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Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

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

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

OMB No 1545-0687

2017

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
1697658010.

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
AMERICAN CANCER SOCIETY, INC.

Number, street, and room or suite no If a P O box, see instructions
250 WILLIAMS STREET NW 400

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

D Employer identification number (Employees' trust, see instructions)
13-1788491

E Unrelated business activity codes (See instructions)
531190 900099

F Group exemption number (See instructions) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity ▶ JOURNAL ADVERTISING, RENT OF PROPERTY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ CATHERINE E. MICKLE Telephone number ▶ 404-329-7934

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,905. b Less returns and allowances c Balance ▶	1c	1,905.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	1,905.		1,905.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	203,910.	ATCH 1	203,910.
6	Rent income (Schedule C)	6	219,150.	454,625.	-235,475.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	9,715.		9,715.
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	434,680.	454,625.	-19,945.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	**Total deductions** Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-19,945.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	-19,945.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)	33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-19,945.

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Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and			
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order) (1) $ (2) $ (3) $			
b	Enter organization's share of (1) Additional 5% tax (not more than $11,750)	$		
	(2) Additional 3% tax (not more than $100,000)	$		
c	Income tax on the amount on line 34 ▶		35c	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶		36	
37	**Proxy tax** See instructions ▶		37	
38	Alternative minimum tax		38	
39	**Tax on Non-Compliant Facility Income.** See instructions		39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit Attach Form 3800 (see instructions)	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	
43	Other taxes Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax** Add lines 42 and 43			44	0.
45a	Payments A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e	422.		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments** Add lines 45a through 45g			46	422.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	
49	**Overpayment** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	422.
50	Enter the amount of line 49 you want **Credited to 2018 estimated tax** ▶ **Refunded** ▶			50	422.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If YES, see instructions for other forms the organization may have to file		
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

▶ CATHERINE E. MICKLE 11/09/2018 ▶ CFO

Signature of officer Date Title

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

Paid Preparer Use Only

Print/Type preparer's name LAURA KIELCZEWSKI	Preparer's signature	Date 11/14/18	Check ☐ if self-employed PTIN P00740769
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596
Firm's address ▶ 5 TIMES SQUARE, NEW YORK, NY 10036			Phone no 212-773-3000

Form **990-T** (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes:	No: X
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1) ROCHESTER HOPE LODGE
(2)
(3)
(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) ATTACHMENT 2
(1)		219,150.	454,625.
(2)			
(3)			
(4)			
Total		Total 219,150.	

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶ 219,150.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 454,625.

Schedule E - Unrelated Debt-Financed Income (see instructions)

	1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	3 Deductions directly connected with or allocable to debt-financed property (b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals ▶					
Total dividends-received deductions included in column 8 ▶					

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations: 3 Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2. Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) CANCER AND CANCER CYTOPATHOLOG	3,765		3,765.			
(2) CA A CANCER JOURNAL FOR CLINI	5,950		5,950			
(3)						
(4)						
Totals from Part I. . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) . . . . ▶	9,715.					

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14 . . . . . ▶			

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

230 FIFTH AVE ASSOCIATES	203,685.
2620 CATALPA	-112.
MEADOWLAKE ASSOCIATES	147.
OAKRIDGE ASSOCIATES	190.
INCOME (LOSS) FROM PARTNERSHIPS	203,910.

ATTACHMENT 2

SCHEDULE C - RENT INCOME DEDUCTIONS

ROCHESTER HOPE LODGE

TOTAL	454,625.

AMERICAN CANCER SOCIETY, INC.

STATEMENT MADE A PART OF AND ATTACHED
TO FORM 990-T FOR THE YEAR ENDED DECEMBER 31, 2017

E.I.N. 13-1788491

As of August 31, 2012, the American Cancer Society, High Plains Division, Inc (E I N 74-1185665) ceased operations as a separate legal entity and was merged into the American Cancer Society, Inc. (National Home Office) as of September 1, 2012 The American Cancer Society, Inc (National Home Office) continued its existence as the surviving corporation under the name the American Cancer Society, Inc Accordingly, the net operating loss generated in years 1997-2007 will also be transferred to the American Cancer Society, Inc (E I N 13-1788491) for its carry-forward use in offsetting the unrelated business income incurred

PART II, LINE 31	LOSS GENERATED	LOSS USED 2003	LOSS USED 2004	LOSS USED 2011	LOSS USED 2012	LOSS CARRYFORWARD
NET OPERATING LOSS GENERATED IN 1997	(338,817)	75,083	1,665	87,788	132,205	(174,281)
NET OPERATING LOSS GENERATED IN 1998	(379,642)					(379,642)
NET OPERATING LOSS GENERATED IN 1999	(157,912)					(157,912)
NET OPERATING LOSS GENERATED IN 2000	(153,034)					(153,034)
NET OPERATING LOSS GENERATED IN 2001	(113,363)					(113,363)
NET OPERATING LOSS GENERATED IN 2002	(132,104)					(132,104)
NET OPERATING LOSS GENERATED IN 2005	(13,140)					(13,140)
NET OPERATING LOSS GENERATED IN 2006	(1,795)					(1,795)
NET OPERATING LOSS GENERATED IN 2007	(1,980)					(1,980)
NET OPERATING LOSS GENERATED IN 2011	-					-
NET OPERATING LOSS GENERATED IN 2012	-					-
NET OPERATING LOSS GENERATED IN 2013	(37,884)					(37,884)
NET OPERATING LOSS GENERATED IN 2014	(58,211)					(58,211)
NET OPERATING LOSS GENERATED IN 2015	(112,756)					(112,756)
NET OPERATING LOSS GENERATED IN 2016	(151,931)					(151,931)
NET OPERATING LOSS GENERATED IN 2017	(19,945)					(19,945)
NET OPERATING LOSS AVAILABLE FOR 2017	**(1,672,514)**	**75,083**	**1,665**	**87,788**	**132,205**	**(1,507,978)**