Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
AMERICAN CANCER SOCIETY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
3380 CHASTAIN MEADOWS PKY NW NO 2

City or town, state or province, country, and ZIP or foreign postal code
KENNESAW, GA 30144

D Employer identification number
13-1788491

E Telephone number
(800) 227-2345

G Gross receipts $ 1,385,619,613

F Name and address of principal officer:
KAREN E KNUDSEN MBAPHD
3380 CHASTAIN MEADOWS PKY NW NO 200
KENNESAW,GA 30144

H(a) Is this a group return for subordinates? [ ] Yes [x] 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: [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CANCER.ORG

K Form of organization: [x] 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 SIX GEOGPRAHIC REGIONS, WE SAVE LIVES, CELEBRATE LIVES, AND FIGHT FOR A WORLD WITHOUT CANCER.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	4,320
6	Total number of volunteers (estimate if necessary)	**6**	1,044,394
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	169,893
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	683,502,842	533,262,107
	9	Program service revenue (Part VIII, line 2g)	15,663	31,098
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,750,311	46,085,786
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	863,030	-3,083,460
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	720,131,846	576,295,531
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	163,883,113	96,098,130
	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)	330,162,784	288,007,227
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	13,837,251	5,468,529
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶101,438,681		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	222,803,520	174,434,017
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	730,686,668	564,007,903
	19	Revenue less expenses. Subtract line 18 from line 12	-10,554,822	12,287,628

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	1,674,187,464	1,700,046,787
	21	Total liabilities (Part X, line 26)	559,510,450	512,242,998
	22	Net assets or fund balances. Subtract line 21 from line 20	1,114,677,014	1,187,803,789

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 2021-10-29

▶ KAEL REICIN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

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

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO SAVE LIVES, CELEBRATE LIVES AND LEAD THE FIGHT FOR A WORLD WITHOUT CANCER THROUGH RESEARCH, PATIENT SUPPORT AND ADVOCACY.

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 $ 103,485,049 including grants of $ 61,708,664) (Revenue $ 31,098)

TO COMPLY WITH GOVERNMENT MANDATES AND GUIDELINES TO SLOW THE SPREAD OF THE COVID-19 VIRUS, WE TEMPORARILY CLOSED OFFICES, DISCOVERY SHOPS, HOPE LODGES AND POSTPONED OR CANCELED IN-PERSON FUNDRAISING EVENTS. WE SUSPENDED PATIENT ASSISTANCE PROGRAMS TO PRIORITIZE THE SAFETY OF CANCER PATIENTS, VOLUNTEERS AND EMPLOYEES. CANCER RESEARCH WAS LIMITED DUE TO CLOSURE OF RESEARCH FACILITIES. THE REDUCTION IN FUNDRAISING EVENTS CAUSED A SIGNIFICANT REVENUE DECLINE. IN RESPONSE, WE IMPLEMENTED COST CONTAINMENT MEASURES TO REDUCE EXPENSES. WE MADE A STRATEGIC DECISION TO REDUCE AND REALIGN OUR PHYSICAL AND STAFFING FOOTPRINT AIMED AT INCREASING OUR MISSION IMPACT. OVERALL, OUR ACTIONS MINIMIZED THE IMPACT OF THE REVENUE DECLINE RESULTING IN AN INCREASE TO OUR TOTAL NET ASSETS. FOR RESEARCH ACCOMPLISHMENTS SEE SCHEDULE O.RESEARCH PROGRAMS PROVIDE FINANCIAL SUPPORT TO FUND AND CONDUCT RESEARCH INTO THE CAUSES OF CANCER; HOW IT CAN BE PREVENTED, DETECTED EARLY, AND TREATED SUCCESSFULLY; HOW TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH CANCER; AND TO ADVOCATE FOR LAWS AND POLICIES THAT HELP FURTHER CANCER RESEARCH. OUR RESEARCH PROGRAM EXPENSES INCLUDED BOTH OUR EXTRAMURAL RESEARCH GRANTS AND INTRAMURAL PROGRAM, WHICH INCLUDED OUR COMPREHENSIVE CANCER PREVENTION STUDY (CPS-3).

4b (Code:) (Expenses $ 212,186,897 including grants of $ 13,339,859) (Revenue $ 138,795)

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

4c (Code:) (Expenses $ 66,934,750 including grants of $ 13,008,717) (Revenue $)

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.

(Code:) (Expenses $ 45,095,233 including grants of $ 8,040,890) (Revenue $)

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.

4d Other program services (Describe in Schedule O.)
(Expenses $ 45,095,233 including grants of $ 8,040,890) (Revenue $)

4e **Total program service expenses** ▶ 427,701,929

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		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	Yes	
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	680		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	34		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

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 4,320			
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

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. 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.	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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,CO,CT,DE,DC,FL,GA,GU,HI,ID,IL,IN,IA,KS,KY,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,PR,RI,SC,SD,TN,TX,UT,VA,VI,VT,WA,WI,WV,WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶KAEL REICIN 3380 CHASTAIN MEADOWS PARKWAY NW KENNESAW,GA 30144 (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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): 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
(1) JEFFREY L KEAN CHAIR	5.00 4.00	X		X				0	0	0
(2) JOHN ALFONSO CPA CGMA VICE CHAIR	5.00 0.00	X		X				0	0	0
(3) CARMEN E GUERRA MD MSCEFACP BOARD SCIENTIFIC OFFICER	5.00 0.00	X		X				0	0	0
(4) BRIAN A MARLOW CFA SECRETARY/TREASURER	5.00 0.00	X		X				0	0	0
(5) DANIEL P HEIST CPA IMMEDIATE PAST CHAIR	5.00 0.00	X		X				0	0	0
(6) JOSEPH A AGRESTA JR DIRECTOR	3.00 0.00	X						0	0	0
(7) BRUCE N BARRON DIRECTOR	3.00 0.00	X						0	0	0
(8) JENNIFER R CROZIER DIRECTOR	3.00 0.00	X						0	0	0
(9) KATIE A ECCLES DIRECTOR	3.00 0.00	X						0	0	0
(10) PATRICK J GERAGHTY DIRECTOR	3.00 0.00	X						0	0	0
(11) MARK A GOLDBERG MD DIRECTOR	3.00 0.00	X						0	0	0
(12) GARETH T JOYCE DIRECTOR	3.00 0.00	X						0	0	0
(13) AMIT KUMAR PHD DIRECTOR	3.00 0.00	X						0	0	0
(14) MICHELLE M LE BEAU PHD DIRECTOR	3.00 0.00	X						0	0	0
(15) MICHAEL T MARQUARDT DIRECTOR	3.00 1.00	X						0	0	0
(16) MARGARET MCCAFFERY DIRECTOR	3.00 0.00	X						0	0	0
(17) TERRI MCCLEMENTS DIRECTOR	3.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): 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
(18) JOSEPH M NAYLOR DIRECTOR	3.00 0.00	X						0	0	0
(19) WILLIAM D NOVELLI DIRECTOR	3.00 0.00	X						0	0	0
(20) GREGORY L PEMBERTON ESQ DIRECTOR	3.00 0.00	X						0	0	0
(21) GARY S SHEDLIN DIRECTOR	3.00 0.00	X						0	0	0
(22) OYEBODE TAIWO MD MPH DIRECTOR	3.00 0.00	X						0	0	0
(23) GARY M REEDY CHIEF EXECUTIVE OFFICER	55.00 6.00			X				602,400	65,717	34,886
(24) JUNG H KIM CHIEF OPERATING OFFICER	55.00 2.00			X				429,441	15,616	231,936
(25) KAEL REICIN CFO, INCOMING	55.00 6.00			X				330,618	36,067	6,364
(26) WILLIAM CANCE CHIEF MEDICAL & SCIENTIFIC OFCR	55.00 0.00				X			579,878	0	36,898
(27) MICHAEL L NEAL SENIOR EVP, FIELD OPS	55.00 3.00				X			375,776	0	171,625
(28) RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	55.00 2.00				X			431,572	0	26,004
(29) CATHERINE E MICKLE CHIEF ADMIN OFCR, OUTGOING	55.00 1.00				X			395,629	0	29,315
(30) SHARON BYERS CHIEF DEVELOPMENT & MARKET, OUTGOING	55.00 0.00				X			391,846	0	9,402
(31) LEONARD LICHTENFELD DEPUTY CHIEF MEDICAL OFCR	55.00 0.00					X		365,243	0	365,522
(32) JEFF D KLAAS EVP, WEST REGION	55.00 0.00					X		334,972	0	10,941
(33) JEFFREY D FEHLIS EXECUTIVE VICE PRESIDENT	55.00 0.00					X		282,540	0	34,436
(34) WILTON W WHITE EXECUTIVE VICE PRESIDENT	55.00 0.00					X		300,397	0	9,891
(35) TIMOTHY B PHILLIPS CHIEF LEGAL AND RISK OFFICER	55.00 3.00					X		277,654	15,145	88,746
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,097,966	132,545	1,055,966

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 ▶ 453

		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
KPMG LLP P O BOX 120511 DALLAS, TX 753120511	SYSTEM IMPLEMENTATION	12,320,560
MCGOUGH CONSTRUCTION CO LLC NW 5970 PO BOX 1450 MINNEAPOLIS, MN 55485	CONSTRUCTION	11,701,053
MERKLE INC P O BOX 64897 BALTIMORE, MD 212644897	FUNDRAISING COUNSEL	9,749,763
BRINKMANN CONSTRUCTORS 16650 CHSTRFLD GRV RD CHESTERFIELD, MS 63005	CONSTRUCTION	5,963,213
TELLEPSEN BUILDERS 777 BENMAR DRIVE 400 HOUSTON, TX 77060	CONSTRUCTION	5,705,068

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 ▶ 58

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	3,077,384				
b Membership dues	1b					
c Fundraising events	1c	132,119,297				
d Related organizations	1d					
e Government grants (contributions)	1e	4,226,641				
f All other contributions, gifts, grants, and similar amounts not included above	1f	393,838,785				
g Noncash contributions included in lines 1a - 1f:$	1g	26,286,806				
h **Total.** Add lines 1a-1f ▶			533,262,107			
Program Service Revenue	Business Code					
2a EDUCATIONAL JOURNAL AD	541800		31,098		31,098	
b						
c						
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f ▶	31,098					
3 Investment income (including dividends, interest, and other similar amounts) ▶			19,282,387		137,240	19,145,147
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶			3,882,321			3,882,321
	(i) Real	(ii) Personal				
6a Gross rents	6a 641,053					
b Less: rental expenses	6b 395,239					
c Rental income or (loss)	6c 245,814					
d Net rental income or (loss) ▶			245,814			245,814
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a 777,800,921	21,973,603				
b Less: cost or other basis and sales expenses	7b 757,351,480	15,619,645				
c Gain or (loss)	7c 20,449,441	6,353,958				
d Net gain or (loss) ▶			26,803,399			26,803,399
Other Revenue						
8a Gross income from fundraising events (not including $ 132,119,297 of contributions reported on line 1c). See Part IV, line 18	8a 6,095,181					
b Less: direct expenses	8b 6,095,181					
c Net income or (loss) from fundraising events ▶			0			
9a Gross income from gaming activities. See Part IV, line 19	9a 671,821					
b Less: direct expenses	9b 93,198					
c Net income or (loss) from gaming activities ▶			578,623			578,623
10a Gross sales of inventory, less						

returns and allowances . .	10a	14,718,918				
b Less: cost of goods sold . .	10b	29,769,339				
c Net income or (loss) from sales of inventory . . ▶			-15,050,421			-15,050,421

Miscellaneous Revenue	Business Code				
11a GRANT REFUND/RESIGNTN	900099	8,019,634			8,019,634
b REGISTRATIONS	900099	40,095			40,095
c OTHER GAINS/(LOSSES)	900099	-799,526		1,555	-801,081
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		7,260,203			
12 **Total revenue.** See instructions . . . . . ▶		576,295,531	0	169,893	42,863,531

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	88,233,924	88,233,924		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,413,888	6,413,888		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,450,318	1,450,318		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,110,464	2,495,600	605,358	1,009,506
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	346,541	105,427	225,535	15,579
7 Other salaries and wages	219,501,300	153,048,145	11,616,659	54,836,496
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,394,735	8,046,440	506,112	2,842,183
9 Other employee benefits	31,291,471	22,019,134	1,476,436	7,795,901
10 Payroll taxes	21,362,716	14,985,308	1,092,887	5,284,521
11 Fees for services (non-employees):				
a Management	1,168,573	571,159	502,182	95,232
b Legal	5,956,672	801,455	5,093,819	61,398
c Accounting	579,941		579,941	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,468,529			5,468,529
f Investment management fees	61,985		61,985	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,095,864	21,779,339	1,241,400	75,125
12 Advertising and promotion	26,232,878	18,461,201	1,713,762	6,057,915
13 Office expenses	22,622,949	13,743,527	3,719,533	5,159,889
14 Information technology	19,849,754	14,765,720	1,831,701	3,252,333
15 Royalties				
16 Occupancy	38,572,358	34,099,731	1,103,155	3,369,472
17 Travel	2,982,882	2,044,175	99,476	839,231
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,648,907	1,170,841	82,099	395,967
20 Interest	597,823	306,904	220,070	70,849
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,093,578	12,831,913	603,111	1,658,554
23 Insurance	3,442,412	1,767,230	1,267,217	407,965
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING - EDU. & FUNDR	11,185,082	7,871,422	730,708	2,582,952
b MEDALS/RECOGNITION	329,624	169,219	121,341	39,064
c HONORARIUMS	151,609	77,832	55,810	17,967
d STATE UBI TAXES	400	400	0	0
e All other expenses	860,726	441,677	316,996	102,053
25 **Total functional expenses.** Add lines 1 through 24e	564,007,903	427,701,929	34,867,293	101,438,681
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).	105,440,931	72,214,065	5,357,048	27,869,818

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		88,291,803	2	44,516,886
	3	Pledges and grants receivable, net		71,764,248	3	57,803,018
	4	Accounts receivable, net		6,029,068	4	6,509,519
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,647,419	8	4,870,526
	9	Prepaid expenses and deferred charges		8,871,937	9	6,030,130
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 507,073,710			
	b	Less: accumulated depreciation	10b 255,234,768	250,628,959	10c	251,838,942
	11	Investments—publicly traded securities		798,450,960	11	871,586,542
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		446,503,070	15	456,891,224
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,674,187,464	16	1,700,046,787
Liabilities	17	Accounts payable and accrued expenses		279,592,429	17	274,387,239
	18	Grants payable		204,458,140	18	165,689,380
	19	Deferred revenue		2,201,222	19	5,782,813
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		31,521,638	23	29,856,111
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		41,737,021	25	36,527,455
	26	**Total liabilities.** Add lines 17 through 25		559,510,450	26	512,242,998
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		441,039,463	27	445,873,101
	28	Net assets with donor restrictions		673,637,551	28	741,930,688
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,114,677,014	32	1,187,803,789
	33	Total liabilities and net assets/fund balances		1,674,187,464	33	1,700,046,787

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	576,295,531
2	Total expenses (must equal Part IX, column (A), line 25)	2	564,007,903
3	Revenue less expenses. Subtract line 2 from line 1	3	12,287,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,114,677,014
5	Net unrealized gains (losses) on investments	5	30,140,763
6	Donated services and use of facilities	6	16,614,107
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,084,277
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,187,803,789

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

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	778,758,190	707,750,261	713,260,371	683,502,842	533,262,107	3,416,533,771
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	778,758,190	707,750,261	713,260,371	683,502,842	533,262,107	3,416,533,771
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). .						
6 **Public support.** Subtract line 5 from line 4.						3,416,533,771

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	778,758,190	707,750,261	713,260,371	683,502,842	533,262,107	3,416,533,771
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	33,859,688	30,563,004	29,913,366	30,469,575	23,805,761	148,611,394
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						3,565,145,165

12 Gross receipts from related activities, etc. (see instructions) **12** 312,324,463

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 95.830 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 95.950 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2020

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ..... ▶ $

3 Volunteer hours for political campaign activities (see instructions) .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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		16,208,654
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,373
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			16,217,027
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 LEGISLATION SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	106,990,454	95,773,353	101,152,733	113,549,288	111,244,190
b Contributions . . .	23,157,501	1,401,610	1,224,905	632,427	647,473
c Net investment earnings, gains, and losses	16,901,576	14,365,545	-1,725,475	18,678,493	6,691,949
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	4,462,818	4,550,054	4,878,810	31,707,475	5,034,324
f Administrative expenses					
g End of year balance	142,586,713	106,990,454	95,773,353	101,152,733	113,549,288

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100.000 %

c Term endowment ▶ 0 %

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,748,739		21,748,739
b Buildings		273,680,230	117,013,013	156,667,217
c Leasehold improvements		52,082,478	41,952,665	10,129,813
d Equipment		92,196,757	88,146,566	4,050,191
e Other		67,365,506	8,122,524	59,242,982
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				251,838,942

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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)PLANNED GIVING ASSETS	74,694,300
(2)BENEFICIAL INTERESTS IN TRUSTS	371,851,569
(3)OTHER RECEIVABLES	7,978,582
(4)DUE FROM AFFILIATES	2,366,773
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	456,891,224

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	36,527,455

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	652,813,851
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	30,140,763		
b	Donated services and use of facilities	2b	17,963,943		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	36,433,248		
e	Add lines **2a** through **2d**			2e	84,537,954
3	Subtract line **2e** from line **1**			3	568,275,897
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,019,634		
c	Add lines **4a** and **4b**			4c	8,019,634
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	576,295,531

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	582,248,494
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	14,021,250		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	12,238,975		
e	Add lines **2a** through **2d**			2e	26,260,225
3	Subtract line **2e** from line **1**			3	555,988,269
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,019,634		
c	Add lines **4a** and **4b**			4c	8,019,634
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	564,007,903

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
PART V, LINE 4:	THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY. DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE OF AFFILIATES 21,062,438. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 15,370,810.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	GRANT REFUNDS/RESIGNATIONS 8,019,634.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSE OF AFFILIATES 12,238,975.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANT REFUNDS/RESIGNATIONS 8,019,634.

Additional Data

Return to Form

Software ID:

Software Version:

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

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 14b.

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

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

3 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 the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0	0	PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	2,520
(2) EUROPE	0	0	PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	4,394
(3) EUROPE	0	0	PROGRAM SERVICES	HPV VACCINATIONS	1,630
(4) EUROPE	0	1	PROGRAM SERVICES	FOREIGN EMPLOYEE	102,945
(5) NORTH AMERICA	0	1	PROGRAM SERVICES	FOREIGN EMPLOYEE	100,029
(6) SOUTH AMERICA	0	0	PROGRAM SERVICES	HPV VACCINATIONS	27,031
(7) SOUTH AMERICA	0	0	PROGAM SERVICES	TOBACCO CESSATION INITIATIVES	895
(8) ASIA	0	0	PROGRAM SERVICES	HPV VACCINATIONS	2,560
(9) ASIA	0	0	PROGRAM SERVICES	TOBACCO CESSATION INITIATIVES	1,696
(10) AFRICA	0	0	PROGAM SERVICES	ACCESS TO CARE INITIATIVES	145,208
(11) AFRICA	0	0	PROGRAM SERVICES	HEALTH EQUITY INITIATIVES	197,716
(12) AFRICA	0	0	PROGRAM SERVICES	TOBACCO CESSATION INITIATIVES	4,054
(13) AFRICA	0	0	PROGRAM SERVICES	PAIN INITIATIVES	73,752
(14) AFRICA	0	0	PROGRAM SERVICES	HPV VACCINATIONS	21,762
(15) EUROPE	0	0	GRANTMAKING		254,210
(16) NORTH AMERICA	0	0	GRANTMAKING		7,380
(17) AFRICA	0	0	GRANTMAKING		1,099,355
(18) SOUTH AMERICA	0	0	GRANTMAKING		65,204
(19) ASIA	0	0	GRANTMAKING		22,144
(20) ASIA	0	0	FUNDRAISING		2,026
3a Sub-total	0	2			242,004
b Total from continuation sheets to Part I . . .	0	0			1,894,507
c **Totals** (add lines 3a and 3b)	0	2			2,136,511

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE	GLOBAL CANCER ADVOCACY	137,460	WIRE			
(2)		EUROPE	GLOBAL CANCER ADVOCACY	48,000	WIRE			
(3)		EUROPE	GLOBAL CANCER ADVOCACY	50,000	WIRE			
(4)		EUROPE	GLOBAL CANCER ADVOCACY	18,750	WIRE			
(5)		AFRICA	HEALTH EQUITY INITIATIVES	56,054	WIRE			
(6)		AFRICA	HEALTH EQUITY INITIATIVES	44,723	WIRE			
(7)		AFRICA	ACCESS TO CARE INITIATIVES	465,888	WIRE			
(8)		AFRICA	ACCESS TO CARE INITIATIVES	158,585	WIRE			
(9)		AFRICA	ACCESS TO CARE INITIATIVES	52,776	WIRE			
(10)		AFRICA	ACCESS TO CARE INITIATIVES	25,668	WIRE			
(11)		AFRICA	ACCESS TO CARE INITIATIVES	12,092	WIRE			
(12)		AFRICA	ACCESS TO CARE INITIATIVES	10,782	WIRE			
(13)		AFRICA	GLOBAL CANCER ADVOCACY	22,626	WIRE			
(14)		AFRICA	GLOBAL CANCER ADVOCACY	20,680	WIRE			
(15)		AFRICA	GLOBAL CANCER ADVOCACY	17,290	WIRE			
(16)		AFRICA	GLOBAL CANCER ADVOCACY	10,316	WIRE			
(17)		AFRICA	HPV VACCINATION INITIATIVES	22,644	WIRE			
(18)		AFRICA	PAIN INITIATIVES	72,525	WIRE			
(19)		AFRICA	PAIN INITIATIVES	54,400	WIRE			
(20)		AFRICA	PAIN INITIATIVES	32,284	WIRE			
(21)		AFRICA	TOBACCO CESSATION INITIATIVES	18,395	WIRE			
(22)		NORTH AMERICA	TOBACCO CESSATION INITIATIVES	5,380	WIRE			
(23)		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	30,126	WIRE			
(24)		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	9,909	WIRE			
(25)		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	10,168	WIRE			
(26)		SOUTH AMERICA	TOBACCO CESSATION INITIATIVES	15,000	WIRE			
(27)		ASIA	TOBACCO CESSATION INITIATIVES	15,643	WIRE			
(28)		ASIA	TOBACCO CESSATION INITIATIVES	6,501	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 28

3 Enter total number of other organizations or entities . . . . . ▶ 28

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

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

Part IV Foreign Forms

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

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

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☑ Yes ☐ No

Part V **Supplemental Information**

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

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

Additional Data

Software ID:

Software Version:

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.**

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

OMB No. 1545-0047

2020

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? 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 MERKLE GROUP INC 7001 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046	DIRECT MAIL		No	41,813,375	1,624,887	40,188,488
2 PMX AGENCY LLC 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	DIRECT MAIL		No	6,199,533	1,543,691	4,655,842
3 ADVANCED REMARKETING SERVICES 116 JOHNNY CAKE HILL MIDDLETOWN, RI 02842	RECEIVING/SELLING DONATED CARS	Yes		1,975,828	321,606	1,654,222
4 GOLF TOURNAMENT ASSOCIATION 19224 N 78TH AVE 470 FIRST ON DRIV GLENDALE, AZ 85308	SPORTS ALLIANCES		No	46,651	10,000	36,651
5 CASWELL ZACHRY GRIZZARD LLC 6301 GASTON AVE 715 DALLAS, TX 75214	PLANNED GIVING STRATEGY		No	0	1,191,628	0
6 CHARITY DYNAMICS LLC 4301 GUADALUPE ST AUSTIN, TX 78751	GENERAL DEVELOPMENT		No	0	19,275	0
7 MR STRATEGIC SERVICES INC 2120 L STREET MW 6TH FLOOR WASHINGTON, DC 20037	ONLINE STRATEGY		No	0	377,228	0
8 VERITUS GROUP 838 EAST HIGH ST 292 LEXINGTON, KY 40502	MAJOR GIFTS		No	0	380,214	0
9						
10						
Total . . . . . ▶				50,035,387	5,468,529	46,535,203

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MO, 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 MSBAC (event type)	(c) Other events 406 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	64,449,390	26,124,954	47,640,134	138,214,478
	2 Less: Contributions	61,652,506	24,999,118	45,467,673	132,119,297
	3 Gross income (line 1 minus line 2)	2,796,884	1,125,836	2,172,461	6,095,181
Direct Expenses	4 Cash prizes	23,460	50	36,773	60,283
	5 Noncash prizes	3,016	84	1,411	4,511
	6 Rent/facility costs	156,192	218,014	1,622,773	1,996,979
	7 Food and beverages	87,310	41,316	516,608	645,234
	8 Entertainment	46,994	9,406	311,134	367,534
	9 Other direct expenses	1,441,401	234,256	1,344,983	3,020,640
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				6,095,181
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	94,982		576,839	671,821
Direct Expenses	2 Cash prizes	23,460		36,823	60,283
	3 Noncash prizes	0		40	40
	4 Rent/facility costs	3,128		18,996	22,124
	5 Other direct expenses	1,520		9,231	10,751
	6 Volunteer labor	☑ Yes 100.000 % ☐ No	☐ Yes % ☐ No	☑ Yes 100.000 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				93,198
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				578,623

9

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

b If "No," explain:

Enter the state(s) in which the organization conducts gaming activities: AL, AZ, AR, CA, CT, FL, GA, IA, ID, IL, KS, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NJ, NV, OH, OK, OR, PA, SC, SD, TN, TX, VT, WV, WY

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

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	100.000 %

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

Name ▶ ANNETTA MARTIN

Address ▶ 3380 CHASTAIN MEADOWS PKWY NW SUITE KENNESAW, GA 30144

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ KAEL REICIN CFO

Gaming manager compensation ▶ $ 0

Description of services provided ▶ DIRECTOR/OFFICER

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 578,623

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

Return Reference	Explanation
SCHEDULD G, PART I, LINE 2B	LIST CONTAINS PAID PROFESSIONAL FUNDRAISING COUNSEL: MERKLE GROUP, INC. PROVIDES DATA SEGMENTATION FOR PLANNED GIVING PROGRAM, COMPLETES NINE DIRECT MAIL CAMPAIGNS, AND FOUR EMAIL CAMPAIGNS. PROFESSIONAL FUNDRAISING FEES: $1,624,887 PROFESSIONAL PRINTING SERVICES: $6,688,251 POSTAGE: $1,436,625 TOTAL FEES AND SERVICES: $9,749,763
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.

Additional Data

Return to Form

Software ID:

Software Version:

Form 990-PF

Internal Revenue Service: Begin of software

Form 990-PF Excess Business Holdings Tax

For calendar year 2020 or tax year beginning , and ending

Name of foundation: THE ROCKEFELLER FOUNDATION

Employer identification number: 13-1837418

Part I Excess Business Holdings Tax

Date of Purchase	Date of Sale	Number of Shares	Description of Property	Date Acquired	Date Disposed	Gross Sales Price	Cost or Other Basis	Depreciation Allowed	Adjustments	Gain or Loss
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GUEST ROOM PROGRAM	25012	265,008	1,827,128	FMV	GUEST ROOMS
(2) TRANSPORTATION	14946	1,834,305			
(3) WIGS	2478	237,342	1,834,305	FMV	WIGS
(4) OTHER PATIENT SUPPORT ITEMS	1146	368,506			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	RESEARCH GRANTS: IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD. ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE. THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS: PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN 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. FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS. THE SOCIETY REQUIRES 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

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 on 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 nonfixed 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LEONARD LICHTENFELD DEPUTY CHIEF MEDICAL OFCR	(i)	184,489	0	180,754	365,040	482	730,765	7,378
	(ii)	0	0	0	0	0	0	0
2 GARY M REEDY CHIEF EXECUTIVE OFFICER	(i)	589,533	0	12,867	25,606	5,849	633,855	0
	(ii)	64,313	0	1,404	2,793	638	69,148	0
3 JUNG H KIM CHIEF OPERATING OFFICER	(i)	425,935	0	3,506	210,363	13,434	653,238	0
	(ii)	15,489	0	127	7,650	489	23,755	0
4 WILLIAM CANCE CHIEF MEDICAL & SCIENTIFIC OFCR	(i)	488,201	0	91,677	16,500	20,398	616,776	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL L NEAL SENIOR EVP, FIELD OPS	(i)	372,571	0	3,205	152,195	19,430	547,401	0
	(ii)	0	0	0	0	0	0	0
6 RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	(i)	135,338	0	296,234	19,603	6,401	457,576	34,133
	(ii)	0	0	0	0	0	0	0
7 CATHERINE E MICKLE CHIEF ADMIN OFCR, OUTGOING	(i)	38,036	0	357,593	26,429	2,886	424,944	28,579
	(ii)	0	0	0	0	0	0	0
8 SHARON BYERS CHIEF DEVELOPMENT & MARKET, OUTGOING	(i)	61,373	0	330,473	8,556	846	401,248	46,705
	(ii)	0	0	0	0	0	0	0
9 TIMOTHY B PHILLIPS CHIEF LEGAL AND RISK OFFICER	(i)	277,017	0	637	64,246	19,910	361,810	0
	(ii)	15,110	0	35	3,504	1,086	19,735	0
10 KAEL REICIN CFO, INCOMING	(i)	293,214	22,541	14,863	4,774	964	336,356	0
	(ii)	31,987	2,459	1,621	521	105	36,693	0
11 JEFF D KLAAS EVP, WEST REGION	(i)	310,432	0	24,540	10,352	589	345,913	0
	(ii)	0	0	0	0	0	0	0
12 JEFFREY D FEHLIS EXECUTIVE VICE PRESIDENT	(i)	281,352	0	1,188	9,734	24,702	316,976	0
	(ii)	0	0	0	0	0	0	0
13 WILTON W WHITE EXECUTIVE VICE PRESIDENT	(i)	299,166	0	1,231	0	9,891	310,288	0
	(ii)	0	0	0	0	0	0	0

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
PART I, LINES 4A-B	PART II, LINE 1B (III) LEONARD LICHTENFELD: INCLUDLES A SEVERANCE PAYMENT OF $152,167. LICHTENFELD RETIRED FROM THE SOCIETY IN 2020 AFTER SERVING IN A VARIETY OF PROFESSIONAL ROLES FOR OVER 19 YEARS. PART II, LINE 6B (III) RICHARD C. WENDER: INCLUDES A SEVERANCE PAYMENT OF $236,806 AFTER SERVING IN SEVERAL LEADERSHIP ROLES AT THE SOCIETY. PART II, LINE 7B (III) CATHERINE E. MICKLE: INCLUDES A SEVERANCE PAYMENT OF $310,000 AFTER SERVING IN A VARIETY OF SENIOR LEADERSHIP ROLES FOR OVER 20 YEARS AT THE SOCIETY. PART II, LINE 8B(III) SHARON BYERS: INCLUDES A SEVERANCE PAYMENT OF $276,000 AFTER SERVING IN A PROMINENT LEADERSHIP ROLE AT THE SOCIETY. SCHEDULE J, PART I, LINE 4B THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"), 457(B), AND 457(F) PLANS AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. THE ORGANIZATION RESTORES MATCHING CONTRIBUTION BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON THE FILING ORGANIZATION'S 403(B)PLAN IN THE 457(B) AND 457(F) PLANS. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP AND 457(F) BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV, LINE 15. THE SERP PLAN WAS FROZEN IN 2016, AND AS A RESULT PAYMENTS ARE NOW MADE ONLY AFTER RETIREMENT RATHER THAN IN INCREMENTAL AMOUNTS DURING THE EXECUTIVE'S SERVICE. THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR: RICHARD C. WENDER - $34,133 SHARON BYERS - $46,705 CATHERINE E. MICKLE - $28,579 LEONARD LICHTENFELD - $7,378
FORM 990, SCHEDULE J, PART II, COLUMN C	SUPPLEMENTAL INFORMATION REGARDING COMPENSATION INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AND A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE CHANGE IS CAUSED BY CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS. PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING ON WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE.

Additional Data

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2020

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		15,367,837	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	215	7,081,171	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (WIGS)	X	2,325	1,881,600	COST/SELLING PRICE
26 Other ▶ (GUEST ROOMS)	X	26,965	1,827,128	COST/SELLING PRICE
27 Other ▶ (HOPE LODGE)	X	27	114,350	COST/SELLING PRICE
28 Other ▶ (GOLF PASSES)	X	491	14,720	COST/SELLING PRICE

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	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 nonstandard 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 didn't 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
SCHEDULE M, PART I, COLUMN (B):	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Additional Data

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 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.
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE AMERICAN CANCER SOCIETY, INC. MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED. THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A RESPONSE TO A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE CHIEF LEGAL OFFICER/ASSISTANT SECRETARY OF THE AMERICAN CANCER SOCIETY RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES. EMPLOYEE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS 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.
FORM 990, PART VI, SECTION C, LINE 18	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG.
FORM 990, PART VI, SECTION C, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC THE AMERICAN CANCER SOCIETY, INC. TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE OTHERWISE PROTECTED. THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES. THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 15,370,810. NET CHANGE IN PENSION LIABILITY -1,286,535. ROUNDING ADJUSTMENT 2.

Additional Data

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY INC

Employer identification number
13-1788491

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACS BRIGHTEDGE VENTURE LLC 3380 CHASTAIN MEADOWS PKY NW NO 200 ATLANTA, GA 30144 82-2597570	INVESTING	DE	2,402,722	30,460,765	ACS INC

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	ELIMINATE CANCER	DC	501(C)(4)		ACS INC		No
(2)ACS DEVELOPMENT I INC 3380 CHASTAIN MEADOWS PKWY ST 200 KENNESAW, GA 30144 46-5439010	SUPPORT ACS	GA	501(C)(3)	LINE 12A, I	ACS INC	Yes	
(3)ACS CAPITAL INC 3380 CHASTAIN MEADOWS PKWY ST 200 KENNESAW, GA 30144 46-5429467	SUPPORT ACS	GA	501(C)(3)	LINE 12A, I	ACS CAN		No
(4)ACS PRODUCTS INC 3380 CHASTAIN MEADOWS PKWY ST 200 KENNESAW, GA 30144 02-0651055	SUPPORT ACS	GA	501(C)(3)	LINE 12A, I	ACS INC	Yes	
(5)AMERICAN CANCER SOCIETY INC PUERTO RICO 566 CALLE CABO HERMOGENES ALVERIO HATO REY, PR 00918 66-0321594	ELIMINATE CANCER	PR	501(C)(3)	LINE 7	ACS INC	Yes	
(6)THE JOSEPH S AND JEANNETTE M SILBER FDTN KEY TOWER 127 PUBLIC SQ NO 2000 CLEVELAND, OH 44114 34-1363915	ELIMINATE CANCER	OH	501(C)(3)	LINE 12D, III-O	N/A		No
(7)ACS DEVELOPMENT COMPANY II INC 3380 CHASTAIN MEADOWS PKWY ST 200 KENNESAW, GA 30144 82-1993189	SUPPORT ACS	GA	501(C)(3)	LINE 12A, I	ACS INC	Yes	

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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) ISRAEL FAMILY HOLDINGS LLC 340 S LEMON AVENUE 2625 WALNUT, CA 91789 81-4706366	SUPPORT ACS	DE	N/A	RELATED		873,402		No			No	99.000 %
(2) THE BROWER-IADONE FAMILY LLC 2360 CLAUDIA STREET CORONA, CA 92882 47-3426422	SUPPORT ACS	DE	N/A	RELATED		1,018,021		No			No	99.000 %

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	(i) Section 512(b)(13) controlled entity? No
(1)CHARITABLE REMAINDER ANNUITY TRUSTS (28)	SUPPORT ACS	NY	N/A	T					No
(2)CHARITABLE REMAINDER UNITRUSTS (84)	SUPPORT ACS	NY	N/A	T					No
(3)DISCRETIONARY TRUSTS (12)	SUPPORT ACS	NY	N/A	T					No
(4)NET INC PRINCIPAL INVASION REMAINDER (119)	SUPPORT ACS	NY	N/A	T					No
(5)NET INCOME REMAINDER TRUSTS (46)	SUPPORT ACS	NY	N/A	T					No
(6)PERPETUAL TRUSTS (69)	SUPPORT ACS	NY	N/A	T					No
(7)REVOCABLE LIVING TRUSTS (9)	SUPPORT ACS	NY	N/A	T					No
(8)CHARITABLE LEAD ANNUITY TRUSTS (2)	SUPPORT ACS	NY	N/A	T					No
(9)COMBINATION TRUSTS (4)	SUPPORT ACS	NY	N/A	T					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	Yes	
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	Yes	

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)ACS CANCER ACTION NETWORK INC	Q	9,676,905	FMV
(2)ACS DEVELOPMENT COMPANY I INC	Q	100,008	FMV
(3)ACS PRODUCTS INC	Q	4,400,084	FMV
(4)AMERICAN CANCER SOCIETY INC PUERTO RICO	Q	1,860,932	FMV
(5)ACS CANCER ACTION NETWORK INC	B	23,608,559	FMV
(6)AMERICAN CANCER SOCIETY INC PUERTO RICO	B	267,634	FMV
(7)THE JOSEPH AND JEANETTE SILBER FDTN	C	200,000	FMV
(8)ACS DEVELOPMENT COMPANY I INC	K	1,840,709	FMV
(9)ACS DEVELOPMENT COMPANY II INC	K	1,459,036	FMV
(10)ACS PRODUCTS INC	S	12,671,418	FMV

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

Schedule R (Form 990) 2020

Additional Data

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