

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2014

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending , 20

<b>B</b> Check if applicable:	<b>C</b> Name of organization AMERICAN CANCER SOCIETY, INC.	<b>D</b> Employer identification number 13-1788491
<input type="checkbox"/> Address change	Doing Business As	<b>E</b> Telephone number (800) 227-2345
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 250 WILLIAMS STREET NW 400	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303	
<input type="checkbox"/> Terminated	<b>F</b> Name and address of principal officer: GARY M. REEDY 250 WILLIAMS STREET, STE 400 ATLANTA, GA 30303	
<input type="checkbox"/> Amended return		<b>G</b> Gross receipts \$ 960,388,617.
<input type="checkbox"/> Application pending		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶ 0580
<b>J</b> Website: ▶ WWW.CANCER.ORG		<b>L</b> Year of formation: 1922 <b>M</b> State of legal domicile: NY
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

	<p><b>1</b> Briefly describe the organization's mission or most significant activities: THROUGH OUR 11 GEOGRAPHIC DIVISIONS &amp; NATIONWIDE CORPORATE CENTER, WE SERVED OVER 60 MILLION PEOPLE IN 5,000+ COMMUNITIES THROUGH RESEARCH, EDUCATION, ADVOCACY &amp; SERVICE.</p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3</b> 21.</span></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4</b> 21.</span></p> <p><b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) <span style="float: right;"><b>5</b> 7,181.</span></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6</b> 2,218,069.</span></p> <p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;"><b>7a</b> -58,211.</span></p> <p><b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float: right;"><b>7b</b> -68,524.</span></p>																																			
<b>Revenue</b>	<p><b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float: right;">871,904,237.</span></p> <p><b>9</b> Program service revenue (Part VIII, line 2g) <span style="float: right;">24,767.</span></p> <p><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float: right;">43,164,625.</span></p> <p><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;">4,436,145.</span></p> <p><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;">919,529,774.</span></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Prior Year</th> <th style="width: 50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>871,904,237.</td> <td>804,931,290.</td> </tr> <tr> <td>24,767.</td> <td>20,815.</td> </tr> <tr> <td>43,164,625.</td> <td>37,547,069.</td> </tr> <tr> <td>4,436,145.</td> <td>5,362,356.</td> </tr> <tr> <td>919,529,774.</td> <td>847,861,530.</td> </tr> <tr> <td>143,954,418.</td> <td>135,259,632.</td> </tr> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>494,979,980.</td> <td>441,686,016.</td> </tr> <tr> <td>4,556,778.</td> <td>11,238,219.</td> </tr> <tr> <td>280,497,153.</td> <td>255,109,455.</td> </tr> <tr> <td>923,988,329.</td> <td>843,293,322.</td> </tr> <tr> <td>-4,458,555.</td> <td>4,568,208.</td> </tr> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> <tr> <td>1,878,381,083.</td> <td>1,855,404,308.</td> </tr> <tr> <td>587,112,728.</td> <td>691,205,535.</td> </tr> <tr> <td>1,291,268,355.</td> <td>1,164,198,773.</td> </tr> </tbody> </table>	Prior Year	Current Year	871,904,237.	804,931,290.	24,767.	20,815.	43,164,625.	37,547,069.	4,436,145.	5,362,356.	919,529,774.	847,861,530.	143,954,418.	135,259,632.	0	0	494,979,980.	441,686,016.	4,556,778.	11,238,219.	280,497,153.	255,109,455.	923,988,329.	843,293,322.	-4,458,555.	4,568,208.	Beginning of Current Year	End of Year	1,878,381,083.	1,855,404,308.	587,112,728.	691,205,535.	1,291,268,355.	1,164,198,773.
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<b>Expenses</b>	<p><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float: right;">143,954,418.</span></p> <p><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float: right;">0</span></p> <p><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float: right;">494,979,980.</span></p> <p><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float: right;">4,556,778.</span></p> <p><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 170,295,605.</p> <p><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float: right;">280,497,153.</span></p> <p><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float: right;">923,988,329.</span></p> <p><b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;">-4,458,555.</span></p>																																			
<b>Net Assets or Fund Balances</b>	<p><b>20</b> Total assets (Part X, line 16) <span style="float: right;">1,878,381,083.</span></p> <p><b>21</b> Total liabilities (Part X, line 26) <span style="float: right;">587,112,728.</span></p> <p><b>22</b> Net assets or fund balances. Subtract line 21 from line 20. <span style="float: right;">1,291,268,355.</span></p>																																			

**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.

<b>Sign Here</b>	<p>▶ Signature of officer</p> <p>▶ CATHERINE E. MICKLE CFO</p> <p>Type or print name and title</p>	<p>Date</p>
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<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name LAURA KIELCZEWSKI</p> <p>Firm's name ▶ ERNST &amp; YOUNG U.S. LLP</p> <p>Firm's address ▶ 5 TIMES SQUARE NEW YORK, NY 10036</p>	<p>Preparer's signature</p> <p>Date</p>	<p>Check <input type="checkbox"/> if self-employed</p> <p>PTIN P00740769</p>	<p>Firm's EIN ▶ 34-6565596</p> <p>Phone no. 212-773-3000</p>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 149,262,692. including grants of \$ 99,987,596. ) (Revenue \$ 20,815. )

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

GRANTS TO AFFILIATES: \$3,408,964

4b (Code: ) (Expenses \$ 268,915,134. including grants of \$ 25,219,423. ) (Revenue \$ 65,895. )

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

GRANTS TO AFFILIATES: \$22,499,629

4c (Code: ) (Expenses \$ 111,725,607. including grants of \$ 2,903,844. ) (Revenue \$ 0 )

PREVENTION PROGRAMS PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE AND TO REDUCE THE RISK OF DEVELOPING CANCER. PREVENTION EXPENSES INCLUDED ACTIVITIES SUCH AS OUR ONGOING ADVOCACY EFFORTS TO INCREASE CERTAIN STATE TOBACCO TAXES IN ADDITION TO GENERAL PREVENTION WORK.

GRANTS TO AFFILIATES: \$14,441,453

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

(Expenses \$ 91,837,115. including grants of \$ 7,148,769. ) (Revenue \$ 0 )

4e Total program service expenses 621,740,548.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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

Table with columns for line number, description, and Yes/No boxes. Includes lines 1a-14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:▶

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYAN K. EARNEST DIRECTOR	3.00 0	X					0	0	0	
(2) EUGENE D. HEFLIN DIRECTOR	3.00 0	X					0	0	0	
(3) ALLEN H. HENDERSON, PHD DIRECTOR	3.00 0	X					0	0	0	
(4) SUSAN D. HENRY, LCSW DIRECTOR	3.00 0	X					0	0	0	
(5) JEFFREY L. KEAN DIRECTOR	3.00 0	X					0	0	0	
(6) SCARLOTT K. MUELLER, RN, MPH DIRECTOR	3.00 0	X					0	0	0	
(7) ARNOLD M. BASKIES, MD, FACS DIRECTOR	3.00 0	X					0	0	0	
(8) WILLIE H. GOFFNEY, MD, FACS DIRECTOR	3.00 0	X					0	0	0	
(9) JOHN W. HAMILTON, DDS DIRECTOR	3.00 3.00	X					0	0	0	
(10) CLEMENT S. ROSE, MD DIRECTOR	3.00 0	X					0	0	0	
(11) DONALD K. WARNE, MD, MPH DIRECTOR	3.00 0	X					0	0	0	
(12) CAROL JACKSON DIRECTOR	3.00 0	X					0	0	0	
(13) KEVIN J. CULLEN, MD DIRECTOR	3.00 0	X					0	0	0	
(14) GARY M. REEDY IMMEDIATE PAST CHAIR	5.00 0	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) PAMELA K. MEYERHOFFER, FAHP CHAIR	5.00 2.00	X		X				0	0	0
( 16) ROBERT E. YOULE VICE CHAIR	5.00 0	X		X				0	0	0
( 17) DOUGLAS K. KELSEY, MD PHD FAAP BOARD SCIENTIFIC OFFICER	5.00 0	X		X				0	0	0
( 18) ENRIQUE HERNANDEZ, MD FACOG FA DIRECTOR	5.00 0	X						0	0	0
( 19) DANIEL P. HEIST, CPA SECRETARY/TREASURER	5.00 1.00	X		X				0	0	0
( 20) JOHN ALFONSO, CPA DIRECTOR	3.00 0	X						0	0	0
( 21) ROBERT K. BROOKLAND, MD DIRECTOR	3.00 0	X						0	0	0
( 22) JOHN R. SEFFRIN CHIEF EXECUTIVE OFFICER	55.00 5.00			X				863,304.	78,482.	462,483.
( 23) CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	55.00 7.00			X				363,417.	46,253.	225,036.
( 24) OTIS W. BRAWLEY CHIEF MEDICAL OFFICER	55.00 0				X			513,685.	0	216,932.
( 25) GREGORY P. BONTRAGER CHIEF OPERATING OFFICER	55.00 0				X			667,955.	0	462,083.
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								5,673,380.	124,735.	3,615,388.
<b>d Total (add lines 1b and 1c)</b>								5,673,380.	124,735.	3,615,388.

**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 **▶** 343

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 87



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) JOSEPH C. CAHOON, JR. ----- SENIOR EVP, FIELD OPERATIONS	55.00 ----- 0				X			486,443.	0	522,488.
( 27) LINDA MACMASTER ----- CHIEF REV. & MRKTING, OUTGOING	55.00 ----- 0				X			426,383.	0	14,753.
( 28) RICHARD C. WENDER ----- CHIEF CANCER CONTROL OFFICER	55.00 ----- 0				X			419,519.	0	161,692.
( 29) DAVID F. VENEZIANO ----- EVP, CALIFORNIA DIVISION	55.00 ----- 0					X		470,453.	0	640,430.
( 30) NANCY C. YAW ----- EVP, LAKESHORE DIVISION	55.00 ----- 0					X		410,014.	0	311,819.
( 31) LISA E. ROTH ----- SVP, PRODUCT & PROGRAM MGMT	55.00 ----- 0					X		383,360.	0	269,878.
( 32) JUNG H. KIM ----- EVP, EASTERN DIVISION	55.00 ----- 0					X		357,866.	0	129,778.
( 33) RALPH A. DEVITTO ----- EVP, FLORIDA DIVISION	55.00 ----- 0					X		310,981.	0	198,016.
-----	-----									
-----	-----									
-----	-----									
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 343

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	8,180,904.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	435,123,508.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	35,066.					
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>	4,682,245.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	356,909,567.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		49,277,563.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			804,931,290.				
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2a</b> EDUCATION MAGAZINE ADVERTISING			541800	20,815.		20,815.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				20,815.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			22,547,808.			22,547,808.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			3,476,899.			3,476,899.	
	<b>6a</b> Gross rents . . . . .	(i) Real	1,001,322.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .		524,545.				
	<b>c</b> Rental income or (loss) . . . . .		476,777.					
	<b>d</b> Net rental income or (loss) . . . . .			476,777.		-206,242.	683,019.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	44,276,726.	1,489,481.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		29,985,821.	781,125.			
		<b>c</b> Gain or (loss) . . . . .		14,290,905.	708,356.			
	<b>d</b> Net gain or (loss) . . . . .				14,999,261.		14,999,261.	
	<b>8a</b> Gross income from fundraising events (not including \$ 435,123,508. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		47,514,896.				
		<b>b</b> Less: direct expenses . . . . .		47,514,896.				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		4,879,431.					
	<b>b</b> Less: direct expenses . . . . .		183,002.					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			4,696,429.			4,696,429.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		22,547,199.					
	<b>b</b> Less: cost of goods sold . . . . .		33,537,698.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			-10,990,499.		127,216.	-11,117,715.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> GRANT REFUND/RESIGNATIONS		900099	7,852,095.			7,852,095.		
<b>b</b> OTHER GAINS (LOSSES)		900099	-149,345.	65,895.		-215,240.		
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			7,702,750.					
<b>12 Total revenue.</b> See instructions . . . . .			847,861,530.	65,895.	-58,211.	42,922,556.		

**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  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	112,688,736.	112,688,736.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	19,112,920.	19,112,920.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	3,457,976.	3,457,976.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,490,937.	3,611,578.	1,699,845.	1,179,514.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	6,361,788.	3,929,759.	557,691.	1,874,338.
7 Other salaries and wages . . . . .	327,435,143.	221,422,225.	21,110,996.	84,901,922.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,808,291.	23,096,761.	2,006,031.	8,705,499.
9 Other employee benefits . . . . .	45,352,152.	31,129,071.	2,759,760.	11,463,321.
10 Payroll taxes . . . . .	25,291,557.	17,120,962.	1,639,775.	6,530,820.
11 Fees for services (non-employees):				
a Management . . . . .	939,440.	617,166.	51,607.	270,667.
b Legal . . . . .	1,126,254.	388,839.	617,820.	119,595.
c Accounting . . . . .	753,324.		753,324.	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	8,184,367.			8,184,367.
f Investment management fees . . . . .	3,872,953.		3,872,953.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	31,187,315.	25,939,113.	2,968,782.	2,279,420.
12 Advertising and promotion . . . . .	10,081,330.	7,013,778.	350,589.	2,716,963.
13 Office expenses . . . . .	35,938,128.	22,922,008.	3,929,056.	9,087,064.
14 Information technology . . . . .	14,150,097.	9,137,727.	1,104,767.	3,907,603.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	40,443,785.	29,333,319.	2,342,624.	8,767,842.
17 Travel . . . . .	18,340,527.	12,072,903.	774,900.	5,492,724.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	10,042,370.	6,207,120.	913,102.	2,922,148.
20 Interest . . . . .	578,309.	416,081.	94,880.	67,348.
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	19,184,532.	12,892,000.	1,316,753.	4,975,779.
23 Insurance . . . . .	3,304,846.	2,435,382.	206,041.	663,423.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GRANTS TO AFFILIATES -----	46,154,521.	45,195,848.	637,013.	321,660.
b PRINT - EDUC & FUNDRAISING -----	14,980,709.	9,858,620.	1,293,240.	3,828,849.
c MISCELLANEOUS -----	4,031,015.	1,740,656.	255,620.	2,034,739.
d -----				
e All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	843,293,322.	621,740,548.	51,257,169.	170,295,605.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) . . . . .	184,120,203.	115,960,587.	7,178,635.	60,980,981.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	172,343,123.	<b>2</b>	138,252,796.
	<b>3</b> Pledges and grants receivable, net	27,129,364.	<b>3</b>	25,675,550.
	<b>4</b> Accounts receivable, net	4,699,515.	<b>4</b>	5,051,224.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	4,025,176.	<b>8</b>	3,873,567.
	<b>9</b> Prepaid expenses and deferred charges	9,109,800.	<b>9</b>	10,669,795.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 535,053,846.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 273,585,360.	284,160,264.	<b>10c</b> 261,468,486.
	<b>11</b> Investments - publicly traded securities	986,977,966.	<b>11</b>	1,012,694,150.
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	389,935,875.	<b>15</b>	397,718,740.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,878,381,083.	<b>16</b>	1,855,404,308.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	249,784,911.	<b>17</b>	371,733,506.
	<b>18</b> Grants payable	208,796,588.	<b>18</b>	199,156,049.
	<b>19</b> Deferred revenue	10,594,572.	<b>19</b>	5,819,852.
	<b>20</b> Tax-exempt bond liabilities	6,535,000.	<b>20</b>	5,970,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	41,506,924.	<b>23</b>	39,842,352.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	69,894,733.	<b>25</b>	68,683,776.
	<b>26 Total liabilities.</b> Add lines 17 through 25	587,112,728.	<b>26</b>	691,205,535.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	756,319,942.	<b>27</b>	627,460,356.
	<b>28</b> Temporarily restricted net assets	254,879,104.	<b>28</b>	247,070,494.
	<b>29</b> Permanently restricted net assets	280,069,309.	<b>29</b>	289,667,923.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	1,291,268,355.	<b>33</b>	1,164,198,773.
	<b>34</b> Total liabilities and net assets/fund balances	1,878,381,083.	<b>34</b>	1,855,404,308.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	847,861,530.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	843,293,322.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,568,208.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,291,268,355.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,382,206.
<b>6</b>	Donated services and use of facilities	<b>6</b>	284,616.
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-127,540,200.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,164,198,773.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

<b>Name of the organization</b> AMERICAN CANCER SOCIETY, INC.	<b>Employer identification number</b> 13-1788491
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (96.97%); 15 Public support percentage from 2013 Schedule A, Part II, line 14 (97.24%); 16a 33 1/3% support test - 2014; 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS REVENUE			557,760.	953,806.		1,511,566.
TOTALS			<u>557,760.</u>	<u>953,806.</u>		<u>1,511,566.</u>

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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).

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

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

SEE PAGE 4



**Part IV** Supplemental Information (continued)

## SCHEDULE C, PART IV

## GENERAL LOBBYING NARRATIVE

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, 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)?, 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" to Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2014

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	117,328,894.	102,734,090.	35,285,733.	32,585,547.	32,232,899.
b Contributions	1,646,646.	3,639,657.	64,302,632.	1,170,697.	790,819.
c Net investment earnings, gains, and losses	3,026,813.	15,529,578.	3,145,725.	2,781,051.	2,557,247.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,100,230.	4,574,431.		1,251,562.	2,995,418.
f Administrative expenses					
g End of year balance	115,902,123.	117,328,894.	102,734,090.	35,285,733.	32,585,547.

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

- a Board designated or quasi-endowment  %
  - b Permanent endowment  100.0000 %
  - c Temporarily restricted endowment  %
- The percentages in 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		X
(ii) related organizations		X
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,397,977.		33,397,977.
b Buildings		299,396,376.	118,244,784.	181,151,592.
c Leasehold improvements		77,226,189.	43,798,768.	33,427,421.
d Equipment		65,860,700.	54,013,751.	11,846,949.
e Other		59,172,604.	57,528,057.	1,644,547.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				261,468,486.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,845,351.
(2) PLANNED GIVING ASSETS	68,041,631.
(3) BENEFICIAL INTERESTS IN TRUSTS	315,822,803.
(4) COLLATERAL REC UNDER SEC. LNDG	2,786,320.
(5) OTHER RECEIVABLES	9,222,635.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	397,718,740.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INVESTMENTS HELD FOR AFFILIATES	24,517,976.
(3) PAYABLE UNDER SECURITIES LNDNG PRG	2,786,320.
(4) GIFT ANNUITY LIABILITY	22,959,087.
(5) DEFERRED RENT PAYABLE	13,798,126.
(6) CAPITAL LEASE OBLIGATIONS	1,829,356.
(7) DUE TO AFFILIATES	2,792,911.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	68,683,776.

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	885,574,382.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-4,382,206.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	25,299,354.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	-7,852,095.	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	29,090,349.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	42,155,402.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	843,418,980.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	3,872,953.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	569,597.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	4,442,550.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	847,861,530.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	857,325,302.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	25,014,738.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,742,290.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	26,757,028.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	830,568,274.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	3,872,953.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	8,852,095.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	12,725,048.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	843,293,322.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 5

THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY.

DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 2D

REVENUE OF AFFILIATES: \$18,676,081

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$10,414,268

TOTAL: \$29,090,349

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 4B

BAD DEBT EXPENSE: \$1,000,000

RENTAL EXPENSES: \$(430,403)

TOTAL: \$569,597

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 2D

EXPENSES OF AFFILIATES: \$1,311,887

RENTAL EXPENSES: \$430,403

**Part XIII** Supplemental Information *(continued)*

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TOTAL: \$1,742,290

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 4B

GRANT REFUNDS/RESIGNATIONS: \$7,852,095

BAD DEBT EXPENSE: \$1,000,000

TOTAL: \$8,852,095

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	BRST CANCER AWARENESS	320.
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	CAPACITY BUILDING	4,367.
(3) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	2,401.
(4) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	PAIN MANAGEMENT	533.
(5) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	TOBACCO CONTROL	4,213.
(6) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	WOMEN CANCER AWARENESS	2,393.
(7) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	YOUTH CANCER AWARENESS	1,136.
(8) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	BRST CANCER AWARENESS	2,055.
(9) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CAPACITY BUILDING	126,440.
(10) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	118,696.
(11) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TOBACCO CONTROL	13,911.
(12) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	WOMEN CANCER AWARENESS	3,760.
(13) EUROPE			PROGRAM SERVICES	BRST CANCER AWARENESS	1,307.
(14) EUROPE			PROGRAM SERVICES	CANCER RESEARCH	108,000.
(15) EUROPE			PROGRAM SERVICES	CAPACITY BUILDING	23,019.
(16) EUROPE			PROGRAM SERVICES	CLRCTAL CNCR AWARENESS	1,567.
(17) EUROPE			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	17,283.
<b>3a Sub-total</b> . . . . .					431,401.
<b>b Total from continuation sheets to Part I</b> . . . . .		1.			828,877.
<b>c Totals (add lines 3a and 3b)</b>		1.			1,260,278.

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

Schedule F (Form 990) 2014



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			PROGRAM SERVICES	PAIN MANAGEMENT	342.
(2) EUROPE			PROGRAM SERVICES	PATIENT SUPPORT	3,439.
(3) EUROPE			PROGRAM SERVICES	RESEARCH FELLOWSHIP	34,586.
(4) EUROPE			PROGRAM SERVICES	TOBACCO CONTROL	36,851.
(5) EUROPE			PROGRAM SERVICES	WOMEN CANCER AWARENESS	3,221.
(6) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	13,936.
(7) NORTH AMERICA			PROGRAM SERVICES	CANCER PREVENTION	644.
(8) NORTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	73,201.
(9) NORTH AMERICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	3,514.
(10) NORTH AMERICA			PROGRAM SERVICES	PALLIATIVE CARE	698.
(11) NORTH AMERICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	335.
(12) NORTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	36,015.
(13) NORTH AMERICA			PROGRAM SERVICES	WOMEN CANCER AWARENESS	801.
(14) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	TOBACCO CONTROL	2,796.
(15) SOUTH AMERICA			PROGRAM SERVICES	BRST CANCER AWARENESS	45,150.
(16) SOUTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	9,344.
(17) SOUTH AMERICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	9,558.
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2014

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA			PROGRAM SERVICES	TOBACCO CONTROL	9,536.
(2) SOUTH AMERICA			PROGRAM SERVICES	WOMEN CANCER AWARENESS	4,862.
(3) SOUTH ASIA			PROGRAM SERVICES	BRST CANCER AWARENESS	1,646.
(4) SOUTH ASIA			PROGRAM SERVICES	CAPACITY BUILDING	54,227.
(5) SOUTH ASIA			PROGRAM SERVICES	CRVCL CNCR AWARENESS	7,382.
(6) SOUTH ASIA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	6,059.
(7) SOUTH ASIA			PROGRAM SERVICES	TOBACCO CONTROL	14,798.
(8) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	42,367.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CERVICAL & BRST CANCER	9,459.
(10) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CRVCL CNCR AWARENESS	5,099.
(11) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	6,946.
(12) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GLOBAL CANCER TREATMNT	6,424.
(13) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PAIN MANAGEMENT	156,467.
(14) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PALLIATIVE CARE	7,841.
(15) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	1,111.
(16) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	112,713.
(17) SUB-SAHARAN AFRICA			PROGRAM SERVICES	WOMEN CANCER AWARENESS	11,812.
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2014

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SUB-SAHARAN AFRICA		1.	PROGRAM SERVICES	PAIN MANAGEMENT	95,697.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2014

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	TOBACCO CONTROL	239,609.	WIRE			
(2)			SUB-SAHARAN AFRICA	PAIN MANAGEMENT	376,713.	WIRE			
(3)			SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,132.	WIRE			
(4)			SUB-SAHARAN AFRICA	BREAST CNCR AWARENESS	1,076,148.	WIRE			
(5)			SOUTH ASIA	CAPACITY BUILDING	15,000.	WIRE			
(6)			SOUTH ASIA	BREAST CNCR AWARENESS	29,888.	WIRE			
(7)			SOUTH AMERICA	TOBACCO CONTROL	45,268.	CHECK			
(8)			SOUTH AMERICA	CAPACITY BUILDING	15,000.	CHECK			
(9)			SOUTH AMERICA	BREAST CNCR AWARENESS	192,448.	WIRE			
(10)			SOUTH AMERICA	BREAST CNCR AWARENESS	12,000.	CHECK			
(11)			NORTH AMERICA	TOBACCO CONTROL	15,684.	WIRE			
(12)			NORTH AMERICA	TOBACCO CONTROL	77,871.	CHECK			
(13)			NORTH AMERICA	CAPACITY BUILDING	15,000.	WIRE			
(14)			NORTH AMERICA	BREAST CNCR AWARENESS	40,000.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	TOBACCO CONTROL	150,000.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	BREAST CNCR RESEARCH	178,535.	WIRE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	BREAST CNCR AWARENESS	537,080.	WIRE			
(2)			EAST ASIA/PACIFIC	GLOBAL CNCR ADVOCACY	300,000.	WIRE			
(3)			EAST ASIA/PACIFIC	CAPACITY BUILDING	70,000.	WIRE			
(4)			EAST ASIA/PACIFIC	BREAST CNCR AWARENESS	20,000.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	BREAST CNCR AWARENESS	40,000.	WIRE			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter, . . . . . **21.**

3 Enter total number of other organizations or entities, . . . . . **21.**

**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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US  
SCHEDULE F, PART I, LINE 2

THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH  
GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE  
SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO  
EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY  
RECEIVING BENCHMARKING GRANT REPORTS. THE SOCIETY ALSO CONDUCTS FINANCIAL  
MONITORING OF GRANTEES. GRANT AGREEMENTS 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. THE  
SECOND GRANT INSTALLMENT MAY NOT BE PAID UNTIL SATISFACTORY PROGRESS  
INTERIM REPORTS HAVE BEEN RECEIVED. ALL GRANT REPORTING FORMS REQUIRE  
THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT  
THE PROGRAM ACTIVITIES DID OCCUR.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Employer identification number

13-1788491

**Part I**

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> CHARITY DYNAMICS, INC.	GEN DVLPMNT CONSULTING		X	1,282,013.	359,769.	922,244.
<b>2</b> ALLAN JAMIESON	PARTICIPANT RECRUITMENT		X	390,306.	15,000.	375,306.
<b>3</b> CASWELL ZACHARY GRIZZARD	PLANNED GIV STRATEGY		X		764,562.	-764,562.
<b>4</b> FISHBAIT MARKETING, LLC	FUNDRAISING CONSULTANT		X		84,178.	-84,178.
<b>5</b> M+R STRATEGIC SERVICES, INC	ONLINE STRATEGY		X	2,036,703.	432,534.	1,604,169.
<b>6</b> MERKLE GROUP, INC.	DIRECT MAIL STRATEGY		X	39,861,955.	3,790,252.	36,071,703.
<b>7</b> MLH STRATEGIES, LLC	EVENT STRAT GUIDANCE		X		165,863.	-165,863.
<b>8</b> PARADYSZ MATERA	DIRECT MAIL CONSULTANT		X	8,297,532.	358,553.	7,938,979.
<b>9</b> CONNEXIONS, INC.	PARTICIPANT RECRUITMENT		X		2,213,656.	-2,213,656.
<b>10</b>						
<b>Total</b> .....				51,868,509.	8,184,367.	43,684,142.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RELAY FOR LIFE (event type)	MAKING STRIDES (event type)	1,062. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	330,349,850.	62,334,929.	89,953,625.	482,638,404.
	<b>2</b> Less: Contributions . . . . .	308,650,624.	57,170,733.	69,302,151.	435,123,508.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	21,699,226.	5,164,196.	20,651,474.	47,514,896.
Direct Expenses	<b>4</b> Cash prizes . . . . .	702.	3.	0	705.
	<b>5</b> Noncash prizes . . . . .	2,632,248.	62,040.	361,416.	3,055,704.
	<b>6</b> Rent/facility costs . . . . .	5,083,718.	1,813,741.	5,537,518.	12,434,977.
	<b>7</b> Food and beverages . . . . .	828,833.	115,567.	5,249,196.	6,193,596.
	<b>8</b> Entertainment . . . . .	1,925,328.	249,570.	3,486,936.	5,661,834.
	<b>9</b> Other direct expenses . . . . .	11,228,397.	2,923,275.	6,016,408.	20,168,080.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				47,514,896.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .			74,162.	74,162.
	<b>3</b> Noncash prizes . . . . .			18,559.	18,559.
	<b>4</b> Rent/facility costs . . . . .			9,528.	9,528.
	<b>5</b> Other direct expenses . . . . .			80,753.	80,753.
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.0000% <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				183,002.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				4,696,429.	

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

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

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

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LORANCE HUI

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ CATHERINE E. MICKLE

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

Description of services provided ▶ OVERSIGHT/MANAGEMENT

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 1,891,793.

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

SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING

SCHEDULE G, PART II

MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS

FOR AND FIGHTS BACK AGAINST BREAST CANCER BY:

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

WE 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.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

-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.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

-FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO  
 INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT, 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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

OFFICIALS ABOUT CANCER. BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING  
STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE.

MANDATORY DISTRIBUTIONS,  
FORM 990, SCHEDULE G, PART III, LINE 17

AZ - 13,450



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

CA - 639,562

CO - 9,821

GA - 19,486

HI - 1,985

ID - 636

IL - 20,470

IA - 23,564

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

MA - 20,109

MD - 77,152

MI - 142,851

MN - 25,359

MT - 25,503

NC - 38,160

NJ - 6,340

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
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Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

NY - 63,595

OH - 132,737

OR - 3,359

PA - 135,165

RI - 381

TX - 218,853

VA - 130,076

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

WA - 35,046

WI - 108,133

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

AL, AZ, CA, CO, GA, ID, IL, IA, MD, MA, MI, MN, NJ, NY, NC, OH, PA, TN, TX, VA, WA, WI,

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609-1523	01-0211513	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
<b>(2)</b> MANCHESTER COMMUNITY HLTH CTR 145 HOLLIS ST MANCHESTER, NH 03101	02-0458174	501(C)(3)	28,500.				COLORECTAL EDUCATION AND HEALTH
<b>(3)</b> UNI OF VT AND STATE AGRICULTURAL COLLEGE 85 S PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	433,500.				EXTRAMURAL RESEARCH GRANT
<b>(4)</b> GROUNDS FOR HEALTH 92 S MAIN ST #2 WATERBURY, VT 05676	03-0367185	501(C)(3)	10,000.				CANCER CONTROL
<b>(5)</b> NATIVE AMERICAN COMM CLINIC 1213 E FRANKLIN AVE MINNEAPOLIS, MN 55404	03-0445789	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
<b>(6)</b> BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	896,000.				EXTRAMURAL RESEARCH GRANT
<b>(7)</b> HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501(C)(3)	122,984.				CANCER CONTROL
<b>(8)</b> HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501(C)(3)	438,500.				EXTRAMURAL RESEARCH GRANT
<b>(9)</b> MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	955,500.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> SIMMONS COLLEGE 51 GREENLEAF CIRCLE FRAMINGHAM, MA 01701	04-2103629	501(C)(3)	40,000.				EXTRAMURAL RESEARCH GRANT
<b>(11)</b> TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	173,500.				EXTRAMURAL RESEARCH GRANT
<b>(12)</b> DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215-5450	04-2263040	501(C)(3)	25,000.				BREAST EDUCATION AND HEALTH

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

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

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

Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215-5450	04-2263040	501(C)(3)	4,581,500.				EXTRAMURAL RESEARCH GRANT
<b>(2)</b> BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,584,000.				EXTRAMURAL RESEARCH GRANT
<b>(3)</b> MA LEAGUE OF COMMUNITY HEALTH 40 COURT ST #10 BOSTON, MA 02108	04-2507409	501(C)(3)	7,000.				CANCER CONTROL
<b>(4)</b> MANET COMMUNITY HEALTH CENTER 110 WEST SQUANTUM ST NORTH QUINCY, MA 02171	04-2646695	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(5)</b> MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2697983	501(C)(3)	1,525,000.				EXTRAMURAL RESEARCH GRANT
<b>(6)</b> CHILDREN'S HOSPITAL, BOSTON 300 LONGWOOD BOSTON, MA 02115	04-2774441	501(C)(3)	400,000.				EXTRAMURAL RESEARCH GRANT
<b>(7)</b> UNI OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	OTHER	1,067,000.				EXTRAMURAL RESEARCH GRANT
<b>(8)</b> COMM HEALTH CTR OF FRANKLIN CTY INC 489 BRNRDSTN RD #108 GREENFIELD, MA 01301	04-3312968	501(C)(3)	46,250.				BREAST EDUCATION AND HEALTH
<b>(9)</b> BOSTON MEDICAL CENTER 801 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3314093	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> THE TOMORROW FUND 593 EDDY STREET PROVIDENCE, RI 02903	05-0450569	501(C)(3)	136,220.				CAMP PROGRAM
<b>(11)</b> YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	2,369,500.				EXTRAMURAL RESEARCH GRANT
<b>(12)</b> UNITED COMMUNITY & FAMILY SVCS 34 E TOWN ST NORWICH, CT 06360	06-0653142	501(C)(3)	28,500.				COLORECTAL EDUCATION AND HEALTH

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

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Schedule I (Form 990) (2014)

JSA

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47091W 2217

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> COMMUNITY HEALTH SERVICES INC 500 ALBANY AVE HARTFORD, CT 06120	06-0863942	501(C)(3)	49,000.				BREAST EDUCATION AND HEALTH
<b>(2)</b> FAIR HAVEN COMMUNITY HEALTH 374 GRAND AVE NEW HAVEN, CT 06513	06-0883545	501(C)(3)	50,000.				COLORECTAL EDUCATION AND HEALTH
<b>(3)</b> COMMUNITY HEALTH CENTER INC 675 MAIN STREET MIDDLETOWN, CT 06457	06-0897105	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(4)</b> CHARTER OAK HEALTH CENTER 21 GRAND ST HARTFORD, CT 06106	06-0986747	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(5)</b> SHALOM HEALTH CARE CENTER INC 3400 LAFAYETTE #200 INDIANAPOLIS, IN 46222	06-1645027	501(C)(3)	58,500.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> WOMENS BASKETBALL CLUB OF SEATTLE 3421 THORNDYKE AVE W SEATTLE, WA 98119	06-1694851	OTHER	20,000.				CANCER CONTROL
<b>(7)</b> PHI BETA SIGMA FRATERNITY INC NATIONAL CONCLAVE 2001 WASHINGTON, DC 20011	11-1709989	501(C)(10)	5,500.				CANCER EDUCATION
<b>(8)</b> LUTHERAN FAMILY HEALTH CENTERS 150 - 55TH ST BROOKLYN, NY 11220-2559	11-1839567	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(9)</b> COLD SPRING HARBOR LABORATORY P.O. BOX 100 COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> PERSONAL CARE PRODUCTS COUNCIL FDN 1101 NW 17TH ST #300 WASHINGTON, DC 20036	13-1390920	501(C)(6)	982,141.				PATIENT SUPPORT
<b>(11)</b> JOAN&SANFORD I. WEILL MED COLL OF CRNLL UNI 1300 YORK AVENUE, BOX 89 NEW YORK, NY 10021	13-1623978	OTHER	57,500.				EXTRAMURAL RESEARCH GRANT
<b>(12)</b> ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 82 NEW YORK, NY 10065	13-1624158	501(C)(3)	80,000.				EXTRAMURAL RESEARCH GRANT

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(1) ALBERT EINSTEIN COLL OF MED, YESHIVA UNI 1300 MORRIS PARK AVENUE BRONX, NY 10461	13-1624225	501(C)(3)	10,000.				EXTRAMURAL RESEARCH GRANT
(2) FORDHAM UNIVERSITY 441 EAST FORDHAM ROAD NEW YORK, NY 10025	13-1740451	501(C)(3)	40,000.				EXTRAMURAL RESEARCH GRANT
(3) SLOAN KETTERING INSTITUTE FOR CANCER RSRCH 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501(C)(3)	2,024,500.				EXTRAMURAL RESEARCH GRANT
(4) PROJECT RENEWAL 200 VARICK ST 9TH FLOOR NEW YORK, NY 10014	13-2602882	501(C)(3)	23,750.				IMPROVE HEALTHCARE SYSTEMS
(5) ACTION ON SMOKING & HEALTH 2013 H STREET NW WASHINGTON, DC 20006-4207	13-2603590	501(C)(3)	10,000.				CANCER CONTROL
(6) OPEN DOOR FAMILY MEDICAL CTRS 165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	38,900.				IMPROVE HEALTHCARE SYSTEMS
(7) HUDSON RIVER HEALTH CARE 1037 MAIN ST PEEKSKILL, NY 10566	13-2828349	501(C)(3)	27,000.				IMPROVE HEALTHCARE SYSTEMS
(8) METRO NY HLTH CARE FOR ALL CAMPAIGN 40 WORTH ST STE 802 NEW YORK, NY 10013	13-3870324	OTHER	15,000.				IMPROVE HEALTHCARE SYSTEMS
(9) BREAST TREATMENT TASK FORCE 150 W 25TH ST #900 NEW YORK, NY 10001	13-4018407	501(C)(3)	15,000.				CANCER CONTROL
(10) COMMUNITY SERVICE SOCIETY OF NY 105 EAST 22ND STREET NEW YORK, NY 10010	13-5562202	501(C)(3)	58,876.				IMPROVE HEALTHCARE SYSTEMS
(11) NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	15,000.				CANCER CONTROL
(12) NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	1,521,000.				EXTRAMURAL RESEARCH GRANT

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(1) COLUMBIA UNIVERSITY MEDICAL CENTER 630 W 168TH ST, BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	769,000.				EXTRAMURAL RESEARCH GRANT
(2) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GSTV L LEVY PL #1075 NEW YORK, NY 10029	13-6171197	501(C)(3)	2,221,000.				EXTRAMURAL RESEARCH GRANT
(3) RSRCH FDN FOR THE SUNY OBO UNI AT BUFFALO 402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	892,000.				EXTRAMURAL RESEARCH GRANT
(4) HLTH RSRCH INC, ROSWELL PRK CANCER INST DIV ELM AND CARLTON STREETS BUFFALO, NY 14263	14-1402155	501(C)(3)	1,062,000.				EXTRAMURAL RESEARCH GRANT
(5) FDN FOR VASSAR BROTHERS MEDICAL CTR 45 READE PLACE POUGHKEEPSIE, NY 12601	14-1736429	501(C)(3)	15,000.				CANCER CONTROL
(6) ST THOMAS COMMUNITY HEALTH CTR 1986 MAGAZINE STREET NEW ORLEANS, LA 70130	14-1958494	501(C)(3)	48,688.				BREAST EDUCATION AND HEALTH
(7) N TEXAS AREA COMM HEALTH CENTERS INC 2106 N MAIN ST FORT WORTH, TX 76164	15-4211798	501(C)(3)	47,500.				BREAST & COLORECTAL EDUCATION & HEALTH
(8) COMM HEALTH CENTER OF BUFFALO INC 34 BENWOOD AVE BUFFALO, NY 14214	16-1566929	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
(9) C-CHANGE 1634 EYE ST NW STE 800 WASHINGTON, DC 20006	16-1641769	501(C)(3)	500,000.				CANCER CONTROL
(10) ALLY'S HOUSE PO BOX 722767 NORMAN, OK 73070	20-0726554	501(C)(3)	12,447.				CAMP PROGRAM
(11) LINN COMMUNITY CARE 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	8,750.				IMPROVE HEALTHCARE SYSTEMS
(12) WORLD LUNG FOUNDATON 61 BROADWAY STE 2800 NEW YORK, NY 10006	20-2432410	501(C)(3)	200,000.				TOBACCO CONTROL

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<b>(1)</b> CENTER FOR CHANGE 2817 BELCO DR UNIT 9 ORLANDO, FL 32808	20-3062727	501(C)(3)	9,500.				COLORECTAL EDUCATION AND HEALTH
<b>(2)</b> BOB PERKS CANCER ASSISTANCE PO BOX 313 STATE COLLEGE, PA 16804	20-4220990	501(C)(3)	34,952.				CANCER CONTROL
<b>(3)</b> CAMP RISING SUN CHARITABLE FDN PO BOX 472 BRANFORD, CT 06405	20-4853548	501(C)(3)	348,237.				CAMP PROGRAM
<b>(4)</b> WINN COMMUNITY HEALTH CENTER 431 W LAFAYETTE ST WINNFIELD, LA 71483	20-5823527	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(5)</b> PRINCETON UNIVERSITY P.O. BOX 36 PRINCETON, NJ 08544-0036	21-0634501	501(C)(3)	327,000.				EXTRAMURAL RESEARCH GRANT
<b>(6)</b> NORTH HUDSON COMM ACTION CORP 5301 BROADWAY WEST NEW YORK, NJ 07093-2622	22-1818699	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(7)</b> CAMCARE HEALTH CORPORATION 817 FEDERAL STREET CAMDEN, NJ 08103	22-2192716	501(C)(3)	45,000.				IMPROVE HEALTHCARE SYSTEMS
<b>(8)</b> WESTSIDE FAMILY HEALTHCARE 300 WATER ST STE 200 WILMINGTON, DE 19801	22-2488654	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
<b>(9)</b> MAINE PRIMARY CARE ASSOCIATION 73 WINTHROP STREET AUGUSTA, ME 04330	22-2630127	501(C)(3)	44,875.				COLORECTAL EDUCATION AND HEALTH
<b>(10)</b> NEWARK COMMUNITY HEALTH CTRS 741 BROADWAY NEWARK, NJ 07104	22-2747589	501(C)(3)	26,250.				IMPROVE HEALTHCARE SYSTEMS
<b>(11)</b> ZUFALL HEALTH CENTER 18 W BLACKWELL ST DOVER, NJ 07801	22-3125397	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(12)</b> THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3501 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	612,000.				EXTRAMURAL RESEARCH GRANT

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<b>(1)</b> THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3501 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	55,819.				IMPROVE HEALTHCARE SYSTEMS
<b>(2)</b> THOMAS JEFFERSON UNIVERSITY 125 S 9TH ST, 2ND FL PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	849,000.				EXTRAMURAL RESEARCH GRANT
<b>(3)</b> THE TRUSTEES OF THE UNI OF PENNSYLVANIA 3451 WALNUT ST P-221 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,519,500.				EXTRAMURAL RESEARCH GRANT
<b>(4)</b> FOX CHASE CANCER CENTER 333 COTTMAN AVE PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	1,839,000.				EXTRAMURAL RESEARCH GRANT
<b>(5)</b> CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET ST PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	50,000.				BREAST EDUCATION AND HEALTH
<b>(6)</b> PA ACADEMY OF FAMILY PHYSICIANS 2704 COMMERCE DR HARRISBURG, PA 17110	23-2340801	501(C)(3)	80,000.				COLORECTAL EDUCATION AND HEALTH
<b>(7)</b> AMERICAN ASSOC FOR CANCER RSRC PO BOX 8500-1916 PHILADELPHIA, PA 19178	23-6251648	501(C)(3)	9,948.				CANCER CONTROL
<b>(8)</b> WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	40,000.				EXTRAMURAL RESEARCH GRANT
<b>(9)</b> EAST VALLEY COMMUNITY HLTH CTR 420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501(C)(3)	12,500.				BREAST EDUCATION AND HEALTH
<b>(10)</b> FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE ST LOUIS, MO 63111	23-7076112	501(C)(3)	51,434.				BREAST EDUCATION AND HEALTH
<b>(11)</b> NORTHEAST VALLEY HEALTH CORP 531 5TH ST UNIT A SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	57,500.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> DORCHESTER HOUSE MULTI SERVICE CTR 1353 DORCHESTER AVE DORCHESTER, MA 02122	23-7125970	501(C)(3)	15,875.				BREAST EDUCATION AND HEALTH

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<b>(1)</b> FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	975,500.				EXTRAMURAL RESEARCH GRANT
<b>(2)</b> WEST SIDE COMMUNITY HLTH SVCS 153 CESAR CHAVEZ ST ST PAUL, MN 55107	23-7156236	501(C)(3)	50,000.				IMPROVE HEALTHCARE SYSTEMS
<b>(3)</b> ACCESS COMM HEALTH & RESRCH CTR 6450 MAPLE ST DEARBORN, MI 48126	23-7444497	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(4)</b> THE PSU COLLEGE OF MEDICINE H138 500 UNIVERSITY DR HERSHEY, PA 17033	24-6000376	501(C)(3)	5,432.				BREAST EDUCATION AND HEALTH
<b>(5)</b> THE PSU COLLEGE OF MEDICINE H138 500 UNIVERSITY DR HERSHEY, PA 17033	24-6000376	501(C)(3)	320,000.				EXTRAMURAL RESEARCH GRANT
<b>(6)</b> UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15261	25-0965591	501(C)(3)	893,500.				EXTRAMURAL RESEARCH GRANT
<b>(7)</b> PRIMARY CARE HLTH SVCS ALMA ILLERY MED CTR 7227 HAMILTON AVE PITTSBURGH, PA 15208	25-1300356	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
<b>(8)</b> CORNERSTONE CARE 501 W HIGH ST WAYNESBURG, PA 15370	25-1346194	501(C)(3)	12,500.				BREAST EDUCATION AND HEALTH
<b>(9)</b> PRIMARY HEALTH NETWORK 100 SHENANGO AVE SHARON, PA 16146	25-1381800	501(C)(3)	31,250.				COLORECTAL EDUCATION AND HEALTH
<b>(10)</b> COMM HEALTH CTR OF GREATER DAYTON 1323 WEST THIRD ST DAYTON, OH 45402	26-1253235	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(11)</b> GRACE COMMUNITY HEALTH CENTER 39 CUMBERLAND GAP DR GRAY, KY 40734	26-1779437	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> WI PINK SHAWL INITIATIVE PO BOX 14778 WEST ALLIS, WI 53214-0778	26-4247458	501(C)(3)	15,000.				CANCER CONTROL

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL, MN 55102	27-0052697	501(C)(3)	39,375.				BREAST EDUCATION AND HEALTH
<b>(2)</b> AROGYA WORLD 23W651 HOBSON ROAD NAPERVILLE, IL 60540	27-2091051	501(C)(3)	10,000.				CANCER CONTROL
<b>(3)</b> SPRING BRANCH COMM HLTH CTR 1615 HILLEND AHL BLVD #100 HOUSTON, TX 77055	30-0198705	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
<b>(4)</b> VITAL TALK 825 EASTLAKE AVE E. G4810 SEATTLE, WA 98109	30-0745689	501(C)(3)	23,000.				PERSONAL HEALTH MANAGER
<b>(5)</b> CINCINNATI CHILDREN'S HOSPITAL MED. CTR 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	30,000.				EXTRAMURAL RESEARCH GRANT
<b>(6)</b> GETHSEMANE COMM FELLOWSHIP BAPTIST CHURCH 1317 E BRAMBLETON AVE NORFOLK, VA 23504	31-1359290	501(C)(3)	6,000.				CANCER CONTROL
<b>(7)</b> SANFORD HEALTH 1305 W 18TH ST SIOUX FALLS, SD 57117-5039	31-1527032	501(C)(3)	6,000.				PATIENT SUPPORT
<b>(8)</b> COLUMBUS NEIGHBORHOOD HEALTH CTR 1800 WATERMARK DR #420 COLUMBUS, OH 43216	31-1533908	501(C)(3)	60,000.				BREAST EDUCATION AND HEALTH
<b>(9)</b> CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000.				CANCER CONTROL
<b>(10)</b> ASIAN AMERICAN HLTH COALITION-HOPE CLINIC 7001 CORPORATE DR STE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	20,000.				BREAST EDUCATION AND HEALTH
<b>(11)</b> OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	50,000.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 44406	31-6025986	501(C)(1)	20,000.				EXTRAMURAL RESEARCH GRANT

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

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

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Schedule I (Form 990) (2014)

JSA

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47091W 2217

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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<b>(1)</b> OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 44406	31-6025986	501(C)(3)	1,584,000.				EXTRAMURAL RESEARCH GRANT
<b>(2)</b> PINK RIBBON GIRLS PO BOX 224 TIPP CITY, OH 45371	32-0020270	501(C)(3)	15,000.				CANCER CONTROL
<b>(3)</b> CCPRO FOUNDATION 5400 KENNEDY AVE CINCINNATI, OH 45213	32-0026050	501(C)(3)	6,250.				BREAST EDUCATION AND HEALTH
<b>(4)</b> THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	940,500.				EXTRAMURAL RESEARCH GRANT
<b>(5)</b> SOCIAL ACTION COMM HEALTH SACHS CLINIC 1454 E SECOND ST SAN BERNARDINO, CA 92410	33-0664371	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> THE GREEN FOUNDATION PO BOX 82 BREA, CA 92821	33-1143366	501(C)(3)	15,000.				CANCER CONTROL
<b>(7)</b> AULTMAN HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710	34-0714538	501(C)(3)	5,372.				CANCER CONTROL
<b>(8)</b> CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	400,000.				EXTRAMURAL RESEARCH GRANT
<b>(9)</b> NE OHIO NEIGHBORHOOD HEALTH SVCS INC 8300 HOUGH AVE CLEVELAND, OH 44103	34-1014291	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(10)</b> NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE ROAD CLEVELAND, OH 44102-5443	34-1300581	501(C)(3)	50,000.				BREAST EDUCATION AND HEALTH
<b>(11)</b> UNIVERSITY HOSPITALS OF CLEVELAND SEIDMAN CANCER CTR 1105 CLEVELAND, OH 44106	34-1567805	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
<b>(12)</b> OHIO NORTH EAST HEALTH SYSTEMS 726 WICK AVE YOUNGSTOWN, OH 44505	34-1609341	501(C)(3)	6,250.				BREAST EDUCATION AND HEALTH

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<b>(1)</b> CARE ALLIANCE HEALTH CENTER 1530 ST CLAIR AVE NE CLEVELAND, OH 44114	34-1748776	501(C)(3)	38,938.				BREAST EDUCATION AND HEALTH
<b>(2)</b> THE METROHEALTH FOUNDATION 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
<b>(3)</b> UNIVERSITY OF NOTRE DAME 940 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	1,092,000.				EXTRAMURAL RESEARCH GRANT
<b>(4)</b> RAPHAEL HEALTH CENTER 401 E 34TH ST INDIANAPOLIS, IN 46205	35-1948768	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(5)</b> COMMUNITY HEALTHNET INC 1021 W 5TH AVE GARY, IN 46402	35-2048141	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> INDIANA UNIVERSITY, INDIANAPOLIS 980 INDIANA AVENUE INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	30,000.				EXTRAMURAL RESEARCH GRANT
<b>(7)</b> PURDUE UNIVERSITY 155 S. GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	180,000.				EXTRAMURAL RESEARCH GRANT
<b>(8)</b> LOYOLA UNI CHICAGO, NIEHOFF SCH OF NURSING 2160 SOUTH FIRST AVE MAYWOOD, IL 60153	36-1408475	501(C)(3)	872,000.				EXTRAMURAL RESEARCH GRANT
<b>(9)</b> NORTHWESTERN UNIVERSITY - CHICAGO CAMPUS 750 NORTH LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	1,604,000.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> RUSH UNIVERSITY MED CENTER 1700 W VAN BUREN CHICAGO, IL 60612	36-2174823	501(C)(3)	22,500.				COLORECTAL EDUCATION AND HEALTH
<b>(11)</b> THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	27,500.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	1,495,000.				EXTRAMURAL RESEARCH GRANT

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(1) ANN&ROBERT H. LURIE CHILDREN'S HOSP OF CHIC 225 E. CHICAGO AVENUE CHICAGO, IL 60611	36-2178033	501(C)(3)	142,000.				EXTRAMURAL RESEARCH GRANT
(2) VNA HEALTH CARE 400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(3) AMERICAN COLLEGE OF SURGEONS PO BOX 92425 CHICAGO, IL 60675-2425	36-2192800	501(C)(3)	70,180.				INTRAMURAL RESEARCH GRANT
(4) HEKTOEN INST FOR MED RESEARCH 2240 W OGDEN AVE FL 2 CHICAGO, IL 60612	36-2244897	501(C)(3)	31,215.				BREAST EDUCATION AND HEALTH
(5) ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	19,500.				COLORECTAL EDUCATION AND HEALTH
(6) OPEN CITIES HEALTH CENTER 409 N DUNLAP ST ST PAUL, MN 55104	36-3381598	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(7) COMMUNITY HEALTH PARTNERSHIP 205 W RANDOLPH STE 2222 CHICAGO, IL 60606	36-3798678	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(8) NORTHWESTERN MEMORIAL HOSPITAL 541 N FAIRBANKS STE 1651 CHICAGO, IL 60611	37-0960170	501(C)(3)	76,000.				COLORECTAL EDUCATION AND HEALTH
(9) CHRISTOPHER GREATER AREA RURAL HLTH PLNG CO 4241 STATE HIGHWAY 14 CHRISTOPHER, IL 62822	37-1041283	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(10) RURAL HEALTH INC 513 N MAIN ST ANNA, IL 62906	37-1056692	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(11) UNIVERSITY OF ILLINOIS, CHICAGO 809 S MARSHFIELD AVE. CHICAGO, IL 60608	37-6000051	501(C)(3)	683,000.				EXTRAMURAL RESEARCH GRANT
(12) THE BOARD OF TRUSTEES OF THE UIUC MC-685 1901 S FIRST ST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH

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<b>(1)</b> THE BOARD OF TRUSTEES OF THE UIUC MC-685 1901 S FIRST ST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
<b>(2)</b> HEALTH DELIVERY INC 501 LAPEER SAGINAW, MI 48607	38-1908328	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(3)</b> FAMILY HEALTH CENTER OF BATTLE CREEK 181 W EMMETT ST BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(4)</b> DETROIT COMM HLTH CONNECTION 13901 E JEFFERSON AVE DETROIT, MI 48215	38-2824772	501(C)(3)	12,000.				BREAST EDUCATION AND HEALTH
<b>(5)</b> CHERRY STREET HEALTH SERVICES 100 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> COMMUNITY HEALTH & SOCIAL SRVC CTR 5635 W FORT ST DETROIT, MI 48209	38-3094394	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
<b>(7)</b> HEART OF OH FAMILY HEALTH CTRS 882 S HAMILTON RD COLUMBUS, OH 43213	38-3765547	501(C)(3)	51,875.				BREAST EDUCATION AND HEALTH
<b>(8)</b> THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	2,176,500.				EXTRAMURAL RESEARCH GRANT
<b>(9)</b> WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202 DETROIT, MI 48202	38-6028429	501(C)(3)	201,500.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	240,000.				EXTRAMURAL RESEARCH GRANT
<b>(11)</b> BLOOD CENTER OF WISCONSIN, INC. 8727 WATERTOWN PLANK RD MILWAUKEE, WI 53213	39-0807235	501(C)(3)	150,000.				EXTRAMURAL RESEARCH GRANT
<b>(12)</b> OUTREACH COMM HEALTH CENTERS 210 W CAPITOL DR MILWAUKEE, WI 53212	39-1353282	501(C)(3)	36,000.				IMPROVE HEALTHCARE SYSTEMS

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<b>(1)</b> COMM FNDTN OF FOX VALLEY REGION INC 5355 SCHROTH LANE APPLETON, WI 54913	39-1548450	501(C)(3)	123,870.				CANCER CONTROL
<b>(2)</b> MILWAUKEE HEALTH CARE SERVICES 2555 NORTH DR MLK JR DR MILWAUKEE, WI 53212	39-1664109	501(C)(3)	11,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(3)</b> UNIVERSITY OF WISCONSIN MADISON 1300 UNIV AVE, RM 4720 MADISON, WI 53706	39-1805963	501(C)(3)	187,468.				BREAST EDUCATION AND HEALTH
<b>(4)</b> COMM HEALTH CTRS OF SOUTHERN IOWA 302 NE 14TH ST LEON, IA 50144	39-1908462	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(5)</b> PROGRESSIVE COMM HEALTH CENTER 3522 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(6)</b> UNI OF WI-MADISON 21 NORTH PARK ST, #6401 MADISON, WI 53715	39-6006492	501(C)(3)	277,000.				EXTRAMURAL RESEARCH GRANT
<b>(7)</b> INDIAN HEALTH BOARD OF MINNEAPOLIS INC 1315 E 24TH ST MINNEAPOLIS, MN 55404	41-0977740	501(C)(3)	12,500.				BREAST EDUCATION AND HEALTH
<b>(8)</b> NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVE N MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	50,000.				BREAST EDUCATION AND HEALTH
<b>(9)</b> NORTHPOINT HEALTH & WELLNESS CENTER 1315 PENN AVE NORTH MINNEAPOLIS, MN 55411	41-6005801	OTHER	50,000.				BREAST EDUCATION AND HEALTH
<b>(10)</b> REGENTS OF THE UMN - TWIN CITIES 200 OAK STREET S.E. MINNEAPOLIS, MN 55455	41-6007513	GOVT.	3,160,000.				EXTRAMURAL RESEARCH GRANT
<b>(11)</b> PEOPLES COMMUNITY HEALTH CLINIC INC 905 FRANKLIN ST WATERLOO, IA 50703-4407	42-1058629	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(12)</b> UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	OTHER	120,000.				EXTRAMURAL RESEARCH GRANT

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(1) WASHINGTON UNIVERSITY, ST. LOUIS 660 S EUCLID AVE #8018 ST. LOUIS, MO 63110	43-0653611	501(C)(3)	1,801,500.				EXTRAMURAL RESEARCH GRANT
(2) BETTY JEAN KERR PEOPLES HEALTH CTRS INC 5701 DELMAR BLVD ST LOUIS, MO 63112	43-1036785	501(C)(3)	30,000.				BREAST EDUCATION AND HEALTH
(3) BIG SPRINGS MEDICAL ASSOC INC PO BOX 157 ELIINGTON, MO 63638	43-1068291	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(4) UNIV OF MISSOURI - KANSAS CITY SCH OF PHM 5100 ROCKHILL RD KANSAS CITY, MO 64110-2499	43-6003859	501(C)(3)	44,671.				TOBACCO CONTROL
(5) FIVE RIVERS HEALTH CENTERS 725 S. LUDLOW ST DAYTON, OH 45402	45-0914398	501(C)(3)	9,825.				COLORECTAL EDUCATION AND HEALTH
(6) HORIZON HEALTH CARE INC 109 N MAIN AVE HOWARD, SD 57349	46-0341255	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
(7) AVERA CANCER INSTITUTE 1000 E 23RD ST #340 SIOUX FALLS, SD 57105	46-0422673	501(C)(3)	6,000.				PATIENT SUPPORT
(8) HOPESTONE CANCER SUPPORT CTR 120 SW FRANK PHLLPS BARTLESVILLE, OK 74003	46-1533473	501(C)(3)	21,868.				SUPPORT GROUPS
(9) SW KIDS CANCER FOUNDATION 45508 N 18TH ST NEW RIVER, AZ 85087-8613	46-2354987	501(C)(3)	79,298.				CAMP PROGRAM
(10) THE GOODTIMES PROJECT 4616 25TH AVE NE SEATTLE, WA 98105	46-2489916	501(C)(3)	398,749.				CAMP PROGRAM
(11) HEALTH CONNECT SOUTH 1950 LAKE PARK DRIVE SMYRNA, GA 30080	46-3967515	501(C)(6)	10,000.				CANCER CONTROL
(12) CAMP UKANDU 601 SW 2ND AVE STE 2300 PORTLAND, OR 97204	46-4296454	501(C)(3)	131,313.				CAMP PROGRAM

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Schedule I (Form 990) (2014)

JSA

4E1288 1.000

47091W 2217

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF OREGON 5219 UNIV OF OREGON EUGENE, OR 97403-5219	46-4727800	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
<b>(2)</b> ONEWORLD COMMUNITY HEALTH CTR 4920 S 30TH ST STE 107 OMAHA, NE 68107	47-0548990	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(3)</b> KU ENDOWMENT ASSOCIATION 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)(3)	12,500.				BREAST EDUCATION AND HEALTH
<b>(4)</b> KANSAS STATE UNIVERSITY 2 FAIRCHILD HALL MANHATTAN, KS 66506-1103	48-0771751	501(C)(3)	760,000.				EXTRAMURAL RESEARCH GRANT
<b>(5)</b> UNIVERSITY OF KANSAS MEDICAL CENTER WAHL HALL EAST, 2020B KANSAS CITY, KS 66160	48-1108830	501(C)(3)	787,000.				EXTRAMURAL RESEARCH GRANT
<b>(6)</b> RACE AGAINST BREAST CANCER PO BOX 4458 TOPEKA, KS 66604	48-1154057	501(C)(3)	9,375.				CANCER CONTROL
<b>(7)</b> BEN ARCHER HEALTH CENTER PO BOX 370 HATCH, NM 87937	51-0158976	501(C)(3)	37,500.				CANCER CONTROL
<b>(8)</b> UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
<b>(9)</b> MERCY MEDICAL CENTER 227 ST. PAUL PLACE BALTIMORE, MD 21202	52-0591658	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> JOHNS HOPKINS UNIVERSITY 733 N BROADWAY, STE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	13,098.				CAMP PROGRAM
<b>(11)</b> JOHNS HOPKINS UNIVERSITY 733 N BROADWAY, STE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	836,500.				EXTRAMURAL RESEARCH GRANT
<b>(12)</b> NATIONAL CANCER INSTITUTE 9000 ROCKVILLE PK #11A16 BETHESDA, MD 20892	52-0858115	OTHER	100,000.				IMPROVE HEALTHCARE SYSTEMS

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(1) NATIONAL CANCER INSTITUTE 9000 ROCKVILLE PK #11A16 BETHESDA, MD 20892	52-0858115	OTHER	25,000.				INTRAMURAL RESEARCH GRANT
(2) GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD 3-322 BRANDYWINE, MD 20613	52-0961414	501(C)(3)	51,875.				BREAST EDUCATION AND HEALTH
(3) FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL ROAD BALTIMORE, MD 21225	52-1118424	501(C)(3)	46,875.				BREAST EDUCATION AND HEALTH
(4) SENTARA HEALTHCARE SYSTEMS 600 GRESHAM DRIVE NORFOLK, VA 23507	52-1271901	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
(5) MEDSTAR HARBOR HOSPITAL 3001 S HANOVER ST #104 BALTIMORE, MD 21225	52-1284532	501(C)(3)	12,500.				BREAST EDUCATION AND HEALTH
(6) RESEARCH AMERICA PO BOX 222451 CHANTILLY, VA 20153-2451	52-1609875	501(C)(3)	7,500.				CANCER RESEARCH
(7) ASPEN CANCER CONFERENCE INC 4383 MEDICAL DRIVE SAN ANTONIO, TX 78229	52-1746776	501(C)(3)	16,000.				CANCER CONTROL
(8) NATIONAL HISPANIC MEDICAL ASSN 1920 L ST NW STE 725 WASHINGTON, DC 20036	52-1884446	501(C)(6)	10,000.				CANCER CONTROL
(9) SOCIETY FOR RSRCH ON NICOTINE&TOBACCO 7600 TERRACE AVE #203 MIDDLETON, WI 53562	52-1906424	501(C)(3)	20,000.				CANCER CONTROL
(10) CAMPAIGN FOR TOBACCO-FREE KIDS 1917 W 103RD ST UNIT 5 CHICAGO, IL 60643	52-1969967	501(C)(3)	340,000.				TOBACCO CONTROL
(11) TOBACCO FREE KIDS ACTION FUND 1400 I ST NW STE 1200 WASHINGTON, DC 20005	52-1974904	501(C)(4)	200,000.				TOBACCO CONTROL
(12) FRIENDS OF CANCER RESEARCH 1001 G ST NW, STE 900E WASHINGTON, DC 20001	52-1983273	501(C)(3)	50,000.				CANCER EDUCATION

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(1) UNIVERSITY OF MARYLAND, BALTIMORE 620 LEXINGTON ST. BALTIMORE, MD 21201	52-6002033	OTHER	912,000.				EXTRAMURAL RESEARCH GRANT
(2) THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE. WASHINGTON, DC 20064	53-0196583	501(C)(3)	80,000.				EXTRAMURAL RESEARCH GRANT
(3) GEORGE WASHINGTON UNIVERSITY 2150 PA AVE NW WASHINGTON, DC 20037	53-0196584	501(C)(3)	59,552.				CANCER EDUCATION
(4) GEORGETOWN UNIVERSITY 40000 RESERVOIR RD. WASHINGTON, DC 20007	53-0196603	501(C)(3)	728,000.				EXTRAMURAL RESEARCH GRANT
(5) GEORGETOWN UNIVERSITY 40000 RESERVOIR RD. WASHINGTON, DC 20007	53-0196603	501(C)(3)	32,685.				TOBACCO CONTROL
(6) NATIONAL ACADEMY OF SCIENCES 500 5TH ST NW RM T433C WASHINGTON, DC 20001	53-0196932	501(C)(3)	243,810.				CANCER EDUCATION
(7) FIRST BAPTIST CHURCH 418 EAST BUTE STREET NORFOLK, VA 23510	54-0567801	501(C)(3)	6,000.				CANCER CONTROL
(8) SOUTHEASTERN VA HEALTH SYSTEM 1033 28TH ST 2ND FL NEWPORT NEWS, VA 23607	54-1083954	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(9) IVY BAPTIST CHURCH 50 MAPLE AVE NEWPORT NEWS, VA 23607	54-1109914	OTHER	5,850.				CANCER CONTROL
(10) EAST END BAPTIST CHURCH 523 E WASHINGTON ST SUFFOLK, VA 23434	54-1186578	501(C)(3)	6,000.				CANCER CONTROL
(11) SECOND CALVARY BAPTIST CHURCH 2940 CORPREW AVE NORFOLK, VA 23504	54-1245514	501(C)(3)	6,000.				CANCER CONTROL
(12) FOURTH BAPTIST CHURCH 726 SOUTH STREET PORTSMOUTH, VA 23704	54-1264179	OTHER	6,000.				CANCER CONTROL

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<b>(1)</b> PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	800,000.				CANCER EDUCATION
<b>(2)</b> ALEXANDRIA NEIGHBORHOOD HLTH SVCS INC 2445 ARMY NAVY DR ARLINGTON, VA 22206	54-1849891	501(C)(3)	40,000.				COLORECTAL EDUCATION AND HEALTH
<b>(3)</b> VERNON J HARRIS E & COMM HEALTH CTR 2025 E MAIN ST STE 105 RICHMOND, VA 23233	54-1884190	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(4)</b> VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298-0568	54-6001758	501(C)(3)	1,217,000.				EXTRAMURAL RESEARCH GRANT
<b>(5)</b> UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	912,000.				EXTRAMURAL RESEARCH GRANT
<b>(6)</b> WEST VIRGINIA UNIVERSITY 886 CHESNUT RIDGE ROAD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	60,000.				EXTRAMURAL RESEARCH GRANT
<b>(7)</b> ETSU RESEARCH FOUNDATION 405 ROSS HALL JOHNSON CITY, TN 37614	55-0788917	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
<b>(8)</b> DUKE UNIVERSITY 2200 W. MAIN ST, STE 710 DURHAM, NC 27705	56-0532129	501(C)(3)	845,500.				EXTRAMURAL RESEARCH GRANT
<b>(9)</b> UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 104 AIRPORT DR, #2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	4,611,500.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> CAROLINAS HEALTHCARE FDN PO BOX 32861 CHARLOTTE, NC 28232-2861	56-6060481	501(C)(3)	51,875.				BREAST EDUCATION AND HEALTH
<b>(11)</b> BEAUFORT JASPER HAMPTON COMP HLTH SRVS INC 1320 RIBAUT RD PORT ROYAL, SC 29935	57-0523586	501(C)(3)	50,000.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> LITTLE RIVER MEDICAL CENTER 4303 LIVE OAK DRIVE LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	50,000.				BREAST EDUCATION AND HEALTH

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<b>(1)</b> SPARTANBURG REGIONAL HEALTH 101 EAST WOOD STREET SPARTANBURG, SC 29303	57-0937166	501(C)(3)	15,000.				CANCER CONTROL
<b>(2)</b> EAU CLAIRE COOPERATIVE HEALTH CTRS INC 1800 ST JULIAN PL #308 COLUMBIA, SC 29204	57-0965445	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
<b>(3)</b> MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE #606 CHARLESTON, SC 29425	57-6000722	501(C)(3)	1,584,000.				EXTRAMURAL RESEARCH GRANT
<b>(4)</b> EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FL ATLANTA, GA 30322	58-0566256	501(C)(3)	360,000.				EXTRAMURAL RESEARCH GRANT
<b>(5)</b> FAMILY HEALTH CENTERS OF GA 868 YORK AVE SW ATLANTA, GA 30310	58-1233448	501(C)(3)	40,000.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> SOUTHWEST GEORGIA HEALTH CARE 804 E 16TH AVE CORDELE, GA 31015	58-1335405	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(7)</b> ALBANY AREA PRIMARY HEALTHCARE 204 NORTH WESTOVER BLVD ALBANY, GA 31707	58-1344015	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(8)</b> UNIVERSITY OF GEORGIA 617 BOYD GSRC ATHENS, GA 30602-7411	58-1353149	501(C)(3)	1,550,000.				EXTRAMURAL RESEARCH GRANT
<b>(9)</b> GEORGIA REGENTS RESEARCH INSTITUTE INC 1120 15TH STREET AUGUSTA, GA 30912	58-1418202	501(C)(3)	270,000.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> ST JOSEPH'S MERCY FOUNDATION 1100 JOHNSON FERRY ROAD ATLANTA, GA 30342	58-1448522	501(C)(3)	46,325.				BREAST EDUCATION AND HEALTH
<b>(11)</b> RURAL HEALTH GROUP PO BOX 640 ROANOKE RAPIDS, NC 27870	58-1640184	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(12)</b> UNIVERSITY OF GEORGIA 1095 COLLEGE STATION RD ATHENS, GA 30602	58-6001998	OTHER	15,000.				BREAST AND CERVICAL EDUCATION

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<b>(1)</b> JESSIE TRICE COMMUNITY HEALTH CENTER 5607 NW 27TH AVE MIAMI, FL 33142	59-1235617	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(2)</b> COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 STREET MIAMI, FL 33190	59-1372690	501(C)(3)	47,999.				BREAST EDUCATION AND HEALTH
<b>(3)</b> CENTRAL FL HEALTH CARE INC 950 COUNTY RD 17A WEST AVON PARK, FL 33825	59-1404594	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(4)</b> BORINQUEN MEDICAL CENTERS 3601 FEDERAL HIGHWAY MIAMI, FL 33161	59-1417397	501(C)(3)	32,500.				COLORECTAL EDUCATION AND HEALTH
<b>(5)</b> COMMUNITY HEALTH CENTERS INC 110 S WOODLAND ST WINTER GARDEN, FL 34787	59-1480970	501(C)(3)	32,500.				BREAST EDUCATION AND HEALTH
<b>(6)</b> PROJECT HEALTH INC 1425 S US HIGHWAY 301 SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(7)</b> FLORIDA COMMUNITY HEALTH CENTE 4450 S TIFFANY DR WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(8)</b> HEALTH CARE NETWORK OF SW FL 1454 MADISON AVE IMMOKALEE, FL 34142	59-1741277	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(9)</b> CENTRAL FLORIDA FAMILY HEALTH CENTER INC 2400 STATE ROAD 415 SANFORD, FL 32771-6012	59-1741286	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(10)</b> MANATEE CTY RURAL HEALTH SRVCS INC 700 8TH AVE W STE 101 PALMETTO, FL 34221	59-1773262	501(C)(3)	32,500.				COLORECTAL EDUCATION AND HEALTH
<b>(11)</b> RURAL HEALTH CARE INC DBA AZALEA HEALTH 613 ST JOHNS AVE PALATKA, FL 32177	59-1792958	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD NORTH MIAMI, FL 33181	59-1829984	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH

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<b>(1)</b> CITRUS HEALTH NETWORK 4125 WEST 20TH AVE HIALEAH, FL 33012	59-1865751	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(2)</b> NORTH FLORIDA MEDICAL CENTERS 2804 REMINGTON GRN CIR TALLAHASSEE, FL 32308	59-1915144	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(3)</b> COMM HEALTH CENTERS OF PINELLAS 1344 22ND ST S ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	32,500.				COLORECTAL EDUCATION AND HEALTH
<b>(4)</b> TAMPA FAMILY HEALTH CENTERS PO BOX 82969 TAMPA, FL 33682	59-2420282	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(5)</b> HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVE Ocala, FL 34471	59-3060378	501(C)(3)	32,500.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> TREASURE COAST COMMUNITY HEALT 12196 CR 512 FELLOSMERE, FL 32948	59-3219191	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(7)</b> I M SULZBACHER CTR FOR THE HOMELESS 611 E ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	38,343.				BREAST EDUCATION AND HEALTH
<b>(8)</b> H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612-9497	59-3238634	501(C)(3)	18,502.				BREAST EDUCATION AND HEALTH
<b>(9)</b> H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612-9497	59-3238634	501(C)(3)	2,124,750.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> BROWARD COMM & FAM HEALTH CTRS INC 5010 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(11)</b> MIAMI-DADE CO DEPT OF HEALTH 8600 NW 17 ST STE 200 DORAL, FL 33126	59-3502843	OTHER	12,500.				BREAST EDUCATION AND HEALTH
<b>(12)</b> UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	OTHER	120,000.				EXTRAMURAL RESEARCH GRANT

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Schedule I (Form 990) (2014)

JSA

4E1288 1.000

47091W 2217

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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(1) PARK DUVALLE COMM HEALTH CENTER INC 3015 WILSON AVE LOUISVILLE, KY 40211	61-0666209	501(C)(3)	36,000.				COLORECTAL EDUCATION AND HEALTH
(2) HOSPARUS, INC. 3532 EPHRAIM MCDWLL DR LOUISVILLE, KY 40205	61-0921718	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(3) UNIVERSITY OF LOUISVILLE RESEARCH FDN, INC. 300 E MARKET ST #300 LOUISVILLE, KY 40202	61-1029626	501(C)(3)	822,000.				EXTRAMURAL RESEARCH GRANT
(4) UNIVERSITY OF KENTUCKY RESEARCH FDN 500 SOUTH LIMESTONE LEXINGTON, KY 40526	61-6033693	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(5) VANDERBILT UNIVERSITY MEDICAL CENTER 1400 18TH AVE SOUTH NASHVILLE, TN 37212	62-0476822	501(C)(3)	653,500.				EXTRAMURAL RESEARCH GRANT
(6) CHEROKEE HEALTH SYSTEMS 6350 W ANDREW JOHNSON HWY TALBOTT, TN 37877	62-0637925	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(7) SAINT JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	1,006,000.				EXTRAMURAL RESEARCH GRANT
(8) MEMPHIS HEALTH CENTER 360 EH CRUMP BLVD MEMPHIS, TN 38126	62-0818892	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(9) MATTHEW WALKER COMPREHENSIVE HLTH CTR INC 1035 14TH AVE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)	79,375.				BREAST EDUCATION AND HEALTH
(10) UNIVERSITY OF TENNESSEE 1534 WHITE AVE. KNOXVILLE, TN 37996-0845	62-6001636	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(11) FRANKLIN PRIMARY HEALTH CENTER 1303 DR MLK JR MOBILE, AL 36603	63-0695975	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(12) CAPSTONE RURAL HEALTH CLINIC 5947 ALABAMA 269 PARRISH, AL 35580	63-1276483	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH

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<b>(1)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	OTHER	25,000.				BREAST EDUCATION AND HEALTH
<b>(2)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	OTHER	2,060,000.				EXTRAMURAL RESEARCH GRANT
<b>(3)</b> CENTRAL MS HEALTH SERVICES 1134 WINTER ST JACKSON, MS 39204	64-0426295	501(C)(3)	7,500.				BREAST EDUCATION AND HEALTH
<b>(4)</b> JACKSON HINDS COMP HEALTH CTR 3502 W NORTHSIDE DR JACKSON, MS 39213	64-0506107	501(C)(3)	7,500.				BREAST EDUCATION AND HEALTH
<b>(5)</b> CAMILLUS HEALTH CONCERN INC 336 NW 5TH ST MIAMI, FL 33136	65-0063921	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> DPT OF HEALTH, SARASOTA COUNTY 2200 RINGLING BLVD SARASOTA, FL 34237	65-0478868	OTHER	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(7)</b> TULANE UNIVERSITY 1430 TULANE AVENUE NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	791,000.				EXTRAMURAL RESEARCH GRANT
<b>(8)</b> EXCELTH INC 1515 POYDRAS #1070 NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
<b>(9)</b> DAUGHTERS OF CHARITY SVCS OF NEW ORLEANS 3201 S CARROLTON AVE NEW ORLEANS, LA 70118	72-1332678	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(10)</b> INDIAN HEALTH CARE RESOURCE CTR OF TULSA 550 S PEORIA AVE TULSA, OK 74120	73-1042545	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(11)</b> VARIETY CARE 3000 N GRAND AVE OKLAHOMA CITY, OK 73107	73-1088577	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> UNI OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77550	74-1343044	501(C)(3)	712,000.				EXTRAMURAL RESEARCH AND HEALTH

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<b>(1)</b> HARRIS CO HOSPITAL DIST FND 2525 HOLLY HALL STE 292 HOUSTON, TX 77054	74-1536936	OTHER	45,000.				BREAST & COLORECTAL EDUCATION & HEALTH
<b>(2)</b> COMM HEALTH CTRS OF S CENTRAL TEXAS 228 ST GEORGE ST GONZALES, TX 78629	74-1548089	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(3)</b> BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 310 HOUSTON, TX 77030	74-1613878	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
<b>(4)</b> BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 310 HOUSTON, TX 77030	74-1613878	501(C)(3)	1,504,000.				EXTRAMURAL RESEARCH GRANT
<b>(5)</b> BRAZOS VALLEY COMM ACTION AGENCY INC 3370 S TEXAS AVE BRYAN, TX 77802	74-1715140	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> BARRIO COMPREHENSIVE FAM HLTH CTRS INC 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(7)</b> ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
<b>(8)</b> MIGRANT CLINICIANS NETWORK PO BOX 164285 AUSTIN, TX 78716	74-2662919	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
<b>(9)</b> THE UNIVERSITY OF TEXAS AT AUSTIN 101 E 27TH ST, STE 5.300 AUSTIN, TX 78712	74-6000203	501(C)(3)	1,314,500.				EXTRAMURAL RESEARCH GRANT
<b>(10)</b> UNI OF TEXAS M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	2,209,500.				EXTRAMURAL RESEARCH GRANT
<b>(11)</b> COMMUNITY HEALTH SERVICES AGEN PO BOX 1908 GREENVILLE, TX 75402	75-1528614	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE DALLAS, TX 75231-4596	75-2605363	501(C)(3)	20,000.				CANCER CONTROL

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<b>(1)</b> UNI OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390-9020	75-6002868	501(C)(3)	1,052,000.				EXTRAMURAL RESEARCH GRANT
<b>(2)</b> LEGACY COMMUNITY HEALTH SVCS PO BOX 66308 HOUSTON, TX 77266-6308	76-0009637	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(3)</b> METHODIST HOSPITAL FOUNDATION 1707 SUNSET BLVD HOUSTON, TX 77005	76-0094743	501(C)(3)	24,989.				BREAST EDUCATION AND HEALTH
<b>(4)</b> THE ROSE 12700 FEATHERWOOD STE 260 HOUSTON, TX 77034	76-0193812	501(C)(3)	40,000.				CANCER CONTROL & BREAST EDUCATION
<b>(5)</b> GULF COAST HEALTH CENTER INC 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(6)</b> EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 77233	76-0442781	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
<b>(7)</b> CENTRAL CARE COMMUNITY HEALTH 8610 MLK JR BLV HOUSTON, TX 77033	76-0444982	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(8)</b> N AMERICAN ASSO. OF CTRL CANCER REGISTRIES 32960 ALVARADO-NLS RD UNION CITY, CA 94587	77-0324654	501(C)(3)	62,923.				INTRAMURAL RESEARCH GRANT
<b>(9)</b> GENESIS COMMUNITY HEALTH INC 564 E WOOLBRIGHT RD BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(10)</b> TERRY REILLY HEALTH SERVICES 223 16TH AVE N NAMPA, ID 83653	82-0300537	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(11)</b> ERIE COUNTY MEDICAL CENTER 462 GRIDER ST ST2 G-1 BUFFALO, NY 14215	83-0382654	OTHER	10,000.				IMPROVE HEALTHCARE SYSTEMS
<b>(12)</b> SALUD FAMILY HEALTH CENTERS 220 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH

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<b>(1)</b> PUEBLO COMMUNITY HEALTH CENTER 110 ROUTE AVE PUEBLO, CO 81004	84-0921521	501(C)(3)	8,750.				IMPROVE HEALTHCARE SYSTEMS
<b>(2)</b> CLINICA TEPEYAC 5075 LINCOLN ST DENVER, CO 80216	84-1285505	501(C)(3)	16,908.				BRST EDCTN & HLTH; IMPROVE HLTHCRE SYS
<b>(3)</b> UNIVERSITY OF COLORADO DENVER 500 13001 E 17TH PL AURORA, CO 80045	84-6000555	501(C)(3)	636,500.				EXTRAMURAL RESEARCH GRANT
<b>(4)</b> PRESBYTERIAN MEDICAL SERVICES 1422 PASEO DE PERALTA SANTA FE, NM 87504	85-0206810	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
<b>(5)</b> UNIVERSITY OF NEW MEXICO FND 700 LOMAS BLVD NE ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	13,402.				CAMP PROGRAM
<b>(6)</b> UNIVERSITY OF NEW MEXICO HSC HSC MSC09 5220 ALBUQUERQUE, NM 87131-0001	85-6000642	501(C)(3)	300,000.				EXTRAMURAL RESEARCH GRANT
<b>(7)</b> ST. JOSEPH'S HOSPITAL&MEDICAL CTR, PHOENIX 350 WEST THOMAS ROAD PHOENIX, AZ 85013	94-1196203	501(C)(3)	790,000.				EXTRAMURAL RESEARCH GRANT
<b>(8)</b> SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
<b>(9)</b> MOUNTAIN PARK HEALTH CENTER 2702 N THIRD ST STE 4020 PHOENIX, AZ 85004	86-0498020	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(10)</b> NORTH COUNTRY HEALTHCARE PO BOX 3630 FLAGSTAFF, AZ 86003-3630	86-0663432	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
<b>(11)</b> MAYO CLINIC CANCER CENTER 200 FIRST STREET, S.W. ROCHESTER, MN 55905	86-0800150	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
<b>(12)</b> EL RIO HEALTH CTR FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745	86-0816675	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS

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(1) UTAH NAVAJO HEALTH SYSTEM PO BOX 130 MONTEZUMA CREEK, UT 84534	87-0560763	501(C)(3)	37,500.				CANCER CONTROL
(2) UNIVERSITY OF UTAH 75 S 2000 E RM 111 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	1,737,100.				EXTRAMURAL RESEARCH GRANT
(3) BREVARD HEALTH ALLIANCE INC 2120 SARNO ROAD MELBOURNE, FL 32935	90-0068515	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
(4) CAMP RAINBOW GOLD INC 216 WEST JEFFERSON BOISE, ID 83702	90-0961926	501(C)(3)	1,153,893.				CAMP PROGRAM
(5) GONZAGA UNIVERSITY 605 JEFFERSON STREET RICHLAND, WA 99352	91-0236600	501(C)(3)	20,000.				EXTRAMURAL RESEARCH GRANT
(6) GROUP HEALTH COOPERATIVE PO BOX 34587 SEATTLE, WA 98124-9990	91-0511770	501(C)(3)	191,777.				BREAST EDUCATION AND HEALTH
(7) YMCA OF THE INLAND NORTHWEST 1126 N MONROE ST SPOKANE, WA 99201	91-0827958	501(C)(3)	293,675.				CAMP PROGRAM
(8) HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057	91-0884412	501(C)(3)	39,375.				BREAST EDUCATION AND HEALTH
(9) SEA MAR COMMUNITY HEALTH CTR 1112 SOUTH CUSHMAN TACOMA, WA 98405	91-1020139	501(C)(3)	52,500.				COLORECTAL EDUCATION AND HEALTH
(10) TRI-CITIES COMMUNITY HEALTH PO BOX 1452 PASCO, WA 99301	91-1138675	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(11) LYMPHOLOGY ASSOCIATION OF N AMERICA PO BOX 466 WILMETTE, IL 60091-0466	91-2052404	OTHER	50,000.				BREAST EDUCATION AND HEALTH
(12) WASHINGTON STATE UNIVERSITY 423 NEILL HALL PULLMAN, WA 99164	91-6001108	OTHER	30,000.				EXTRAMURAL RESEARCH GRANT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

47091W 2217

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. SEATTLE, WA 98195	91-6001537	OTHER	1,362,500.				EXTRAMURAL RESEARCH GRANT
(2) OLYMPIC MEDICAL CENTER 939 CAROLINE ST PORT ANGELES, WA 98362	91-6001709	501(C)(3)	15,000.				CANCER CONTROL
(3) PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST. PORTLAND, OR 97213	93-0386906	501(C)(3)	275,000.				EXTRAMURAL RESEARCH GRANT
(4) OREGON HEALTH & SCIENCE UNIVERSITY 3181SW SAM JACKSON PK RD PORTLAND, OR 97239	93-1176109	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(5) MOSAIC MEDICAL 375 NW BEAVER ST #101 PRINEVILLE, OR 97754	93-1329158	501(C)(3)	37,500.				IMPROVE HEALTHCARE SYSTEMS
(6) STANFORD UNIVERSITY 3172 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	1,684,000.				EXTRAMURAL RESEARCH GRANT
(7) PUBLIC HEALTH INSTITUTE PO BOX 942732 MS-675 SACRAMENTO, CA 94234	94-1646278	501(C)(3)	10,000.				CANCER CONTROL
(8) LA CLINICA DE LA RAZA INC 335 E LELAND RD PITTSBURG, CA 94565	94-1744108	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(9) NORTHERN VALLEY INDIAN HEALTH 207 N BUTTE ST WILLOWS, CA 95988	94-1747220	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
(10) CLINICA DE SALUD DEL VALLE DE SALINAS 440 AIRPORT BLVD SALINAS, CA 93905	94-2652757	501(C)(3)	47,500.				BREAST & COLORECTAL EDUCATION & HEALTH
(11) SUTTER HEALTH SACRAMENTO CANCER CTR 2800 L ST STE 410 SACRAMENTO, CA 95816	94-2788907	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
(12) OPERATION ACCESS 1119 MARKET ST #400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS

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

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Schedule I (Form 990) (2014)

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Name of the organization

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NEVADA HEALTH CENTERS 3325 RESEARCH WAY CARSON CITY, NV 89706	94-3199117	501(C)(3)	38,750.				IMPROVE HEALTHCARE SYSTEMS
<b>(2)</b> REGENTS OF THE UNI OF CALIFORNIA, BERKELEY 2150 SHATTUCK AVE #300 BERKELEY, CA 94704	94-6002123	501(C)(3)	1,119,000.				EXTRAMURAL RESEARCH GRANT
<b>(3)</b> THE REGENTS OF THE UNI OF CALIFORNIA, SF 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	1,987,500.				EXTRAMURAL RESEARCH GRANT
<b>(4)</b> UNIVERSITY OF SOUTHERN CALIFORNIA 2001 N SOTO ST #205 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	955,500.				EXTRAMURAL RESEARCH GRANT
<b>(5)</b> ENTERTAINMENT INDUSTRY FOUNDATION 1900 AVE OF THE STARS LOS ANGELES, CA 90067	95-1644609	501(C)(3)	5,358,653.				EXTRAMURAL RESEARCH GRANT
<b>(6)</b> THE REGENTS OF THE UNI OF CALIFORNIA 5171 CALIFORNIA AVE #150 IRVINE, CA 92697	95-2226406	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
<b>(7)</b> SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048	95-2539105	501(C)(3)	30,000.				COLORECTAL EDUCATION AND HEALTH
<b>(8)</b> ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
<b>(9)</b> RIVERSIDE&SAN BERNARDINO CTY INDIAN HLTH 11555 1/2 POTRERO RD BANNING, CA 92220	95-2846605	501(C)(3)	51,875.				BREAST EDUCATION AND HEALTH
<b>(10)</b> NORTH COUNTY HEALTH PROJECT 150 VALPREDA RD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(11)</b> ELIZABETH GLASER PEDIATRIC AIDS FDN PO BOX 418649 BOSTON, MA 02241	95-4191698	501(C)(3)	88,193.				CANCER CONTROL
<b>(12)</b> 4PATIENTCARE PO BOX 1401 DOWNEY, CA 90240	95-4762478	OTHER	7,278.				IMPROVE HEALTHCARE SYSTEMS

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

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

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Schedule I (Form 990) (2014)

JSA

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47091W 2217

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

OMB No. 1545-0047

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE REGENTS OF THE UNI OF CALIFORNIA, LA 11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	1,144,500.				EXTRAMURAL RESEARCH GRANT
<b>(2)</b> REGENTS OF THE UNI OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR DEPT 0934 LA JOLLA, CA 92093	95-6006144	501(C)(3)	310,000.				EXTRAMURAL RESEARCH GRANT
<b>(3)</b> CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-6121916	OTHER	30,000.				EXTRAMURAL RESEARCH GRANT
<b>(4)</b> WEST HAWAII CANCER SYMPOSIUM PO BOX 107 KEALAKEKUA, HI 96750	99-0262290	OTHER	10,000.				CANCER CONTROL
<b>(5)</b> CAMP MOKULE'IA 68-729 FARRINGTON HWY WAIALUA, HI 96791	99-0275250	501(C)(3)	13,281.				CAMP PROGRAM
<b>(6)</b> AMIGA PROMOTORAS DE SALUD 4125 RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
<b>(7)</b> AURORA WAKLERS POINT COMM CLINIC 130 W BRUCE ST #200 MILWAUKEE, WI 53204	39-1442285	501(C)(3)	50,625.				BREAST EDUCATION AND HEALTH
<b>(8)</b> BASILICA OF ST MARY OF NORFOLK VIRGINIA 232 CHAPEL ST NORFOLK, VA 23504	54-0538214	OTHER	5,902.				CANCER CONTROL
<b>(9)</b> BLUE RIDGE COMM HEALTH SVCS 2579 CHIMNEY RCK HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
<b>(10)</b> DISTRICT CLINIC HOLDINGS INC 2601 10TH AVE N #100 PALM SPRINGS, FL 33461	45-5591655	GOVT.	37,500.				COLORECTAL EDUCATION AND HEALTH
<b>(11)</b> DOCTOR'S MEDICAL CENTER INC 1200 NE 125TH ST NORTH MIAMI, FL 33161	65-0208889	OTHER	10,500.				COLORECTAL EDUCATION AND HEALTH
<b>(12)</b> FAMILY HEALTH CENTER OF SW FL 2258 HELTMAN ST FORT MYERS, FL 33901	59-1741273	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH

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

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

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Schedule I (Form 990) (2014)

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47091W 2217

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Internal Revenue Service

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▶ Attach to Form 990.

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLORIDA DEPARTMENT OF HEALTH 1801 NORTH TEMPLE AVE STARKE, FL 32091	59-3502843	OTHER	31,500.				COLORECTAL EDUCATION AND HEALTH
(2) HLTH ANNEX OF THE FAM PRACTICE & CNSLNG NET 4700 WISSAHICKON AVE PHILADELPHIA, PA 19144	23-1727133	501(C)(3)	36,075.				BREAST EDUCATION AND HEALTH
(3) HOPE HEALTH INC 765 ATTUCKS LANE HYANNIS, MA 02601	04-2681561	501(C)(3)	21,784.				CANCER CONTROL
(4) HUBERT H HUMPHREY COMP. HEALTH 5850 SOUTH MAIN ST LOS ANGELES, CA 90003	95-6000927	OTHER	8,722.				IMPROVE HEALTHCARE SYSTEMS
(5) MT GILEAD MISSIONARY BAPTIST CHURCH 1057 KENNEDY ST NORFOLK, VA 23513	54-1256529	OTHER	6,000.				CANCER CONTROL
(6) NEW VOICE CLUB 1405 SE FLAVEL ST PORTLAND, OR 97202	47-2397295	501(C)(3)	25,244.				CANCER CONTROL
(7) PALMS MEDICAL GROUP 23343 NW CR 236 HIGH SPRNGS, FL 32643	59-2871302	501(C)(3)	10,500.				COLORECTAL EDUCATION AND HEALTH
(8) SAN YSIDRO HEALTH CENTER 1275 30TH ST SAN DIEGO, CA 92154	95-2801772	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 341.

3 Enter total number of other organizations listed in the line 1 table ▶ 29.

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000  
47091W 2217

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 LOOK GOOD, FEEL BETTER	27,920.	14,265.	12,320,500.	FMV	COSMETIC KITS
2 WIGS	1,415.		746,211.	FMV	WIGS
3 GUEST ROOM PROGRAM	53,299.	99,755.	4,328,340.	FMV	GUEST ROOMS
4 TRANSPORTATION	9,588.	1,203,213.			
5 PATIENT SUPPORT	1,357.	400,636.			
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS FORM 990, SCHEDULE I, PART I, LINE 2

IN ORDER TO MONITOR THE USE OF 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:

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROGRESS REPORTS

PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED. THE SCIENTIFIC REPORT INCLUDES (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE. NON-TECHNICAL

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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



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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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Inspection**

Employer identification number

13-1788491

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>	X	
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

**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 in 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN R. SEFFRIN CHIEF EXECUTIVE OFFICER	(i)	639,402.	57,527.	166,375.	412,970.	10,973.	1,287,247.	0
	(ii)	58,127.	5,230.	15,125.	37,543.	997.	117,022.	0
2 CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	(i)	318,718.	19,257.	25,442.	186,540.	13,089.	563,046.	0
	(ii)	40,564.	2,451.	3,238.	23,741.	1,666.	71,660.	0
3 OTIS W. BRAWLEY CHIEF MEDICAL OFFICER	(i)	437,311.	25,911.	50,463.	215,726.	1,206.	730,617.	0
	(ii)	0	0	0	0	0	0	0
4 GREGORY P. BONTRAGER CHIEF OPERATING OFFICER	(i)	543,140.	40,330.	84,485.	460,738.	1,345.	1,130,038.	0
	(ii)	0	0	0	0	0	0	0
5 JOSEPH C. CAHOON, JR. SENIOR EVP, FIELD OPERATIONS	(i)	422,043.	31,327.	33,073.	516,123.	6,365.	1,008,931.	0
	(ii)	0	0	0	0	0	0	0
6 LINDA MACMASTER CHIEF REV. & MRKTING, OUTGOING	(i)	221,036.	0	205,347.	9,269.	5,484.	441,136.	0
	(ii)	0	0	0	0	0	0	0
7 RICHARD C. WENDER CHIEF CANCER CONTROL OFFICER	(i)	401,692.	4,032.	13,795.	146,881.	14,811.	581,211.	0
	(ii)	0	0	0	0	0	0	0
8 DAVID F. VENEZIANO EVP, CALIFORNIA DIVISION	(i)	393,614.	29,262.	47,577.	632,456.	7,974.	1,110,883.	0
	(ii)	0	0	0	0	0	0	0
9 NANCY C. YAW EVP, LAKESHORE DIVISION	(i)	338,798.	21,957.	49,259.	294,477.	17,342.	721,833.	0
	(ii)	0	0	0	0	0	0	0
10 LISA E. ROTH SVP, PRODUCT & PROGRAM MGMT	(i)	303,408.	18,065.	61,887.	259,879.	9,999.	653,238.	0
	(ii)	0	0	0	0	0	0	0
11 JUNG H. KIM EVP, EASTERN DIVISION	(i)	305,149.	18,060.	34,657.	127,675.	2,103.	487,644.	0
	(ii)	0	0	0	0	0	0	0
12 RALPH A. DEVITTO EVP, FLORIDA DIVISION	(i)	283,094.	17,033.	10,854.	186,130.	11,886.	508,997.	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

## SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

SCHEDULE J, PART I, LINE 4A

LINDA MACMASTER: OTHER REPORTABLE COMPENSATION OF \$205,347 (PART II, LINE 6B(III)) INCLUDES \$191,348 PAID IN ACCORDANCE WITH THE TERMS OF A RETENTION AGREEMENT.

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART VI, LINE 15.

INCLUDED IN COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR CHANGE IN ACTUARIAL VALUE OF BENEFITS. THESE AMOUNTS WERE NOT ACTUALLY

**Part III Supplemental Information**

Complete this part to 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.

PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR.

THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SERP. THE AMOUNT OF THE  
SERP BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL:

JOHN R. SEFFRIN: \$ 174,010

CATHERINE E. MICKLE: \$28,106

GREGORY P. BONTRAGER: \$83,119

OTIS W. BRAWLEY: \$48,450

JOSEPH C. CAHOON, JR.: \$32,040

DAVID F. VENEZIANO: \$44,837

NANCY C. YAW: \$46,883

LISA E. ROTH: \$61,178

JUNG H. KIM: \$34,193

RALPH A. DEVITTO: \$9,761

SCHEDULE J, PART I, LINE 5A AND 5B

CERTAIN STAFF OFFICERS AND KEY EMPLOYEES OF THE AMERICAN CANCER SOCIETY

ARE ELIGIBLE TO RECEIVE INCENTIVE PAYMENTS AS PART OF TOTAL COMPENSATION.

**Part III Supplemental Information**

Complete this part to 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.

INCENTIVE PAYMENTS ARE BASED ON THE ACHIEVEMENT OF STRETCH GOALS IN VARIOUS CATEGORIES INCLUDING MISSION OUTCOMES, STRATEGIC ALIGNMENT, AND REVENUE.

SCHEDULE J, PART II, COLUMN C

SCHEDULE J, PART II, COLUMN C INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AND A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE CHANGES ARE CAUSED BY SEVERAL FACTORS, INCLUDING ADDITIONAL YEARS OF SERVICE, CHANGES IN BASE SALARY, AND CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS. A SIGNIFICANT DECREASE IN INTEREST RATES AND AN INCREASE IN THE LIFE EXPECTANCY OF PARTICIPANTS RESULTED IN A LARGE INCREASE IN ESTIMATED VALUE OF BENEFITS FROM THE PRIOR YEAR. PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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		21,157,221.	COST/SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .	X	503.	6,210,086.	FMV
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .	X	1.	3,250,000.	FMV
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1)		80,289.	18,660,256.	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 4.

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

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

Schedule M (Form 990) (2014)

JSA

4E1298 1.000

47091W 2217



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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COSMETIC KITS	X	25548.	12,933,001.	COST/SELLING PRICE
GUESTROOM PROGRAM	X	53299.	4,328,340.	COST/SELLING PRICE
HOLIDAY FNDRSR DONATIONS	X	1442.	1,398,915.	COST/SELLING PRICE
TOTALS		<u>80,289.</u>	<u>18,660,256.</u>	

**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.**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

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

TOTAL EXPENSES: \$91,837,115

GRANTS TO AFFILIATES: \$4,845,802

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

FORM 990, PART VI, LINE 11B

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

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

THE AMERICAN CANCER SOCIETY MAINTAINS A WRITTEN CONFLICT OF INTEREST

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

#### COMPENSATION REVIEW PROCESS

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

THE AMERICAN CANCER SOCIETY 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

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

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

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

Name of the organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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## AVAILABILITY OF FORM 990 TO GENERAL PUBLIC

FORM 990, PART VI, LINE 18

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

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC  
FORM 990, PART VI, LINE 19

THE AMERICAN CANCER SOCIETY 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 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.

## GRANTS TO AFFILIATES

FORM 990, PART IX, LINE 24

GRANTS TO AFFILIATES ARE NOT ENTIRELY ALLOCABLE TO PROGRAM SERVICES. LISTED BELOW ARE RECIPIENTS OF GRANTS TO AFFILIATES THAT RECEIVED \$5,000

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

ORGANIZATION: AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.

EIN: 52-2340031

IRC SECTION: 501(C)(4)

AMOUNT OF GRANT: \$31,724,327

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: ACS CAPTIAL, INC.

EIN: 46-5429467

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$6,665,500

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: ACS DEVELOPMENT COMPANY I, INC.

EIN: 46-5439010

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$7,703,194

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY INC, PUERTO RICO, INC

EIN: 66-0321594

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$61,500

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

Name of the organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - \$10,414,268

NET CHANGE IN RETIREMENT PLAN LIABILITY - (\$137,954,468)

TOTAL - (\$127,540,200)

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERKLE INC. PO BOX 64897 BALTIMORE, MD 21264-4897	PROF. FUNDRAISER	3,790,252.
CONNEXIONS, INC. PO BOX 403706 ATLANTA, GA 30384-3706	DVLPMT CONSULTING	2,213,656.
PENTON MEDIA, INC. 24652 NETWORK PLACE CHICAGO, IL 60673-1246	MKTING CONSULTING	2,142,872.
ADP, INC. ONE ADP DRIVE MS 100 AUGUSTA, GA 30909	PAYROLL SERVICES	1,334,025.
FISHER BIOSERVICES, INC. PO BOX 418395 BOSTON, MA 02241-8395	LABORATORY SERVICES	1,260,551.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS CANCER ACTION NETWORK, INC. 52-2340031 555 11TH ST NW WASHINGTON, DC 20004	ELIM. CANCER	DC	501(C)(4)	N/A	ACS, INC.	X	
(2) ACS DEVELOPMENT COMPANY I, INC. 46-5439010 250 WILLIAMS ST, NW STE 600 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	11A	ACS, INC.	X	
(3) ACS PRODUCTS INC. 02-0651055 250 WILLIAMS ST, NW, STE 400 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	11A	ACS, INC.	X	
(4) ACS CAPITAL, INC. 46-5429467 250 WILLIAMS ST, NW, STE 600 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	11A	ACS CAN		X
(5) AMERICAN CANCER SOCIETY, INC PUERTO RICO 66-0321594 566 CABO ALVERIO STREET HATO REY, PR 00918	ELIM. CANCER	PR	501(C)(3)	7	ACS, INC.	X	
(6) THE JOSEPH AND JEANETTE M. SILBER FDTN 34-1363915 4900 TIEDEMAN RD. OH-01-49-015 BROOKLAND, OH 44144	SUPPORT ACS	OH	501(C)(3)	11D	N/A		X
(7)							

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

Schedule R (Form 990) 2014

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK, INC	B	31,724,327.	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	B	7,703,194.	FMV
(3) AMERICAN CANCER SOCIETY, INC PUERTO RICO	B	61,500.	FMV
(4) THE JOSEPH AND JEANETTE SILBER FOUNDATION	C	202,970.	FMV
(5) ACS CANCER ACTION NETWORK, INC.	Q	119,905.	FMV
(6) ACS CANCER ACTION NETWORK, INC.	C	35,066.	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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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