)	3,800,000				EXTRAMURAL RESEARCH GRANT

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Griffin Hospital 130 Division Street Derby,CT 06418	06-0647014	501(C)(3)	100,000				EXTRAMURAL RESEARCH GRANT
UNITED COMMUNITY & FAMILY SVCS 34 E TOWN ST NORWICH,CT 06360	06-0653142	501(C)(3)	9,500				COLORECTAL edu AND HEALTH
University of Connecticut 438 Whitney Rd Ext 1133 Storrs,CT 06269	06-0772160	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

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COMMUNITY HEALTH SERVICES INC 500 ALBANY AVE HARTFORD,CT 06120	06-0863942	501(C)(3)	50,000				CANCER CONTROL
FAIR HAVEN COMMUNITY HEALTH 374 GRAND AVE New Haven,CT 06513	06-0883545	501(C)(3)	25,000				CANCER CONTROL
COMMUNITY HEALTH CENTER INC 675 MAIN STREET MIDDLETOWN,CT 06457	06-0897105	501(C)(3)	80,000				Colorectal Edu and Cancer Ctrl

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CHARTER OAK HEALTH CENTER 21 GRAND ST HARTFORD,CT 06106	06-0986747	501(C)(3)	50,000				CANCER CONTROL
Whitehead Institute for Biomedical Research 9 Cambridge Center Cambridge,MA 02142	06-1043412	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
LUTHERAN FAMILY HEALTH CENTERS 150 - 55TH ST BROOKLYN,NY 11220	11-1839567	501(C)(3)	37,500				IMPROVE HEALTHCARE SYSTEMS

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Feinstein Institute for Medical Research 350 Comm Dr Manhasset New York, NY 11030	11-2673595	501(C)(3)	1,747,752				EXTRAMURAL RESEARCH GRANT
PERSONAL CARE PRODUCTS COUNCIL FOUNDATION 1620 L ST NW 1200 Washington, DC 20036	13-1390920	501(C)(6)	551,301				PATIENT SUPPORT
The Rockefeller University 1230 York Ave Box 82 New York, NY 10065	13-1624158	501(C)(3)	320,000				EXTRAMURAL RESEARCH GRANT

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Sloan-Kettering Inst for Cancer Research 1275 York Avenue New York, NY 10065	13-1624182	501(C)(3)	2,271,000				EXTRAMURAL RESEARCH GRANT
Albert Einstein College Med Yeshiva Univ 1300 Morris Park Avenue Bronx, NY 10461	13-1624225	501(C)(3)	20,000				EXTRAMURAL RESEARCH GRANT
Sloan Kettering Inst for Cancer Research 1275 York Avenue New York, NY 10065	13-1924236	501(C)(3)	43,174				CANCER CONTROL

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PROJECT RENEWAL 200 VARICK ST 9TH FLOOR New York, NY 10014	13-2602882	501(C)(3)	75,000				IMPROVE HEALTHCARE SYSTEMS
OPEN DOOR FAMILY MEDICAL CTRS 165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	38,753				CANCER CONTROL
HUDSON RIVER HEALTH CARE 1037 MAIN ST PEEKSKILL, NY 10566	13-2828349	501(C)(3)	39,000				IMPROVE HEALTHCARE SYSTEMS

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New York University School of Medicine 1 Park Ave 6th Fl New York, NY 10016	13-5562308	501(C)(3)	822,000				EXTRAMURAL RESEARCH GRANT
Icahn School of Medicine at Mount Sinai 1 Gustave L Levy Pl 1075 New York, NY 10029	13-6171197	501(C)(3)	1,002,000				EXTRAMURAL RESEARCH GRANT
NYC Dept of Health & Mental Hygiene 42-09 28th St Queens, NY 11101	13-6400434	Other	100,000				EXTRAMURAL RESEARCH GRANT

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Research Foundation for SUNY Stony Brook 330 Administration StonyBrook,NY 11794	14-1368361	501(C)(3)	300,000				EXTRAMURAL RESEARCH GRANT
ST THOMAS COMMUNITY HEALTH CTR 1936 MAGAZINE STREET NEW ORLEANS,LA 70130	14-1958494	501(C)(3)	12,500				CANCER CONTROL
Cornell University 373 Pine Tree Road Ithaca,NY 14850	15-0532082	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

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N TEXAS AREA COMMUNITY HEALTH CENTERS INC 2106 N MAIN ST FORT WORTH,TX 76164	15-4211798	501(C)(3)	50,000				CANCER CONTROL
Franklin County Public Health 355 W Main St Suite 425 Malone,NY 12953	15-6000454	GOVT	10,450				TOBACCO CONTROL
University of Rochester 518 Hylan 270140 Rochester,NY 14627	16-0743209	501(C)(3)	807,000				RESEARCH GRANT

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C-CHANGE 1634 EYE ST NW 800 Washington,DC 20006	16-1641769	501(C)(3)	150,000				CANCER CONTROL
NORTHPOINT HEALTH & WELLNESS 1315 PENN AVE N Minneapolis,MN 55411	20-0898277	501(C)(3)	12,500				CANCER CONTROL
THE GEORGE W BUSH INSTITUTE 2943 SMU BLVD Dallas,TX 75205	20-4119317	501(C)(3)	132,500				CANCER CONTROL

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SACRAMENTO NATIVE AMERICAN 2020 J STREET SACRAMENTO,CA 95811	20-4287737	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEMS
MQVN Development Corp dba Noela Comm Hlth 13085 CHEF MENTEUR HWY N ORLEANS,LA 70129	20-4929600	501(C)(3)	30,000				CANCER CONTROL
WINN COMMUNITY HEALTH CENTER 431 W LAFAYETTE ST WINNFIELD,LA 71483	20-5823527	501(C)(3)	12,500				BREAST EDU AND HEALTH

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PROMISE COMMUNITY HEALTH CENTER 338 1ST AVE NW SIOUX CENTER,IA 51250	20-5896415	501(C)(3)	19,190				IMPROVE HEALTHCARE SYSTEMS
Princeton University PO Box 36 Princeton,NJ 08544	21-0634501	501(C)(3)	1,747,500				EXTRAMURAL RESEARCH GRANT
NORTH HUDSON COMM ACTION CORP 5301 BROADWAY WEST NEW YORK,NJ 07093	22-1818699	501(C)(3)	50,000				IMPROVE HEALTHCARE SYSTEMS

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WESTSIDE FAMILY HEALTHCARE 300 WATER ST Ste 200 WILMINGTON,DE 19801	22-2488654	501(C)(3)	37,500				Colorectal Edu and Cancer Ctrl
MAINE PRIMARY CARE ASSOCIATION 73 WINTHROP STREET AUGUSTA,ME 04330	22-2630127	501(C)(3)	61,625				COLORECTAL edu AND HEALTH
Rowan Univ School of Osteopathic Medicine 40 E Laurel Rd Ste 1040 Stratford,NJ 08084	22-2764819	GOVT	163,500				EXTRAMURAL RESEARCH GRANT

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ZUFALL HEALTH CENTER 18 W BLACKWELL ST DOVER,NJ 07801	22-3125397	501(C)(3)	62,500				Cancer Ctrl and Healthcare SYS
STAYWELL HEALTH CARE INC 80 PHOENIX AVE WATERBURY,CT 06702	22-3160873	501(C)(3)	60,000				IMPROVE HEALTHCARE SYSTEMS
VISITING NURSES ASSOCIATION OF CAPE COD 434 ROUTE 134 STE D3 SOUTH DENNIS,MA 02660	22-3321236	501(C)(3)	39,375				CANCER CONTROL

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COMMUNITY MEDICAL CENTER 99 ROUTE 37 W TOMS RIVER, NJ 08754	22-3452306	501(C)(3)	21,750				PATIENT SUPPORT
JEWISH RENAISSANCE MEDICAL CTR 275 HOBART ST PERTH AMBOY, NJ 08861	22-3780067	501(C)(3)	30,000				CANCER CONTROL
Rutgers The State University of New Jersey 3 Rutgers Plz New Brunswick, NJ 08901	22-6001086	501(C)(3)	832,000				EXTRAMURAL RESEARCH GRANT

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CHILDRENS HOSPITAL OF Phil 3615 CIVIC CNTR BLVD Phil, PA 19104	23-1352166	501(C)(3)	72,194				IMPROVE HEALTHCARE SYSTEMS
Thomas Jefferson University 125 S 9th St Sheridan Bld Phil, PA 19107	23-1352651	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT
The Trustees of the Univ of Pennsylvania 3451 Walnut St Franklin Bld Phil, PA 19104	23-1352685	501(C)(3)	4,884,250				Research and Colorectal Edu

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Neumann University 1 Neumann Drive Aston, PA 19014	23-1657958	501(C)(3)	20,000				EXTRAMURAL RESEARCH GRANT
HEALTH ANNEX FMLY PRAC & CNSLNG NETWORK 6120 WOODLAND AVE Phil, PA 19142	23-1727133	501(C)(3)	51,400				Breast Edu and Cancer Ctrl
CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET ST Phil, PA 19133	23-2051143	501(C)(3)	50,000				BREAST EDU AND HEALTH

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AMERICAN ASSOC FOR CANCER RSRC PO BOX 8500-1916 Phil,PA 19178	23-6251648	501(C)(3)	9,292				CANCER CONTROL
The Research Inst of Fox Chase Cancer Cntr 333 Cottman Avenue Phil,PA 19111	23-6296135	501(C)(3)	1,062,000				EXTRAMURAL RESEARCH GRANT
FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE ST LOUIS,MO 63111	23-7076112	501(C)(3)	10,625				BREAST EDU AND HEALTH

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NORTHEAST VALLEY HEALTH CORP 1172 N MACLAY AVE SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	18,463				CANCER CONTROL
Fred Hutchinson Cancer Research Center 1100 Fairview Ave N Seattle, WA 98109	23-7156071	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
West Side Community Health Services Inc 153 CESAR CHAVEZ ST ST PAUL, MN 55107	23-7156236	501(C)(3)	25,000				CANCER CONTROL

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DALLAS INTER-TRIBAL CENTER INC 1283 RECORD CROSSING RD Dallas,TX 75235	23-7156945	501(C)(3)	38,875				CANCER CONTROL
TRI-CITY HEALTH CENTER 39465 PASEO PADRE PARKWAY FREMONT,CA 94538	23-7255435	501(C)(3)	18,125				CANCER CONTROL
WESTERN MARYLAND HEALTH CARE CORPORATION 1027 MEMORIAL DR Oakland,MD 21550	23-7300642	501(C)(3)	30,000				CANCER CONTROL

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CHESPENN HEALTH SERVICES INC 125 E 9TH ST CHESTER,PA 19013	23-7354899	501(C)(3)	11,250				COLORECTAL EDU AND HEALTH
ACCESS 2651 SAULINO COURT DEARBORN,MI 48126	23-7444497	501(C)(3)	34,000				BREAST EDU AND HEALTH
The Pennsylvania State Univ College of Medicine 500 University Drive Hershey,PA 17033	24-6000376	501(C)(3)	90,000				EXTRAMURAL RESEARCH GRANT

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CORNERSTONE CARE 501 W HIGH ST WAYNESBURG,PA 15370	25-1346194	501(C)(3)	33,750				COLORECTAL EDU AND HEALTH
PRIMARY HEALTH NETWORK 100 SHENANGO AVE SHARON,PA 16146	25-1381800	501(C)(3)	56,250				COLORECTAL EDU AND HEALTH
University of Pittsburgh 3518 5th Ave Pittsburgh,PA 15261	25-6073026	509(a)(3)	39,375				CANCER CONTROL

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COMMUNITY HEALTH CENTERS OF GREATER DAYTON 1323 WEST THIRD ST DAYTON,OH 45402	26-1253235	501(C)(3)	50,000				Breast Edu and Cancer Ctrl
GRACE COMMUNITY HEALTH CENTER 39 CUMBERLAND GAP DR GRAY,KY 40734	26-1779437	501(C)(3)	12,500				COLORECTAL EDU AND HEALTH
UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL,MN 55102	27-0052697	501(C)(3)	50,000				CANCER CONTROL

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CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE STE 400 Boston, MA 02127	27-1414646	501(C)(3)	682,000				CANCER CONTROL
SPRING BRANCH COMM HLTH CTR 1615 HILLENDAHL BLVD 100 Houston, TX 77055	30-0198705	501(C)(3)	75,000				Colorectal Edu and Cancer Ctrl
WESTERN WAYNE FAMILY HEALTH 26650 EUREKA RD STE C TAYLOR, MI 48180	30-0281587	501(C)(3)	39,375				CANCER CONTROL

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THE HEALTHCARE CONNECTION 1401 STEFFEN AVE CINCINNATI,OH 45215	31-0822524	501(C)(3)	39,375				CANCER CONTROL
GETHSEMANE COMM FELLOWSHIP BAPTIST CHURCH 1317 E BRAMBLETON AVE NORFOLK,VA 23504	31-1359290	501(C)(3)	6,000				CANCER CONTROL
COLUMBUS NEIGHBORHOOD HEALTH CENTER 1800 WATERMARK DR 420 Columbus,OH 43216	31-1533908	501(C)(3)	10,000				BREAST EDU AND HEALTH

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CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD STE 800 ALEXANDRIA,VA 22314	31-1667995	501(C)(3)	10,000				CANCER CONTROL
ASIAN AMERICAN HEALTH COALITION HOPE CLINIC 7001 CORPORATE DR 120 Houston,TX 77036	31-1756818	501(C)(3)	37,500				CANCER CONTROL
OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST Columbus,OH 43214	31-4398155	501(C)(6)	26,750				COLORECTAL EDU AND HEALTH

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The Ohio State University 1960 Kenny Road Columbus,OH 43210	31-6025986	501(C)(1)	1,075,500				EXTRAMURAL RESEARCH GRANT
The Rsrch Inst Nationwide Children's Hosp 700 Childrens Drive Columbus,OH 43205	31-6056230	501(C)(3)	789,000				EXTRAMURAL RESEARCH GRANT
VISION Y COMPROMISO 2536 EDWARDS AVE EL CERRITO,CA 94530	32-0071651	501(C)(3)	7,500				IMPROVE HEALTHCARE SYSTEMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Scripps Research Institute 10550 N Torrey Pines Rd La Jolla,CA 92037	33-0435954	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO,CA 92105	33-0473171	501(C)(3)	39,375				CANCER CONTROL
NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC 7761 GARDEN GROVE GARDEN GROVE,CA 92841	33-0477323	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEMS

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LATINO HEALTH ACCESS 450 W 4TH ST 130 SANTA ANA,CA 92701	33-0562943	501(C)(3)	37,500				IMPROVE HEALTHCARE SYSTEMS
SAC HEALTH SYSTEM 1454 E 2ND ST SAN BERNARDINO,CA 92410	33-0664371	501(C)(3)	50,000				CANCER CONTROL
Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland,OH 44195	34-0714585	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

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NORTHEAST OH NEIGHBORHOOD HEALTH SVCS INC 4800 PAYNE AVE Cleveland, OH 44103	34-1014291	501(C)(3)	62,500				Brst Colorectal Edu, Cncr Ctrl
Case Western Reserve University 10900 Euclid Ave Cleveland, OH 44106	34-1018992	501(C)(3)	2,370,000				EXTRAMURAL RESEARCH GRANT
NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE ROAD Cleveland, OH 44102	34-1300581	501(C)(3)	12,500				BREAST EDU AND HEALTH

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CARE ALLIANCE HEALTH CENTER 1530 ST CLAIR AVE NE Cleveland,OH 44114	34-1748776	501(C)(3)	57,938				Breast Edu and Cancer Ctrl
RAPHAEL HEALTH CENTER 401 E 34TH ST Indianapolis,IN 46205	35-1948768	501(C)(3)	64,256				Breast Edu and Cancer Ctrl
COMMUNITY HEALTHNET INC 1021 W 5TH AVE GARY,IN 46402	35-2048141	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH

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Indiana University (Indianapolis) 980 Indiana Ave Indianapolis,IN 46202	35-6001673	501(C)(3)	1,845,500				EXTRAMURAL RESEARCH GRANT
Northwestern University 1801 Maple Ave 2 Fl 2410 Evanston,IL 60611	36-2167817	501(C)(3)	1,183,000				EXTRAMURAL RESEARCH GRANT
RUSH UNIVERSITY MED CENTER 1700 W VAN BUREN Chicago,IL 60612	36-2174823	501(C)(3)	6,500				COLORECTAL EDU AND HEALTH

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

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The University of Chicago 5801 South Ellis Ave Chicago,IL 60637	36-2177139	501(C)(3)	608,500				EXTRAMURAL RESEARCH GRANT
VNA HEALTH CARE 400 N HIGHLAND AVE AURORA,IL 60506	36-2182095	501(C)(3)	50,000				Breast Edu and Cancer Ctrl
AMERICAN COLLEGE SURGEONS COMMSSN ON CNCR 633 N ST CLAIR ST Chicago,IL 60611	36-2192800	501(C)(3)	933,032				Research and Cancer Ctrl

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HEKTOEN INST LLC FUND 03838 2240 W OGDEN AVE FL 2 Chicago,IL 60612	36-2244897	501(C)(3)	21,430				BREAST EDU AND HEALTH
ADVOCATE CHARITABLE FOUNDATION 3075 HGHLND PKY 600 DOWNERS GROVE,IL 60515	36-3297360	501(C)(3)	19,000				COLORECTAL EDU AND HEALTH
COMMUNITY HEALTH PARTNERSHIP 205 W RANDOLPH STE 2222 Chicago,IL 60606	36-3798678	501(C)(3)	62,500				Colorectal Edu and Cancer Ctrl

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CHRISTOPHER GRTR AREA RURAL HLTH PLAN CORP 4241 STATE HIGHWAY 14 CHRISTOPHER,IL 62822	37-1041283	501(C)(3)	12,500				COLORECTAL EDU AND HEALTH
RURAL HEALTH INC 513 N MAIN ST ANNA,IL 62906	37-1056692	501(C)(3)	62,500				Cancer Control and Colorectal
UNIVERSITY OF ILLINOIS 177 HENRY ADMIN BLDG URBANA,IL 61801	37-6000511	501(C)(3)	12,500				COLORECTAL EDU AND HEALTH

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Henry Ford Health System 2799 West Grand Blvd Detroit, MI 48202	38-1357020	501(C)(3)	783,000				EXTRAMURAL RESEARCH GRANT
HEALTH DELIVERY INC 501 LAPEER SAGINAW, MI 48607	38-1908328	501(C)(3)	37,500				CANCER CONTROL
GRACE HEALTH 181 W EMMETT ST BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	62,500				Colorectal Edu and Cancer Ctrl

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CHERRY STREET HEALTH SERVICES 100 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH
COMMUNITY HEALTH & SOCIAL SRVC CENTER 5635 W FORT ST Detroit, MI 48209	38-3094394	501(C)(3)	82,500				Breast Edu and Cancer Ctrl
HEART OF OH FAMILY HEALTH CTRS 882 S HAMILTON RD Columbus, OH 43213	38-3765547	501(C)(3)	10,625				CANCER CONTROL

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Michigan State University 426 Auditorium Rd East Lansing, MI 48824	38-6005984	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT
The Regents of the University of Michigan 3003 S State St Ann Arbor, MI 48109	38-6006309	501(C)(3)	1,583,500				EXTRAMURAL RESEARCH GRANT
Wayne State University 5057 Woodward Ste 13202 Detroit, MI 48202	38-6028429	501(C)(3)	180,000				EXTRAMURAL RESEARCH GRANT

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AURORA WALKER'S POINT COMMUNITY CLINIC 130 W BRUCE ST STE 200 MILWAUKEE, WI 53204	39-1442285	501(C)(3)	50,000				CANCER CONTROL
University of Wisconsin - Milwaukee PO Box 340 MILWAUKEE, WI 53201	39-1805963	501(C)(3)	197,468				Research and Breast Edu
COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA 302 NE 14TH ST LEON, IA 50144	39-1908462	501(C)(3)	50,000				CANCER CONTROL

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PROGRESSIVE COMM HEALTH CENTER 3522 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	50,000				CANCER CONTROL
Board of Regents Univ of Wisconsin System 21 North Park St Ste 6401 Madison, WI 53715	39-6006492	501(C)(3)	2,951,000				Rsrch, Cancer Ctrl, Qual Life
NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVE N Minneapolis, MN 55412	41-1235064	501(C)(3)	50,000				CANCER CONTROL

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PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVE ST PAUL, MN 55105	41-1896367	501(C)(3)	95,000				TOBACCO CONTROL
NORTHPOINT HEALTH & WELLNESS 1313 Penn Ave N Minneapolis, MN 55411	41-6005801	Other	37,500				CANCER CONTROL
Regents of the Univ of MN - Twin Cities 200 Oak Street SE Minneapolis, MN 55455	41-6007513	GOVT	120,000				EXTRAMURAL RESEARCH GRANT

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PEOPLES COMMUNITY HEALTH CLINIC INC 905 FRANKLIN ST WATERLOO,IA 50703	42-1058629	501(C)(3)	50,000				IMPROVE HEALTHCARE SYSTEMS
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT,IA 52801	42-1060724	501(C)(3)	26,439				IMPROVE HEALTHCARE SYSTEMS
PRIMARY HEALTH CARE INC 9943 HICKMAN RD 105 URBANDALE,IA 50310	42-1350092	501(C)(3)	10,000				CANCER CONTROL

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The University of Iowa 2 Gilmore Hall Iowa City, IA 52242	42-6004813	Other	450,000				EXTRAMURAL RESEARCH GRANT
Washington University in StLouis Box 1054 1 Brookings Dr St Louis, MO 63130	43-0653611	501(C)(3)	1,388,500				EXTRAMURAL RESEARCH GRANT
Saint Louis University 221 North Grand Blvd St Louis, MO 63103	43-0654872	501(C)(3)	24,000				EXTRAMURAL RESEARCH GRANT

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AFFINIA HEALTHCARE 1717 BIDDLE ST ST LOUIS, MO 63108	43-0817642	501(C)(3)	39,250				CANCER CONTROL
SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE Kansas City, MO 64124	43-0899356	501(C)(3)	6,977				CANCER CONTROL
BETTY JEAN KERR PEOPLES HEALTH CENTERS INC 5701 DELMAR BLVD ST LOUIS, MO 63112	43-1036785	501(C)(3)	40,000				BREAST EDU AND HEALTH

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BIG SPRINGS MEDICAL ASSOC INC PO BOX 157 ELIINGTON, MO 63638	43-1068291	501(C)(3)	50,000				CANCER CONTROL
The Curators of the University of Missouri 115 Business Loop 70W Columbia, MO 65211	43-6003859	501(C)(3)	585,000				EXTRAMURAL RESEARCH GRANT
THE ASLAN PROJECT INC 2000 MA AVE NW Washington, DC 20008	45-5303190	501(C)(3)	14,905				CANCER CONTROL

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DISTRICT CLINIC HOLDINGS INC 1150 45TH STREET WEST PALM BEACH, FL 33407	45-5591655	GOVT	87,440				Brst Colorectal Edu, Cncr Ctrl
HORIZON HEALTH CARE INC 109 N MAIN AVE HOWARD, SD 57349	46-0341255	501(C)(3)	50,000				IMPROVE HEALTHCARE SYSTEMS
Rutgers The State Univ of NJ-RBHS-CINJ 3 Rutgers Plaza New Brunswick, NJ 08901	46-2354111	GOVT	360,000				EXTRAMURAL RESEARCH GRANT

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NATIONAL PHYSICAL ACTIVITY PLAN 921 ASSEMBLY ST STE 212 Columbia,SC 29208	46-2956865	501(C)(3)	7,500				GENERAL NUTRITION ACTIVITIES
HEALTH CONNECT SOUTH 1950 LAKE PARK DRIVE SMYRNA,GA 30080	46-3967515	501(C)(6)	10,000				CANCER CONTROL
YOUNG PROFESSIONALS CHRONIC DISEASE NETWORK 651 HUNTINGTON AVE Boston,MA 02115	46-4724869	501(C)(3)	10,000				CANCER CONTROL

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Board of Regents of the Univ of Nebraska 987835 Nebraska Med Cntr Omaha, NE 68198	47-0049123	501(C)(3)	80,000				EXTRAMURAL RESEARCH GRANT
ONEWORLD COMMUNITY HEALTH CENT 4920 S 30TH ST STE 107 Omaha, NE 68107	47-0548990	501(C)(3)	50,000				CANCER CONTROL
Albert Einstein College of Medicine Inc 1300 Morris Pk Ave Bronx, NY 10461	47-2209056	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT

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University of Kansas Medical Center 3901 Rainbow Blvd Kansas City, KS 66160	48-1108830	501(C)(3)	90,000				EXTRAMURAL RESEARCH GRANT
HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD 104 OLATHE, KS 66062	48-1115529	501(C)(3)	39,125				CANCER CONTROL
RACE AGAINST BREAST CANCER PO BOX 4458 TOPEKA, KS 66604	48-1154057	501(C)(3)	15,000				BREAST EDU AND HEALTH

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KDHE Early Detection Works 100 SW Jackson Ste 230 TOPEKA,KS 66612	48-6029925	501(C)(3)	30,000				BREAST EDU AND HEALTH
BEN ARCHER HEALTH CENTER PO BOX 370 HATCH,NM 87937	51-0158976	501(C)(3)	50,000				CANCER CONTROL
Johns Hopkins University 733 N Broadway Ste 117 Baltimore,MD 21211	52-0595110	501(C)(3)	1,734,000				Research and Cancer Ctrl

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NATIONAL CANCER INSTITUTE 9000 ROCKVILLE PIKE BETHESDA,MD 20892	52-0858115	Other	75,000				INTRAMURAL RESEARCH GRANT
NATIONAL ASSOC OF COMMUNITY HEALTH CENTERS 7501 WISCONSIN AVE 1100W BETHESDA,MD 20814	52-0939952	501(C)(3)	51,500				CANCER CONTROL
FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL ROAD Baltimore,MD 21225	52-1118424	501(C)(3)	50,000				CANCER CONTROL

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MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO RD NW Washington, DC 20009	52-1594116	501(C)(3)	48,764				CANCER CONTROL
RESEARCHAMERICA 1101 KING ST STE 250 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	7,500				CANCER CONTROL
ASPEN CANCER CONFERENCE INC 4383 MEDICAL DR 100 San Antonio, TX 78229	52-1746776	501(C)(3)	16,000				CANCER CONTROL

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CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I ST NW 1200 Washington, DC 20005	52-1969967	501(C)(3)	225,000				CANCER CONTROL
TOBACCO FREE KIDS ACTION FUND 1400 I ST NW STE 1200 Washington, DC 20005	52-1974904	501(C)(4)	200,000				CANCER CONTROL
FRIENDS OF CANCER RESEARCH 1001 G ST NW STE 900 E Washington, DC 20001	52-1983273	501(C)(3)	25,000				CANCER CONTROL

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PACT INSTITUTE 1828 L ST NW STE 300 Washington,DC 20036	52-2131854	501(C)(3)	166,097				CANCER CONTROL
University of Maryland- College Park 7809 Regents Drive College Park,MD 20742	52-6002033	Other	792,000				EXTRAMURAL RESEARCH GRANT
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL ASHBURN,VA 20147	53-0196584	501(C)(3)	91,533				CANCER EDUCATION

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Georgetown University 4000 Reservoir Rd NW Washington, DC 20007	53-0196603	501(C)(3)	90,000				EXTRAMURAL RESEARCH GRANT
NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW Washington, DC 20001	53-0196932	501(C)(3)	35,000				GENERAL NUTRITION ACTIVITIES
BASILICA OF ST MARY OF NORFOLK VIRGINIA 232 CHAPEL ST NORFOLK, VA 23504	54-0538214	Other	6,000				CANCER CONTROL

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FIRST BAPTIST CHURCH 418 EAST BUTE STREET NORFOLK,VA 23510	54-0567801	501(C)(3)	6,000				CANCER CONTROL
SOUTHEASTERN VA HEALTH SYSTEM 1033 28TH ST 2ND FL NEWPORT NEWS,VA 23607	54-1083954	501(C)(3)	12,500				CANCER CONTROL
IVY BAPTIST CHURCH 50 MAPLE AVE NEWPORT NEWS,VA 23607	54-1109914	Other	6,000				CANCER CONTROL

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EAST END BAPTIST CHURCH 523 E WASHINGTON ST SUFFOLK,VA 23434	54-1186578	501(C)(3)	6,000				CANCER CONTROL
SECOND CALVARY BAPTIST CHURCH 2940 CORPREW AVE NORFOLK,VA 23504	54-1245514	501(C)(3)	6,000				CANCER CONTROL
MT GILEAD MISSIONARY BAPTIST CHURCH 1057 KENNEDY ST NORFOLK,VA 23513	54-1256529	Other	6,000				CANCER CONTROL

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FOURTH BAPTIST CHURCH 726 SOUTH STREET PORTSMOUTH,VA 23704	54-1264179	Other	6,000				CANCER CONTROL
PORTSMOUTH COMMUNITY HEALTH CTR 664 LINCOLN ST PORTSMOUTH,VA 23704	54-1626757	501(C)(3)	60,000				Colorectal Edu and Cancer Ctrl
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON,VA 23666	54-1806317	501(C)(3)	500,000				CANCER CONTROL and Cancer Edu

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

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NEIGHBORHOOD HEALTH PO BOX 2618 ARLINGTON,VA 22301	54-1849891	501(C)(3)	60,000				Colorectal Edu and Cancer Ctrl
VERNON J HARRIS EAST END COMMHEALTH CENTER 2025 E MAIN ST STE 105 Richmond,VA 23233	54-1884190	501(C)(3)	50,000				BREAST EDU AND HEALTH
FOUNDCARE INC 2330 S CONGRESS AVE W PALM BEACH,FL 33406	54-2083748	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH

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Virginia Commonwealth University PO BOX 980568 Richmond,VA 23298	54-6001758	GOVT	792,000				EXTRAMURAL RESEARCH GRANT
The Rector and Visitors of the Univ of VA PO Box 400195 Charlottesville,VA 22904	54-6001796	501(C)(3)	1,614,000				EXTRAMURAL RESEARCH GRANT
NEW RIVER HEALTH ASSOCIATION PO BOX 337 SCARBRO,WV 25917	55-0581968	501(C)(3)	6,457				CANCER CONTROL

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ETSU RESEARCH FOUNDATION 405 ROSS HALL JOHNSON CITY,TN 37614	55-0788917	501(C)(3)	75,000				Colorectal Edu and Cancer Ctrl
Northeast Florida Health Services Inc 216 N FREDERICK ST PIERSON,FL 32180	55-0799729	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
Duke University 2200 West Main Street 820 Durham,NC 27705	56-0532129	501(C)(3)	826,500				EXTRAMURAL RESEARCH GRANT

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RESEARCH TRIANGLE INSTITUTE PO BOX 12194 RSRCH TRI PARK,NC 27709	56-0686338	501(C)(3)	20,000				CANCER CONTROL
BLUE RIDGE COMM HEALTH SVCS 2579 CHIM ROCK RD HENDERSONVILLE,NC 28792	56-0794933	501(C)(3)	75,000				Colorectal Edu and Cancer Ctrl
The Univ of North Carolina at Chapel Hill 104 Airport Dr 2200 Chapel Hill,NC 27599	56-6001393	501(C)(3)	1,863,500				EXTRAMURAL RESEARCH GRANT

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CAROLINAS HEALTHCARE FOUNDATION PO BOX 32861 CHARLOTTE,NC 28232	56-6060481	501(C)(3)	10,625				CANCER CONTROL
BEAUFORT JASPER HAMPTON COMP HLTH SVCS INC 1320 RIBAUT RD PORT ROYAL,SC 29935	57-0523586	501(C)(3)	25,000				COLORECTAL EDU AND HEALTH
EAU CLAIRE COOPERATIVE HEALTH CENTERS INC 1800 ST JULIAN PL 308 Columbia,SC 29209	57-0965445	501(C)(3)	75,000				Colorectal Edu and Cancer Ctrl

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REGENESIS HEALTH CARE PO BOX 5158 SPARTANBURG,SC 29304	57-1084051	501(C)(3)	39,375				CANCER CONTROL
Medical University of South Carolina 19 Hagood Ave Ste 606 Charleston,SC 29425	57-6000722	501(C)(3)	931,000				EXTRAMURAL RESEARCH GRANT
University of South Carolina - USC 1600 Hampton St Ste 414 Columbia,SC 29208	57-6001153	501(C)(3)	742,084				Extramural and Intramural Rsch

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Emory University PO Box 935084 Atlanta,GA 31193	58-0566256	501(C)(3)	10,000				CANCER CONTROL
FAMILY HEALTH CENTERS OF GA 868 YORK AVE SW Atlanta,GA 30310	58-1233448	501(C)(3)	30,000				COLORECTAL EDU AND HEALTH
SOUTHWEST GEORGIA HEALTH CARE 804 E 16TH AVE CORDELE,GA 31015	58-1335405	501(C)(3)	50,000				CANCER CONTROL

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ALBANY AREA PRIMARY HEALTHCARE 204 NORTH WESTOVER BLVD ALBANY,GA 31707	58-1344015	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH
OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL DR STONE MOUNTAIN,GA 30083	58-1413957	501(C)(3)	34,005				CANCER CONTROL
Morehouse School of Medicine 720 Westview Dr Atlanta,GA 30310	58-1438873	501(C)(3)	100,000				EXTRAMURAL RESEARCH GRANT

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RURAL HEALTH GROUP PO BOX 640 ROANOKE RAPIDS,NC 27870	58-1640184	501(C)(3)	12,500				BREAST EDU AND HEALTH
Georgia State Univ Research Fdn Inc PO Box 3999 Atlanta,GA 30302	58-1845423	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT
UNIVERSITY OF GEORGIA 114 BARROW HALL ATHENS,GA 30602	58-6001998	Other	15,000				BREAST AND CERVICAL EDU

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University of Miami 1320 S Dixie Hwy 650 Coral Gables, FL 33146	59-0624458	501(C)(3)	1,768,000				EXTRAMURAL RESEARCH GRANT
Boca Raton Regional Hospital Inc 701 NW 13th Street Boca Raton, FL 33486	59-1006663	501(C)(3)	24,000				EXTRAMURAL RESEARCH GRANT
JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVE MIAMI, FL 33142	59-1235617	501(C)(3)	50,000				CANCER CONTROL

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COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 STREET MIAMI,FL 33190	59-1372690	501(C)(3)	49,840				Breast Edu and Cancer Ctrl
BORINQUEN MEDICAL CENTERS 3601 FEDERAL HIGHWAY MIAMI,FL 33161	59-1417397	501(C)(3)	60,000				Colorectal Edu and Cancer Ctrl
COMMUNITY HEALTH CENTERS INC 110 S WOODLAND ST WINTER GARDEN,FL 34787	59-1480970	501(C)(3)	46,689				CANCER CONTROL

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PROJECT HEALTH INC 1425 S US HWY 301 SUMTERVILLE,FL 33585	59-1664577	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
FLORIDA COMMUNITY HEALTH CENTE 4450 S TIFFANY DR WEST PALM BEACH,FL 33407	59-1671640	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
FAMILY HEALTH CENTER OF SW FL 2258 HELTMAN ST FORT MYERS,FL 33901	59-1741273	501(C)(3)	49,885				Breast Edu and Cancer Ctrl

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HEALTH CARE NETWORK OF SW FL 1454 MADISON AVE IMMOKALEE,FL 34142	59-1741277	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
CENTRAL FLORIDA FAMILY HEALTH CENTER INC 2400 STATE RD 415 SANFORD,FL 32771	59-1741286	501(C)(3)	49,026				Colorectal Edu and Cancer Ctrl
MANATEE COUNTY RURAL HEALTH SERVICES INC 700 8TH AVE W STE 101 PALMETTO,FL 34221	59-1773262	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH

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RURAL HEALTH CARE INC DBA AZALEA HEALTH 613 ST JOHNS AVE 3RD FL PALATKA,FL 32177	59-1792958	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD NORTH MIAMI,FL 33181	59-1829984	501(C)(3)	70,865				Breast and Colorectal Edu
CITRUS HEALTH NETWORK 4125 WEST 20TH AVE HIALEAH,FL 33012	59-1865751	501(C)(3)	49,773				Colorectal Edu and Cancer Ctrl

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NORTH FLORIDA MEDICAL CENTERS 2804 RMNGTN GRN CI 2 TALLAHASEE,FL 32308	59-1915144	501(C)(3)	49,480				Colorectal Edu and Cancer Ctrl
PREMIER COMMUNITY HEALTHCARE 37912 CHURCH AVE DADE CITY,FL 33525	59-1964612	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
COMMUNITY HEALTH CENTERS OF PINELLAS 1344 22ND ST S ST PETERSBURG,FL 33712	59-2097521	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH

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TAMPA FAMILY HEALTH CENTERS PO BOX 82969 Tampa, FL 33682	59-2420282	501(C)(3)	48,598				Colorectal Edu and Cancer Ctrl
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
H Lee Moffitt Cancer Center 12902 Magnolia Drive Tampa, FL 33612	59-2451713	501(C)(3)	80,000				EXTRAMURAL RESEARCH GRANT

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COMM AIDS RESOURCE INC DBA CARE RESOURCE 3510 BISCAYNE BLVD MIAMI,FL 33137	59-2564198	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
PALMS MEDICAL GROUP 23343 NW CR 236 HIGH SPRNGS,FL 32643	59-2871302	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVE OCALA,FL 34471	59-3060378	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH

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University of South Florida 3702 Spectrum Blvd Ste 165 Tampa, FL 33612	59-3102112	GOVT	20,000				EXTRAMURAL RESEARCH GRANT
ESCAMBIA COMMUNITY CLINICS INC 14 W JORDAN ST PENSACOLA, FL 32501	59-3105246	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
THE CHAUTAUQUA CENTER INC 319 CENTRAL AVE DUNKIRK, NY 14048	59-3202367	501(C)(3)	35,250				CANCER CONTROL

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TREASURE COAST COMMUNITY HEALTH 12196 CR 512 FELLSMERE,FL 32948	59-3219191	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
I M SULZBACHER CENTER FOR THE HOMELESS 611 E ADAMS ST JACKSONVILLE,FL 32202	59-3229898	501(C)(3)	49,141				Breast Edu and Cancer Ctrl
BROWARD COMM & FAMILY HLTH CENTERS INC 5010 HOLLYWOOD BLVD HOLLYWOOD,FL 33021	59-3489664	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH

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Florida Department of Health Osceola County 1875 Fortune Rd KISSIMMEE, FL 34744	59-3502843	Other	10,000				COLORECTAL EDU AND HEALTH
PARK DUVALLE CMNTY HEALTH CENTER INC 3015 WILSON AVE Louisville, KY 40211	61-0666209	501(C)(3)	40,000				Colorectal Edu and Cancer Ctrl
Univ of Louisville Research FDN Inc 300 E Market St 300 Louisville, KY 40202	61-1029626	501(C)(3)	40,000				EXTRAMURAL RESEARCH GRANT

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University of Kentucky Research Foundation 500 S Lmstne Lexington, KY 40526	61-6033693	501(C)(3)	90,000				EXTRAMURAL RESEARCH GRANT
Vanderbilt University Medical Center 1400 18th Ave S Nashville, TN 37212	62-0476822	501(C)(3)	3,567,000				EXTRAMURAL RESEARCH GRANT
CHEROKEE HEALTH SYSTEMS 6350 W ANDREW JOHNSON HWY TALBOTT, TN 37877	62-0637925	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH

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Saint Jude Children's Research Hospital 262 Danny Thomas Pl Memphis,TN 38105	62-0646012	501(C)(3)	229,000				EXTRAMURAL RESEARCH GRANT
MEMPHIS HEALTH CENTER 360 EH CRUMP BLVD Memphis,TN 38126	62-0818892	501(C)(3)	50,000				CANCER CONTROL
MATTHEW WALKER COMPREHENSIVE HLTH CNTR INC 1035 14TH AVE NORTH Nashville,TN 37208	62-1035426	501(C)(3)	50,000				CANCER CONTROL

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The University of Tennessee 1534 White Avenue Knoxville,TN 37996	62-6001636	501(C)(3)	40,000				EXTRAMURAL RESEARCH GRANT
HEALTH SERVICES INC PO BOX 70365 MONTGOMERY,AL 36107	63-0568762	501(C)(3)	9,204				CANCER CONTROL
FRANKLIN PRIMARY HEALTH CENTER 1301 DR MLK JR MOBILE,AL 36603	63-0695975	501(C)(3)	50,000				CANCER CONTROL

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DCH Foundation Inc 950 Dr Edwrd Hilliard Tuscaloosa, AL 35401	63-0718581	501(C)(3)	35,407				SPECIAL EVENTS GENERAL
CAPSTONE RURAL HEALTH CLINIC 5947 ALABAMA 269 PARRISH, AL 35580	63-1276483	501(C)(3)	50,000				CANCER CONTROL
The University of Alabama at Birmingham 1720 2nd Ave S Birmingham, AL 35294	63-6005396	Other	1,182,000				EXTRAMURAL RESEARCH GRANT

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GA Carmichael Family Health Center Inc 1668 W Peace St Canton, MS 39046	64-0580940	501(C)(3)	9,708				CANCER CONTROL
CAMILLUS HEALTH CONCERN INC 336 NW 5TH ST MIAMI, FL 33136	65-0063921	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
RURAL HEALTH NETWORK OF MONROE COUNTY INC 3706 N ROOSEVELT BLVD D KEY WEST, FL 33040	65-0474953	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH

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DEPARTMENT OF HEALTH SARASOTA COUNTY 2200 RINGLING BLVD SARASOTA,FL 34237	65-0478868	Other	10,000				COLORECTAL EDU AND HEALTH
Comm Fdn of the Virgin Islands CFVI PO Box 11790 St Thomas,VI 00801	66-0470703	501(C)(3)	50,000				INDIRECT FINANCIAL ASSISTANCE
EXCELTH INC 1515 POYDRAS ST 1070 NEW ORLEANS,LA 70112	72-1193464	501(C)(3)	39,375				CANCER CONTROL

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DAUGHTERS OF CHARITY Svcs OF NEW ORLEANS 3201 S CARROLTON AVE NEW ORLEANS, LA 70118	72-1332678	501(C)(3)	37,500				CANCER CONTROL
CAUSE MARKETING FORUM INC 63 OVERLOOK PLACE RYE, NY 10580	72-1534828	Other	7,500				CORPORATE PROMOTIONS
INDIAN HEALTH CARE RESOURCE 550 S PEORIA AVE TULSA, OK 74120	73-1042545	501(C)(3)	50,000				CANCER CONTROL

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VARIETY CARE 3000 N GRAND AVE OKLA CITY,OK 73107	73-1088577	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH
COMM HEALTH Cntrs OF SOUTH CENTRAL TX 228 ST GEORGE ST GONZALES,TX 78629	74-1548089	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH
Univ of TX Hlth Science Cntr San Antonio 7703 Floyd Curl Dr San Antonio,TX 78229	74-1586031	501(C)(3)	201,500				EXTRAMURAL RESEARCH GRANT

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Baylor College of Medicine 1 Baylor Plaza Houston,TX 77030	74-1613878	501(C)(3)	2,330,500				EXTRAMURAL RESEARCH GRANT
BRAZOS VALLEY COMMUNITY 3370 S TEXAS AVE BRYAN,TX 77802	74-1715140	501(C)(3)	50,000				CANCER CONTROL
BARRIO COMPREHENSIVE FAMILY HLTH CNTRS INC 3066 E COMMERCE ST San Antonio,TX 78220	74-1724391	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH

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The Univ TX Hlth Science Cntr at Houston PO Box 20036 Houston,TX 77225	74-1761309	501(C)(3)	30,000				EXTRAMURAL RESEARCH GRANT
ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON,TX 78064	74-2089103	501(C)(3)	75,000				Colorectal Edu and Cancer Ctrl
METRO COMMUNITY PROVIDER NETWORK INC 3701 S BROADWAY ENGLEWOOD,CO 80113	74-2477108	501(C)(3)	51,375				Cancer Ctrl and Healthcare SYS

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Arizona Board of Regents Univ of Arizona P O Box 210158 Room 510 Tucson, AZ 85721	74-2652689	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT
The University of Texas at Austin 101 E 27th St 5300 Austin, TX 78712	74-6000203	501(C)(3)	985,500				EXTRAMURAL RESEARCH GRANT
Univ of TX MD Anderson Cancer Center 1515 Holcombe Blvd Houston, TX 77030	74-6001118	501(C)(3)	3,379,000				EXTRAMURAL RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH SERVICES AGENCY INC PO BOX 1908 GREENVILLE,TX 75402	75-1528614	501(C)(3)	75,000				Colorectal Edu and Cancer Ctrl
INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE Dallas,TX 75231	75-2605363	501(C)(3)	20,000				IMPROVE HEALTHCARE SYSTEMS
Texas Tech Univ Health Sciences Cntr 3601 4th St MS 6271 Lubbock,TX 79430	75-2668014	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Univ of TX Southwestern Medical Center 5323 Harry Hines Blvd Dallas,TX 75390	75-6002868	501(C)(3)	1,911,000				EXTRAMURAL RESEARCH GRANT
LEGACY COMMUNITY HEALTH SVCS PO BOX 66308 Houston,TX 77266	76-0009637	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH
GULF COAST HEALTH CENTER INC 2548 MEMORIAL BLVD PORT ARTHUR,TX 77640	76-0289927	501(C)(3)	50,000				CANCER CONTROL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE CORAZON 7037 CAPITOL ST Houston,TX 77011	76-0442781	501(C)(3)	39,375				CANCER CONTROL
CENTRAL CARE COMMUNITY HEALTH 8610 MLK JR BLVD Houston,TX 77033	76-0444982	501(C)(3)	12,500				BREAST EDU AND HEALTH
NAACCR 32960 ALVARADO-NILES RD UNION CTY,CA 94587	77-0324654	501(C)(3)	123,954				INTRAMURAL RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GENESIS COMMUNITY HEALTH INC 2623 S SEACREST BLV BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
TERRY REILLY HEALTH SERVICES 223 16TH AVE N NAMPA, ID 83653	82-0300537	501(C)(3)	50,000				CANCER CONTROL
University of Wyoming 1000 E Unvrsty Ave 3355 Laramie, WY 82071	83-6000331	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAN DE SALUD DEL VALLE 220 S ROLLIE FORT LUPTON,CO 80621	84-0613540	501(C)(3)	50,000				IMPROVE HEALTHCARE SYSTEMS
CLINICA TEPEYAC 5075 LINCOLN ST DENVER,CO 80216	84-1285505	501(C)(3)	44,392				Breast Edu and Healthcare SYS
The Regents of the University of Colorado 1800 N GRANT ST STE 400 DENVER,CO 80203	84-6000555	501(C)(3)	1,368,000				EXTRAMURAL RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRESBYTERIAN MEDICAL SERVICES 1422 PASEO DE PERALTA SANTA FE, NM 87504	85-0206810	501(C)(3)	37,500				COLORECTAL EDU AND HEALTH
University of New Mexico HSC 1 Univ New Mexico Albuquerque, NM 87131	85-6000642	501(C)(3)	729,000				EXTRAMURAL RESEARCH GRANT
SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	39,375				CANCER CONTROL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOUNTAIN PARK HEALTH CENTER 2702 N 3rd ST 4020 PHOENIX,AZ 85004	86-0498020	501(C)(3)	50,000				IMPROVE HEALTHCARE SYSTEMS
NORTH COUNTRY HEALTHCARE PO BOX 3630 FLAGSTAFF,AZ 86003	86-0663432	501(C)(3)	75,000				IMPROVE HEALTHCARE SYSTEMS
EL RIO HEALTH CTR FOUNDATION 839 W CONGRESS ST Tucson,AZ 85745	86-0816675	501(C)(3)	33,396				IMPROVE HEALTHCARE SYSTEMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTAH NAVAJO HEALTH SYSTEM PO BOX 130 MONTEZUMA CREEK,UT 84534	87-0560763	501(C)(3)	50,000				Breast Edu and Cancer Ctrl
MOUNTAIN MEDICAL 544 S GREEN ST MURRAY,UT 84123	87-0565773	Other	9,710				CANCER CONTROL
The Methodist Hospital Research Institute 6565 Fannin MGJ4-024 Houston,TX 77030	87-0721923	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BREVARD HEALTH ALLIANCE INC 2120 SARNO ROAD MELBOURNE, FL 32935	90-0068515	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
GROUP HEALTH COOPERATIVE PO BOX 34587 Seattle, WA 98124	91-0511770	501(C)(3)	11,400				CANCER CONTROL
Seattle Children's Research Institute 1100 Olive Way Seattle, WA 98101	91-0564748	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057	91-0884412	501(C)(3)	50,000				CANCER CONTROL
SEA MAR COMMUNITY HEALTH CTR 1112 SOUTH CUSHMAN TACOMA, WA 98405	91-1020139	501(C)(3)	21,875				CANCER CONTROL
TRI-CITIES COMMUNITY HEALTH PO BOX 1452 PASCO, WA 99301	91-1138675	501(C)(3)	50,000				CANCER CONTROL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH ASSOCIATION OF SPOKANE 203 N WASHINGTON 300 SPOKANE, WA 99201	91-1641797	501(C)(3)	30,000				CANCER CONTROL
PANCARE OF FLORIDA INC 403 E 11TH ST PANAMA CITY, FL 32401	91-2189932	501(C)(3)	10,000				COLORECTAL EDU AND HEALTH
University of Washington 4333 Brooklyn Ave NE Seattle, WA 98195	91-6001537	Other	1,726,500				Research and Breast Edu

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Providence Portland Medical Center 4805 NE Glisan St 5F40 Portland, OR 97213	93-0386906	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
Oregon Health & Science University 3181 SW Sam Jcksn Pk Rd Portland, OR 97239	93-1176109	501(C)(3)	141,500				EXTRAMURAL RESEARCH GRANT
MOSAIC MEDICAL 375 NW BEAVER ST 101 PRINEVILLE, OR 97754	93-1329158	501(C)(3)	12,500				IMPROVE HEALTHCARE SYSTEMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Kaiser Foundation Research Institute 1800 Harrison St 16th Fl Oakland, CA 94612	94-1105628	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT
Stanford University 3172 Porter Dr Palo Alto, CA 94304	94-1156365	501(C)(3)	727,000				EXTRAMURAL RESEARCH GRANT
LA CLINICA DE LA RAZA INC 335 E LELAND RD PITTSBURG, CA 94565	94-1744108	501(C)(3)	50,000				CANCER CONTROL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSION NEIGHBORHOOD HEALTH CT 240 SHOTWELL ST San Francisco,CA 94110	94-2284365	501(C)(3)	38,963				CANCER CONTROL
COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DR STOCKTON,CA 95210	94-2437106	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEMS
Camarena Health Centers 344 E Sixth St MADERA,CA 93638	94-2503904	501(C)(3)	10,000				CANCER CONTROL

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLINICA DE SALUD DEL VALLE DE SALINAS 440 AIRPORT BLVD SALINAS,CA 93905	94-2652757	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH
SALUD PARA LA GENTE 195 AVIATION WAY 200 WATSONVILLE,CA 95076	94-2705747	501(C)(3)	10,000				BREAST EDU AND HEALTH
PENINSULA COMMUNITY HEALTH SVC PO BOX 960 BREMERTON,WA 98337	94-3079770	501(C)(3)	10,000				CANCER CONTROL

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Portland VA Research Foundation Inc 3710 SW US Vet Hsptl Rd Portland, OR 97239	94-3090170	501(C)(3)	784,000				EXTRAMURAL RESEARCH GRANT
OPERATION ACCESS 1119 MARKET ST 400 San Francisco, CA 94103	94-3180356	501(C)(3)	30,000				IMPROVE HEALTHCARE SYSTEMS
NEVADA HEALTH CENTERS 3325 RESEARCH WAY CARSON CITY, NV 89706	94-3199117	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEMS

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TX ONCOLOGY-MIDLAND ALLISON CANCER CNTR 400 RSLND RDFRN GRVR PK MIDLAND,TX 79701	94-3207296	501(C)(3)	58,090				PATIENT SUPPORT
CALIFORNIA PRIMARY CARE ASSN 1231 I ST STE 400 SACRAMENTO,CA 95814	94-3215565	501(C)(3)	20,000				CANCER CONTROL
The Regents of the UC Berkeley 2150 Shattuck Ave 300 Berkeley,CA 94704	94-6002123	501(C)(3)	1,199,000				EXTRAMURAL RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Regents of the UC San Francisco 3333 California St San Francisco, CA 94118	94-6036493	501(C)(3)	1,350,500				Research and Breast Edu
University of California Davis 1850 Research Park Dr 300 Davis, CA 95618	94-6036494	501(C)(3)	100,000				EXTRAMURAL RESEARCH GRANT
University of Southern California 3720 S Flower St LA, CA 90089	95-1642394	501(C)(3)	190,000				Research and Cancer Ctrl

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California Institute of Technology 1200 E California Blvd Pasadena,CA 91125	95-1643307	501(C)(3)	275,000				EXTRAMURAL RESEARCH GRANT
Cedars-Sinai Medical Center 8700 Beverly Blvd 1150 LA,CA 90048	95-1644600	501(C)(3)	729,000				EXTRAMURAL RESEARCH GRANT
ENTERTAINMENT INDUSTRY FOUNDATION 1900 AVE OF STARS 1400 LA,CA 90067	95-1644609	501(C)(3)	5,050,000				Research and Cancer Edu

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salk Institute for Biological Studies 10010 N Torrey Pines Rd La Jolla, CA 92037	95-2160097	501(C)(3)	221,000				EXTRAMURAL RESEARCH GRANT
University of California Irvine 5171 California Ste 150 Irvine, CA 92697	95-2226406	501(C)(3)	100,000				EXTRAMURAL RESEARCH GRANT
SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LA, CA 90048	95-2539105	501(C)(3)	30,000				CANCER CONTROL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN YSIDRO HEALTH CENTER 1275 30TH ST SAN DIEGO,CA 92154	95-2801772	501(C)(3)	50,000				CANCER CONTROL
ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVE LA,CA 90040	95-2810095	501(C)(3)	50,000				CANCER CONTROL
RIVERSIDE & SAN BERNARDINO CO INDIAN HEALTH INC 11555 1/2 POTRERO RD BANNING,CA 92220	95-2846605	501(C)(3)	10,625				CANCER CONTROL

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NORTH COUNTY HEALTH PROJECT 150 VALPREDA RD SAN MARCOS,CA 92069	95-2847102	501(C)(3)	50,000				COLORECTAL EDU AND HEALTH
OMNI FAMILY HEALTH 4900 CALIFORNIA AVE BAKERSFIELD,CA 93309	95-3218000	501(C)(3)	30,000				CANCER CONTROL
Beckman Rsrch Inst of the City of Hope 1500 E Duarte Rd Duarte,CA 91010	95-3432210	501(C)(3)	816,000				EXTRAMURAL RESEARCH GRANT

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

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ASIAN PACIFIC HEALTHCARE VENTURE INC 4216 FOUNTAIN AVE LA,CA 90029	95-4177752	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEMS
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION PO BOX 418649 Boston,MA 02241	95-4191698	501(C)(3)	224,022				CANCER CONTROL
The Regents of the UC Los Angeles 11000 Kinross Ave LA,CA 90095	95-6006143	501(C)(3)	2,388,000				Research and Breast Edu

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

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The Regents of the UC San Diego 9500 Gilman Dr 0934 La Jolla, CA 92093	95-6006144	501(C)(3)	1,198,000				EXTRAMURAL RESEARCH GRANT
Children's Hospital of Los Angeles 4650 Sunset Blvd 97 LA, CA 90027	95-6121916	Other	779,000				EXTRAMURAL RESEARCH GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee ☐ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING COMPENSATION	SCHEDULE J, PART I, LINE 4A GREGORY P BONTRAGER OTHER REPORTABLE COMPENSATION OF $985,869 (PART II, LINE 4, COLUMN B(III)) INCLUDES A SEPARATION PAYMENT OF $482,115 MADE IN ACCORDANCE WITH AN AGREEMENT APPROVED BY THE COMPENSATION COMMITTEE INCLUDED IN OTHER REPORTABLE COMPENSATION IS A PAYMENT OF $440,000 THAT BONTRAGER EARNED UNDER AN EARLIER RETENTION AGREEMENT FROM 2010 THAT WAS ORIGINALLY EXECUTED TO ENSURE CONTINUOUS EXECUTIVE LEADERSHIP BONTRAGER RETIRED FROM THE SOCIETY IN 2015 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 25 YEARS
SCHEDULE J, PART I, LINE 4B	THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART VI, LINE 15 INCLUDED IN COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR CHANGE IN ACTUARIAL VALUE OF BENEFITS THESE AMOUNTS WERE NOT ACTUALLY PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SERP THE AMOUNT OF THE SERP BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL CATHERINE E MICKLE $20,216 GREGORY P BONTRAGER $36,575 OTIS W BRAWLEY $38,731 JOSEPH C CAHOON $59,812 JUNG H KIM $56,046 NANCY C YAW $38,887 LISA E ROTH $34,832
SCHEDULE J, PART II, COLUMN C	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 changes are caused by several factors, including additional years of service, changes in base salary, and changes in actuarial assumptions, which are required to be used to value the benefits A significant decrease in interest rates and an increase in the life expectancy of participants resulted in a large increase in estimated value of benefits from the prior year Prior to actual retirement, these actuarial (estimated) values can increase or decrease from year to year depending whether certain assumptions increase or decrease
SCHEDULE J, PART II, LINE 1	JOHN R SEFFRIN OTHER REPORTABLE COMPENSATION OF $692,957 (PART II, LINE 1, COLUMN B(III)) INCLUDES THE FINAL CHANGE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL EMPLOYEE RETIREMENT BENEFITS, WHICH INCLUDES THE ACCUMULATED INTEREST ON THE BENEFIT DR SEFFRIN RETIRED DURING 2015 AFTER SERVING THE SOCIETY FOR 23 YEARS DEFERRED COMPENSATION OF $167,342 (PART II, LINE 1, COLUMN C) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN R SEFFRIN CEO, OUTGOING	(i)	233,331	0	635,211	153,397	5,054	1,026,993	528,156
	(ii)	21,212	0	57,746	13,945	-459	-93,362	48,014
1 CATHERINE E MICKLE CHIEF FINANCIAL OFFICER	(i)	331,536	0	18,459	114,727	14,047	478,769	0
	(ii)	42,195	0	2,349	14,602	-1,788	-60,934	0
2 OTIS W BRAWLEY CHIEF MEDICAL OFFICER	(i)	447,478	0	40,794	173,544	1,223	663,039	0
	(ii)	0	0	0	0	-0	-0	0
3 GREGORY P BONTRAGER COO, outgoing	(i)	94,342	0	985,869	676,874	625	1,757,710	377,143
	(ii)	0	0	0	0	-0	-0	0
4 JOSEPH C CAHOON JR SENIOR EVP, FIELD OPERATIONS	(i)	436,508	0	61,806	230,623	7,216	736,153	0
	(ii)	0	0	0	0	-0	-0	0
5 GARY M REEDY CEO, INCOMING	(i)	433,470	0	51,677	6,412	1,450	493,009	0
	(ii)	39,406	0	4,698	583	-132	-44,819	0
6 RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	(i)	417,133	0	2,950	149,071	15,893	585,047	0
	(ii)	0	0	0	0	-0	-0	0
7 DAVID F VENEZIANO EVP, CALIFORNIA DIVISION	(i)	403,743	0	5,347	0	8,518	417,608	0
	(ii)	0	0	0	0	-0	-0	0
8 NANCY C YAW EVP, LAKESHORE DIVISION	(i)	349,649	0	41,287	80,060	17,724	488,720	0
	(ii)	0	0	0	0	-0	-0	0
9 LISA E ROTH SVP, PRODUCT & PROGRAM MGMT	(i)	310,629	0	35,541	75,719	11,433	433,322	0
	(ii)	0	0	0	0	-0	-0	0
10 JUNG H KIM EVP, EASTERN DIVISION	(i)	364,185	0	56,523	40,412	2,180	463,300	0
	(ii)	0	0	0	0	-0	-0	0
11 ROSEMARIE H SAMPSON SVP, PREV & EARLY DETECTION	(i)	264,714	0	37,470	8,635	1,349	312,168	0
	(ii)	0	0	0	0	-0	-0	0

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2015

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		22,011,561	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	468	2,946,263	FMV
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	1	2,450,000	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)	See Additional Data			
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 0

		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 is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

Return Reference	Explanation

Additional Data

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

Part I, Types of Property, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (Cosmetic Kits)	X	50,722	12,288,500	Cost/Selling Price
Other ▶ (Guest room prog)	X	58,185	4,864,500	Cost/Selling Price
Other ▶ (Holiday fndrsr dontn)	X	978	1,316,722	Cost/Selling Price
Other ▶ (Wigs)	X	18,903	15,798,005	Cost/Selling Price
Other ▶ (Hope Lodge supplies)	X	32,608	183,350	Cost/Selling Price

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
American Cancer Society Inc

Employer identification number
13-1788491

Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D DETECTION AND TREATMENT PROGRAMS ARE DIRECTED AT FINDING CANCER BEFORE IT IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT CANCER TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT AND PAIN CONTROL DETECTION/TREATMENT EXPENSES INCLUDED ACTIVITIES SUCH AS OUR COMMUNITY GRANTS FOR BREAST AND COLORECTAL CANCER SCREENINGS, OUR BREAST CANCER AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS AS WELL AS OUR NATIONAL CAMPAIGN TO ACHIEVE 80 PERCENT COLON CANCER SCREENING RATES BY THE END OF 2018 Total Expenses $84,517,099 Grants to Affiliates $5,415,757

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

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

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

Return Reference	Explanation
AVAILABILITY OF FORM 990 TO GENERAL PUBLIC	FORM 990, PART VI, LINE 18 THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW CANCER ORG AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, LINE 19 THE AMERICAN CANCER SOCIETY, INC TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE OTHERWISE PROTECTED THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW CANCER ORG

Return Reference	Explanation
GRANTS TO AFFILIATES	FORM 990, PART IX, LINE 24A LISTED BELOW ARE RECIPIENTS OF GRANTS TO AFFILIATES THAT RECEIVED $5,000 OR MORE ORGANIZATION AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC EIN 52-2340031 IRC SECTION 501 (C)(4) AMOUNT OF GRANT $33,533,000 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY ORGANIZATION AMERICAN CANCER SOCIETY INC, PUERTO RICO, INC EIN 66-0321594 IRC SECTION 501(C)(3) AMOUNT OF GRANT $647,706 PURPOSE SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - ($10,174,163) NET CHANGE IN RETIREMENT PLAN LIABILITY - $86,724,157 TOTAL - $76,549,994

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

OMB No 1545-0047

2015

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) ACS Cancer Action Network Inc 555 11th Street NW Washington, DC 20004 52-2340031	ELIM CANCER	DC	501(c)(4)	N/A	ACS INC	Yes	
(2) ACS Development Company I Inc 250 Williams ST NW STE 600 Atlanta, GA 30303 46-5439010	Support ACS	GA	501(c)(3)	11a	ACS INC	Yes	
(3) ACS Products Inc 250 Williams St NW STE 400 Atlanta, GA 30303 02-0651055	Support ACS	GA	501(c)(3)	11a	ACS INC	Yes	
(4) American Cancer Society Inc Puerto Rico 566 Cabo Alverio Street Hato Rey, PR 00918 66-0321594	ELIM CANCER	PR	501(c)(3)	7	ACS Inc	Yes	
(5) ACS Capital Inc 250 Williams St NW STE 600 Atlanta, GA 30303 46-5429467	Support ACS	GA	501(c)(3)	11a	ACS CAN		No
(6) The Joseph and Jeanette M Silber Fdtn 4900 Tiedeman Rd OH-01-49-015 Brookland, OH 44144 34-1363915	Support ACS	OH	501(c)(3)	11	NA		No

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	

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

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 orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
See Additional Data Table			

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) Disproprtionate 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	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
ACS Cancer Action Network Inc 555 11th Street NW Washington, DC 20004 52-2340031	ELIM CANCER	DC	501(c)(4)	N/A	ACS INC	Yes	
ACS Development Company I Inc 250 Williams ST NW STE 600 Atlanta, GA 30303 46-5439010	Support ACS	GA	501(c)(3)	11a	ACS INC	Yes	
ACS Products Inc 250 Williams St NW STE 400 Atlanta, GA 30303 02-0651055	Support ACS	GA	501(c)(3)	11a	ACS INC	Yes	
American Cancer Society Inc Puerto Rico 566 Cabo Alverio Street Hato Rey, PR 00918 66-0321594	ELIM CANCER	PR	501(c)(3)	7	ACS Inc	Yes	
ACS Capital Inc 250 Williams St NW STE 600 Atlanta, GA 30303 46-5429467	Support ACS	GA	501(c)(3)	11a	ACS CAN		No
The Joseph and Jeanette M Silber Fdtn 4900 Tiedeman Rd OH-01-49-015 Brookland, OH 44144 34-1363915	Support ACS	OH	501(c)(3)	11	NA		No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ACS Cancer Action Network Inc	Q	13,488,609	FMV
(1)	ACS PRODUCTS INC	Q	3,600,286	FMV
(2)	American Cancer Society Inc Puerto Rico	Q	2,554,742	FMV
(3)	ACS Development Company I Inc	Q	15,561	FMV
(4)	ACS Development Company I Inc	K	51,250	FMV
(5)	ACS Development Company I Inc	L	125,454	FMV
(6)	The Joseph and Jeanette Silber Foundation	C	218,851	FMV
(7)	ACS Cancer Action Network Inc	B	33,533,000	FMV
(8)	American Cancer Society Inc Puerto Rico	B	647,706	FMV
(9)	American Cancer Society Inc Puerto Rico	C	528,498	FMV