	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						rn	OMB No. 1545-0687			
Form	330-1	_	\			•	,,				
	For calendar year 2015 or other tax year beginning, 2015, and ending, 20										
	tment of the Treasury al Revenue Service						•		Open to Public Inspection 501(c)(3) Organizations O	for	
A							D Emple	Employer identification number (Employees' trust, see instructions.)			
B Exe	empt under section		AMERICAN CANCER SOC	IETY	. INC.						
	501( C )( 3 )							788491			
	408(e) 220(e)	or							ated business activity co	odes	
	408A 530(a)	Type	250 WILLIAMS STREET	NW			400	(See in	structions.)		
	529(a)		City or town, state or province, countr	y, and Z	IP or foreign postal	code					
	3 220(4)							5311	90 900099	)	
at e	end of year	<b>F</b> Gro	up exemption number (See instruct	ions.)	<b>&gt;</b>			1			
	1736232349.	<b>G</b> Che	ck organization type  X 501	(c) co	rporation	501(c	) trust	401(a)	401(a) trust Other trust		
<b>H</b> D	escribe the organiz	zation's p	rimary unrelated business activity.	<b>J</b> 0	URNAL ADVE	RTISIN	G, RENT OF	PROPI	ERTY		
I D	uring the tax year,	was the	corporation a subsidiary in an affil	iated g	roup or a parent-s	subsidiary o	ontrolled group?		Yes X	No	
lf	"Yes," enter the na	ame and	identifying number of the parent co	rporation	on. 🕨						
J TI	ne books are in care	e of 🕨	CATHERINE E. MICKLE			Telephon	e number 🕨	404-32	9-7934		
Pai	t Unrelated	Trade of	or Business Income		(A) Inco	ne	(B) Expe	nses	(C) Net		
1 a	Gross receipts or	sales									
b	Less returns and allowa	inces	<b>c</b> Balance ▶	1c							
2	~		ule A, line 7)	2							
3			2 from line 1c	3							
4a			ttach Schedule D)	4a							
b			Part II, line 17) (attach Form 4797)	4b							
С			rusts	4c	150	0.0.4			150.0		
5	, ,		ps and S corporations (attach statement)			,094.	ATCH 1		150,0		
6	, , , , , , , , , , , , , , , , , , , ,					16,867	_276,3	36.			
7			come (Schedule E)	7							
8			nts from controlled organizations (Schedule F)	8							
9			1(c)(7), (9), or (17) organization (Schedule G)								
10	•	-	ncome (Schedule I)	10	1 /	,986.			14,9	206	
11			fule J)	11	14	, 900.			14,9	700.	
12 13	`				335	,611.	44	16,867	-111,2		
Pa			Taken Elsewhere (See inst	13							
ıaı			be directly connected with t				,	•	or contributions,		
14			directors, and trustees (Schedule K)								
15											
16											
17											
18											
19									1,5	500.	
20	Charitable contrib	outions (S	See instructions for limitation rules)					20			
21	Depreciation (atta	ach Form	4562)			21					
22	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	2	2a		22b			
23	Depletion							23			
24	Contributions to	deferred	compensation plans					24			
25	Employee benefit	programs	8					25			
26	Excess exempt ex	penses (	Schedule I)					26			
27	Excess readership	costs (S	chedule J)					27			
28			chedule)								
29			s 14 through 28							500.	
30			le income before net operating						-112,7	<u> 56.</u>	
31			on (limited to the amount on line 3)								
32			e income before specific deduction						-112,7		
33			ally \$1,000, but see line 33 instruc						1,0	000.	
34	Unrelated busine		ble income. Subtract line 33 fr	om lir	ie 32. If line 3	ও is grea	iter than line	32,	-112 7	156	

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Page 2

Par		Tax Computation										
35	Organi	zations Taxable as C	orporations. See	instructio	ns for tax c	omputa	tion. Controlled gr	roup				
	members (sections 1561 and 1563) check here ▶ ☐ See instructions and:											
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):											
	(1) \$ (2) \$											
b	b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)											
	(2) Addi	tional 3% tax (not more thar	1 \$100,000)				\$					
С	Income	tax on the amount on line 34						▶	35c			
36	Trusts				for tax cor	•						
	the amo	ount on line 34 from: T	ax rate schedule or	S	chedule D (Forn	n 1041)	)	▶	36			
37	Proxy to	ax. See instructions						▶	37			
38		ive minimum tax							38			
39		dd lines 37 and 38 to line 35	oc or 36, whichever	applies					39			
		Tax and Payments				10	_					
	_	tax credit (corporations atta										
		redits (see instructions)										
		business credit. Attach Forr										
		or prior year minimum tax (a							400			
e 41		edits. Add lines 40a through							40e 41			
42		t line 40e from line 39 kes. Check if from: Form 42	55 Form 8611						42			
43		x. Add lines 41 and 42				_			43			0.
-		its: A 2014 overpayment cre				- 1						
		stimated tax payments										
		osited with Form 8868				- 1						
	Foreign organizations: Tax paid or withheld at source (see instructions)											
	Backap withinstaling (see instructions)											
		redits and payments:				-						
_	F	orm 4136	Other		Total	▶ 44	g					
45	Total payments. Add lines 44a through 44g							807.				
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached.											
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed											
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid							807.				
49	Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ Refunded ▶ 49 807.											
Par	Part V Statements Regarding Certain Activities and Other Information (see instructions)											
1	At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial Yes No											
		(bank, securities, or other) in	-		_	ay have	to file FinCEN Form	114, F	Report o	of Foreign		
_		d Financial Accounts. If YES,		ū	•							X
2	U	the tax year, did the organizations for all				grantor	or, or transferor to, a	a forei	gn trust	′		X
•	If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$											
3 Sch		A - Cost of Goods S										
1		ry at beginning of year . 1	The metric	od of lifveri			l of year		6			
2		, , , , <u>, , , , , , , , , , , , , , , </u>										
3	Purchases											
-												
	(attach	schedule) 4a					of section 263	۰ (wi	th res	spect to	Yes	No
b		osts (attach schedule) 4b					uced or acquired					
5		dd lines 1 through 4b 5			to the org	ganizatio	on?					Х
		nder penalties of perjury, I declare			uding accompanying	g schedul	es and statements, and t	o the b	est of m	y knowledge	and beli	ief, it is
Sigr	)   L tri	ie, correct, and complete. Declaration	or preparer (ourier than ta	Apayer) is based	on an information of	i willch br	reparer nas any knowledge.	Ma	v the I	RS discuss	this r	return
Her	e   🟲 🖸	ATHERINE E. MICKL	E		CFO				•	prep <u>arer</u> sh		
	Signature of officer			Date	Title			(see	instruction	ons)? X Ye	s	No
Paid		Print/Type preparer's name		Preparer's sign	gnature		Date	Check	if 📖	PTIN		
Prep	LAURA KIELCZEWSKI							self-e	self-employed P00740769			
•	Only	Only Firm's name FERNSI & YOUNG U.S. LLP					Firm's	Firm's EIN ▶ 34-6565596				
	J,	Firm's address ► 5 TIMES		_				Phone	no.	212-77		
		NEW YO	RK, NY 1003	6						Form 99	90-T	(2015)

# PUBLIC INSPECTION COPY AMERICAN CANCER SOCIETY, INC.

Form 990-T (2015) Page **3** 

1 01111 330-1 (2013)								i age 🗸		
Schedule C - Rent Income (see instructions)	(From Real Pi	roperty a	nd Personal Prope	erty	Leased W	ith Real Prope	erty)			
1. Description of property										
	DOT!									
(1) ROCHESTER HOPE LOI	)GE									
(2)										
(3)										
(4)	2 Dont recei	, ad an again	- d							
	2. Rent receiv									
(a) From personal property (if the for personal property is more the more than 50%)	From real and personal property (if the age of rent for personal property exceeds r if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)     ATTACHMENT 2						
(1)				1	70,531.	ATTAC	. 11.117.17	446,867		
(2)					,					
(3)										
(4)										
Total		Total		1	70,531.					
(c) Total income. Add totals of co	olumns 2(a) and 2(b				7073311	(b) Total deducti				
here and on page 1, Part I, line 6	, column (A)	<b>&gt;</b>		1	70,531.	Enter here and o Part I, line 6, colu		446,867		
Schedule E - Unrelated D	ebt-Financed ir	icome (se	ee instructions)		3 De	eductions directly co	nnected w	ith or allocable to		
1 Description of dok	at financed property		2. Gross income from		<b>3.</b> De			ced property		
1. Description of deb	or-illianced property		allocable to debt-finance property	ea		line depreciation schedule)		(b) Other deductions (attach schedule)		
(1)							-	·		
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed debt-financed property			4 divided			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns		
property (attach schedule)				by column 5				3(a) and 3(b))		
(1)				%						
(2)				%						
(4)				%						
(1)			L			and on page 1, 7, column (A).		nere and on page 1, line 7, column (B).		
Totals										
Total dividends-received deduct			<u></u>		<u> </u>	<u> </u>				
Schedule F - Interest, Anr	nuities, Royaltie					ions (see instru	uctions)			
		E	xempt Controlled Or	ganiz	zations	1		T		
organization   Identification number				otal of specified syments made	·   Illoluded III the t		controlling connected with income			
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations					'		•		
7. Taxable Income  8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		includ	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in			
(1)										
(2)										
(3)										
(4)										
					Enter	columns 5 and 10. here and on page 1, l, line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).		
Totals										

Form **990-T** (2015)

Page 4

AMERICAN CANCER SOCIETY, INC.

Schedule G - Investment In	come of a Sec	:tion 501(c <u>)</u> (7		nization (	see instruc	tions)	
1. Description of income 2. Amount of in		income	3. Deductions directly connected (attach schedule)		<b>4.</b> Set-asio (attach sche	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)							
(2)							
(3)							
(4)							
	Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).
	r art i, iii c 3, c	Oldiffit (74).					r art i, iiiic 5, column (b).
Totals ▶							
Schedule I - Exploited Exe	mpt Activity In	come, Other 1	Than Advertising Ir	ncome (se	e instructio	ns)	
		3. Expenses	4. Net income (loss)				7. Excess exempt
Description of exploited activity  1. Description of exploited activity  2. Gross unrelated business income from trade or business		directly connected with production of unrelated business income	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	ss (column column 3). compute sin not unre		6. Expenses attributable to column 5	expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
(+)	Enter here and on	Enter here and or	1				Enter here and
	page 1, Part I, line 10, col. (A).	page 1, Part I, line 10, col. (B).					on page 1, Part II, line 26.
Totals	, , , ,	, , , ,					
Schedule J - Advertising In	come (see instr	uctions)					
Part I Income From Peri	iodicals Report	ed on a Cons	olidated Basis				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col.	5. Circu		6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than
			cols. 5 through 7.				column 4).
(1)							
(2)							
(3)							
(4)							
Totals (carry to Part II, line (5))							
			parate Basis (For e	each peri	odical liste	ed in Part	II, fill in columns
2 through 7 on a li	ine-by-line basis	s.)					
			4. Advertising				7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	gain or (loss) (col.	5. Circu inco		6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1) CANCER & CANCER CYTOPATHOLOGY	8,071.		8,071.				
(2) CA: A CNCR JRNL FOR CLINICIANS	6,915.		6,915.				
(3)			.,				
(4)							
Totals from Part I							
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and or page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Schedule K - Compensatio	n of Officers. D	irectors, and	Trustees (see instru	uctions)			
1. Name		3. time	Percent of devoted to	ensation attributable to			
(1)			2. Title		ousiness		related business
(2)		+			%		
(3)		+			%		
(4)		+			%		
Total. Enter here and on page 1, P	eart II line 14				<u>%</u>		
- Stan Enter Here and On page 1, F	G. C. II, III I I T	<del></del>			<u> </u>	1	

Form **990-T** (2015)

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AMERICAN CANCER SOCIETY, INC.

13-1788491

#### ATTACHMENT 1

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

230 FIFTH AVE ASSOCIATES	150,110.
2620 CATALPA	-224.
MEADOWLAKE ASSOCIATES	122.
OAKRIDGE ASSOCIATES	86.
INCOME (LOSS) FROM PARTNERSHIPS	150,094.

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AMERICAN CANCER SOCIETY, INC.

13-1788491

SCHEDULE C - RENT INCOME DEDUCTIONS	
	ATTACHMENT 2
ROCHESTER HOPE LODGE	
TOTAL	446,867.