

PUBLIC DISCLOSURE COPY

Form **990-T**

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

OMB No. 1545-0047

**2022**

For calendar year 2022 or other tax year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed.	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C )( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>C</b> Book value of all assets at end of year . . . . . <b>1,780,605,245.</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>AMERICAN CANCER SOCIETY, INC.</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>270 PEACHTREE STREET, SUITE 1300</b>  City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30303</b>	<b>D</b> Employer identification number <b>13-1788491</b>  <b>E</b> Group exemption number (see instructions) <b>0580</b>  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university			<b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439	
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . <input type="checkbox"/>			<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . <b>2</b>	
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation				
<b>L</b> The books are in care of (SEE STATEMENT)			Telephone number <b>(800) 227-2345</b>	

<b>Part I Total Unrelated Business Taxable Income</b>		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	<b>37,481</b>
2 Reserved . . . . .	<b>2</b>	
3 Add lines 1 and 2 . . . . .	<b>3</b>	<b>37,481</b>
4 Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	<b>0</b>
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>37,481</b>
6 Deduction for net operating loss. See instructions . . . . .	<b>6</b>	<b>37,481</b>
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	<b>0</b>
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	<b>0</b>
9 <b>Trusts.</b> Section 199A deduction. See instructions . . . . .	<b>9</b>	<b>0</b>
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	<b>10</b>	<b>0</b>
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	<b>0</b>

<b>Part II Tax Computation</b>		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . .	<b>1</b>	<b>0</b>
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	<b>2</b>	
3 <b>Proxy tax.</b> See instructions . . . . .	<b>3</b>	<b>0</b>
4 Other tax amounts. See instructions . . . . .	<b>4</b>	<b>0</b>
5 Alternative minimum tax (trusts only) . . . . .	<b>5</b>	<b>0</b>
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	<b>0</b>
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	<b>0</b>

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	0	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	0	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	0	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	0	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	0	
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	0	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0	
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	0	
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>	0	
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	0	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	<b>6g</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	0	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	0	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	0	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	0	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0	


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

<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No										
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓										
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . \$ 0												
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ 392,902. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.												
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.												
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>530000</td> <td>\$ 630,470</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	530000	\$ 630,470		\$		\$		\$		
Business Activity Code	Available post-2017 NOL carryover												
530000	\$ 630,470												
	\$												
	\$												
	\$												
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		✓										
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.												

**Part V Supplemental Information**


Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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

**Sign Here**  | 11/13/2023 | **CHIEF FINANCE & STRATEGY OFFICER**

Signature of officer | Date | Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AERIAL M. ORR</b>	Preparer's signature 	Date <b>11/09/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01598400</b>
	Firm's name <b>ERNST &amp; YOUNG US LLP</b>	Firm's EIN <b>34-6565596</b>		Phone no. <b>(404) 874-8300</b>	
	Firm's address <b>55 IVAN ALLEN JR BOULEVARD, ATLANTA, GA 30308</b>				

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> Name of the organization <u>AMERICAN CANCER SOCIETY, INC.</u>	<b>B</b> Employer identification number <u>13-1788491</u>
<b>C</b> Unrelated business activity code (see instructions) . . . . . <u>540000</u>	<b>D</b> Sequence: <u>1</u> of <u>2</u>

**E** Describe the unrelated trade or business ADVERTISING

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>646</u>			
<b>b</b>	Less returns and allowances <u>0</u> <b>c</b> Balance	<b>1c</b> <u>646</u>		
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .	<b>2</b> <u>0</u>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b> <u>646</u>		<u>646</u>
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b> <u>0</u>		<u>0</u>
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .	<b>4b</b> <u>0</u>		<u>0</u>
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b> <u>0</u>		<u>0</u>
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b> <u>0</u>		<u>0</u>
<b>6</b>	Rent income (Part IV) . . . . .	<b>6</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .	<b>7</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>10</b>	Exploited exempt activity income (Part VIII) . . . . .	<b>10</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>11</b>	Advertising income (Part IX) . . . . .	<b>11</b> <u>36,835</u>	<u>0</u>	<u>36,835</u>
<b>12</b>	Other income (see instructions; attach statement) . . . . .	<b>12</b> <u>0</u>		<u>0</u>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> <u>37,481</u>	<u>0</u>	<u>37,481</u>

Part II	Deductions Not Taken Elsewhere	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.	
<b>1</b>	Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>	<u>0</u>
<b>2</b>	Salaries and wages . . . . .	<b>2</b>	<u>0</u>
<b>3</b>	Repairs and maintenance . . . . .	<b>3</b>	<u>0</u>
<b>4</b>	Bad debts . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	Interest (attach statement). See instructions . . . . .	<b>5</b>	<u>0</u>
<b>6</b>	Taxes and licenses . . . . .	<b>6</b>	<u>0</u>
<b>7</b>	Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>	<u>0</u>
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>	<u>0</u>
<b>9</b>	Depletion . . . . .	<b>9</b>	<u>0</u>
<b>10</b>	Contributions to deferred compensation plans . . . . .	<b>10</b>	<u>0</u>
<b>11</b>	Employee benefit programs . . . . .	<b>11</b>	<u>0</u>
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .	<b>12</b>	<u>0</u>
<b>13</b>	Excess readership costs (Part IX) . . . . .	<b>13</b>	<u>0</u>
<b>14</b>	Other deductions (attach statement) . . . . .	<b>14</b>	<u>0</u>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>	<u>0</u>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>	<u>37,481</u>
<b>17</b>	Deduction for net operating loss. See instructions . . . . .	<b>17</b>	<u>0</u>
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .	<b>18</b>	<u>37,481</u>

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2022

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation
<b>1</b>	Inventory at beginning of year . . . . .	0
<b>2</b>	Purchases . . . . .	0
<b>3</b>	Cost of labor . . . . .	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	0
<b>5</b>	Other costs (attach statement) . . . . .	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	0
<b>7</b>	Inventory at end of year . . . . .	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

<b>Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)</b>				
<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	<b>A</b> <input type="checkbox"/>			
	<b>B</b> <input type="checkbox"/>			
	<b>C</b> <input type="checkbox"/>			
	<b>D</b> <input type="checkbox"/>			
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .			
<b>b</b>	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .			
<b>c</b>	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D . . . . .			
<b>3</b>	<b>Total rents received or accrued.</b> Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .			0
<b>4</b>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .			
<b>5</b>	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .			0

<b>Part V Unrelated Debt-Financed Income (see instructions)</b>				
<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	<b>A</b> <input type="checkbox"/>			
	<b>B</b> <input type="checkbox"/>			
	<b>C</b> <input type="checkbox"/>			
	<b>D</b> <input type="checkbox"/>			
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property			
<b>a</b>	Straight line depreciation (attach statement) . . . . .			
<b>b</b>	Other deductions (attach statement) . . . . .			
<b>c</b>	<b>Total deductions</b> (add lines 3a and 3b, columns A through D) . . . . .			
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .			
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .			
<b>6</b>	Divide line 4 by line 5 . . . . .	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6 . . . . .			
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .			0
<b>9</b>	Allocable deductions. Multiply line 3c by line 6 . . . . .			
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .			0
<b>11</b>	<b>Total dividends – received deductions</b> included in line 10 . . . . .			0

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

**Totals** . . . . . 0 0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0

Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0

**Totals** . . . . . 0 0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**  CANCER AND CANCER CYTOPATHOLOGY; A CANCER JOURNAL FOR CLINICIANS
- B**  \_\_\_\_\_
- C**  \_\_\_\_\_
- D**  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .	36,835			
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .	36,835			
<b>3</b> Direct advertising costs by periodical . . . . .	0			
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .	0			
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .	36,835			
<b>5</b> Readership costs . . . . .	0			
<b>6</b> Circulation income . . . . .	0			
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .	0			
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .	0			
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .	0			

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
<b>(1)</b>		%	
<b>(2)</b>		%	
<b>(3)</b>		%	
<b>(4)</b>		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			0

**Part XI Supplemental Information** (see instructions)

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**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> Name of the organization <u>AMERICAN CANCER SOCIETY, INC.</u>	<b>B</b> Employer identification number <u>13-1788491</u>
<b>C</b> Unrelated business activity code (see instructions) . . . . . <u>901101</u>	<b>D</b> Sequence: <u>2</u> of <u>2</u>

**E** Describe the unrelated trade or business INVESTMENT IN PARTNERSHIPS, INCLUDING QPI

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>0</u>			
<b>b</b>	Less returns and allowances <u>0</u> <b>c</b> Balance	<b>1c</b> 0		
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .	<b>2</b> 0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b> 0		0
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b> 0		0
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .	<b>4b</b> 0		0
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b> 0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b> (1)		(1)
<b>6</b>	Rent income (Part IV) . . . . .	<b>6</b> 0	0	0
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .	<b>7</b> 0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b> 0	0	0
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b> 0	0	0
<b>10</b>	Exploited exempt activity income (Part VIII) . . . . .	<b>10</b> 0	0	0
<b>11</b>	Advertising income (Part IX) . . . . .	<b>11</b> 0	0	0
<b>12</b>	Other income (see instructions; attach statement) . . . . .	<b>12</b> 0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> (1)	0	(1)

Part II	Deductions Not Taken Elsewhere	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.	
<b>1</b>	Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>	0
<b>2</b>	Salaries and wages . . . . .	<b>2</b>	0
<b>3</b>	Repairs and maintenance . . . . .	<b>3</b>	0
<b>4</b>	Bad debts . . . . .	<b>4</b>	0
<b>5</b>	Interest (attach statement). See instructions . . . . .	<b>5</b>	0
<b>6</b>	Taxes and licenses . . . . .	<b>6</b>	0
<b>7</b>	Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b> 0	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b> 0	<b>8b</b> 0
<b>9</b>	Depletion . . . . .	<b>9</b>	0
<b>10</b>	Contributions to deferred compensation plans . . . . .	<b>10</b>	0
<b>11</b>	Employee benefit programs . . . . .	<b>11</b>	0
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .	<b>12</b>	0
<b>13</b>	Excess readership costs (Part IX) . . . . .	<b>13</b>	0
<b>14</b>	Other deductions (attach statement) . . . . .	<b>14</b>	0
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>	0
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>	(1)
<b>17</b>	Deduction for net operating loss. See instructions . . . . .	<b>17</b>	0
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .	<b>18</b>	(1)

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2022



<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	
<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

<b>Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)</b>				
<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	<b>A</b> <input type="checkbox"/>			
	<b>B</b> <input type="checkbox"/>			
	<b>C</b> <input type="checkbox"/>			
	<b>D</b> <input type="checkbox"/>			
		<b>A</b>	<b>B</b>	<b>C</b>
<b>2</b>	Rent received or accrued			
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .			
<b>b</b>	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .			
<b>c</b>	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D . . . . .			
<b>3</b>	<b>Total rents received or accrued.</b> Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .			0
<b>4</b>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .			
<b>5</b>	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .			0

<b>Part V Unrelated Debt-Financed Income (see instructions)</b>				
<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	<b>A</b> <input type="checkbox"/>			
	<b>B</b> <input type="checkbox"/>			
	<b>C</b> <input type="checkbox"/>			
	<b>D</b> <input type="checkbox"/>			
		<b>A</b>	<b>B</b>	<b>C</b>
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .			
<b>3</b>	Deductions directly connected with or allocable to debt-financed property			
<b>a</b>	Straight line depreciation (attach statement) . . . . .			
<b>b</b>	Other deductions (attach statement) . . . . .			
<b>c</b>	<b>Total deductions</b> (add lines 3a and 3b, columns A through D) . . . . .			
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .			
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .			
<b>6</b>	Divide line 4 by line 5 . . . . .	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6 . . . . .			
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .			0
<b>9</b>	Allocable deductions. Multiply line 3c by line 6 . . . . .			
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .			0
<b>11</b>	<b>Total dividends – received deductions</b> included in line 10 . . . . .			0



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

**Totals** . . . . . 0 0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0

Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0

**Totals** . . . . . 0 0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			0

**Part XI Supplemental Information** (see instructions)

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Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	KAEL REICIN, 270 PEACHTREE STREET, SUITE 1300, ATLANTA, GA 30303

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2018	83,593,535	0	0		83,593,535	2023
2019	108,048,255	0	0		108,048,255	2024
2020	59,376,515	0	0		59,376,515	2025
2021	128,567,560	0	0		128,567,560	2026
2022	150,189,909	0	0		150,189,909	2027
					0	
<b>Totals</b>	<b>529,775,774</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>529,775,774</b>	

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2002	132,104		132,104		0	2022
2005	13,140		4,740	8,400	0	2025
2006	1,795			1,795	0	2026
2007	1,980			1,980	0	2027
2013	37,884			25,306	12,578	2033
2014	58,211				58,211	2034
2015	112,756				112,756	2035
2016	151,931				151,931	2036
2017	19,945				19,945	2037
<b>Totals</b>	<b>529,746</b>	<b>0</b>	<b>136,844</b>	<b>37,481</b>	<b>355,421</b>	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
<b>INVESTMENT ACTIVITY</b>			
(1) MADL INTERESTS, LTD.		1	(1)
<b>Total</b>	<b>0</b>	<b>1</b>	<b>(1)</b>

**ADVERTISING**

(1) CANCER AND CANCER CYTOPATHOLOGY; A CANCER JOURNAL  
FOR CLINICIANS

Description	Amount
ACS ROYALTY EARNED @ 22.5%	36,835
<b>Total</b>	<b>36,835</b>



Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
<b>RENTAL INCOME</b>					
2018	308,224				308,224
2019	322,246				322,246
<b>Totals</b>	<b>630,470</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>630,470</b>

Tax on Base Erosion Payments of Taxpayers With Substantial Gross Receipts

(Rev. December 2020)

For tax year beginning 01/01, 2022, and ending 12/31, 2022

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8991 for instructions and the latest information.

See instructions.

Table with 2 columns: Name (AMERICAN CANCER SOCIETY, INC.), Employer identification number (13-1788491)

Part I Applicable Taxpayer Determination

Check box if this form is being filed by a taxpayer with which another taxpayer has been aggregated under Regs. section 1.59A-2(c). [X]

Main table with 3 columns: (a) First Preceding Tax Year, (b) Second Preceding Tax Year, (c) Third Preceding Tax Year. Rows include 1a-1f, 2a-2o.

For Paperwork Reduction Act Notice, see separate instructions.

Form 8991 (Rev. 12-2020)

<b>Part II Modified Taxable Income (MTI)</b>	
<b>3 a</b> Taxable income after net operating loss. See instructions. . . . .	<b>3a</b>
<b>b</b> Base erosion tax benefits for the tax year from Schedule A, line 15, column (b-2). . . . .	<b>3b</b>
<b>c</b> Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year. See instructions. . . . .	<b>3c</b>
<b>d Modified Taxable Income.</b> See instructions. . . . .	<b>3d</b>

<b>Part III Regular Tax Liability Adjusted for Purposes of Computing Base Erosion Minimum Tax Amount</b>	
<b>4 a</b> Regular tax liability . . . . .	<b>4a</b>
<b>b</b> Allowed credits, as adjusted (from Schedule C, line 7) . . . . .	<b>4b</b>
<b>c Regular tax liability adjusted</b> for purposes of computing Base Erosion Minimum Tax Amount. Subtract line 4b from line 4a. . . . .	<b>4c</b>

<b>Part IV Computation of Base Erosion Minimum Tax Amount</b>	
<b>5 a</b> Modified Taxable Income (from line 3d) . . . . .	<b>5a</b>
<b>b</b> BEAT Tax rate applicable for current tax year . . . . .	<b>5b</b> %
<b>c</b> Base Erosion Minimum Tax. Multiply line 5a by line 5b. . . . .	<b>5c</b>
<b>d</b> Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount (from line 4c). . . . .	<b>5d</b>
<b>e Base Erosion Minimum Tax Amount.</b> Subtract line 5d from line 5c. If zero or less, enter -0- . . . . .	<b>5e</b>

**Schedule A Base Erosion Payments and Base Erosion Tax Benefits** (see instructions)

Does the taxpayer elect to use financial statements per Regs. section 1.59A-3(b)(4)(i)(D) for purposes of calculating interest expense allocable to a foreign corporation's effectively connected income?  Yes  No

(Check all applicable boxes in columns (c), (d), and (e) below)

Type of Base Erosion Payments	(a-1) Aggregate Group's Base Erosion Payments	(a-2) Aggregate Group's Base Erosion Tax Benefits	(b-1) Taxpayer's Base Erosion Payments	(b-2) Taxpayer's Base Erosion Tax Benefits	(c) Any 25% Owner of the Taxpayer	(d) Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	(e) Any Person Related Within the Meaning of Section 482 to the Taxpayer
1 Reserved for future use . . . . .							
2 Reserved for future use . . . . .							
3 Purchase or creations of property rights for intangibles (patents, trademarks, etc.). . . . .							
4 Rents, royalties, and license fees . . . . .							
5a Compensation/consideration paid for services <b>NOT</b> excepted by Regs. section 1.59A-3(b)(3)(i) . . . . .							
b Compensation/consideration paid for services excepted by Regs. section 1.59A-3(b)(3)(i) . . . . . \$ _____							
6 Interest expense . . . . .							
7 Payments for the purchase of tangible personal property . . . . .							
8 Premiums and/or other considerations paid or accrued for insurance and reinsurance as covered by Regs. section 1.59A-3(b)(1)(iii) . . . . .							

**Schedule A** Base Erosion Payments and Base Erosion Tax Benefits (see instructions) (continued from page 3)

Type of Base Erosion Payments	(Check all applicable boxes in columns (c), (d), and (e) below)						
	(a-1) Aggregate Group's Base Erosion Payments	(a-2) Aggregate Group's Base Erosion Tax Benefits	(b-1) Taxpayer's Base Erosion Payments	(b-2) Taxpayer's Base Erosion Tax Benefits	(c) Any 25% Owner of the Taxpayer	(d) Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	(e) Any Person Related Within the Meaning of Section 482 to the Taxpayer
<b>9a</b> Nonqualified derivative payments . . . . .							
<b>b</b> Qualified derivative payments excepted by Regs. section 1.59A-6(b) . . . . . \$ _____							
<b>10</b> Payments reducing gross receipts made to surrogate foreign corporation . . . . .							
<b>11</b> Other payments - specify . . . . .							
<b>12</b> Combine lines 3 through 11 . . . . .							
<b>13</b> Base erosion tax benefits related to payments reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at 30% statutory withholding tax rate . . . . .							
<b>14</b> Portion of base erosion tax benefits reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at reduced withholding rate pursuant to income tax treaty. Multiply ratio of percentage withheld divided by 30% times tax benefit. See instructions . . . . .							
<b>15 Total</b> base erosion tax benefits. Subtract the sum of line 13 and line 14 from line 12. Enter the amount from column (a-2) in Part I, line 2a. Enter the amount from column (b-2) in Part II, line 3b. . . . .							

**Schedule B Waiver of Deductions** (see instructions)

	(a) Description of item or property to which the deduction relates	(b) Date on which, or period in which, the waived deduction was paid or accrued	(c) Provision of Code and regulations, as applicable, that allows the deduction for which this election relates	(d) Line number on the controlled group member tax return where the deduction is reported	(e) Name of foreign related party that is or will be the recipient of the payment that generates the deduction	(f) Taxpayer Identification Number of foreign related party	(g) Country of organization of the foreign related party	(h) Amount of deduction claimed for the tax year with respect to the item or property	(i) Amount of deduction being waived for the tax year with respect to the item or property
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	Totals from attachment, if necessary . . . . .								
15	Total deductions waived per Regulations section 1.59A-3(c)(6)(i). Add the amounts in column (i). Enter the result here and on Part I, line 2i . . . . .								

**Schedule C Credits Reducing Regular Tax Liability in Computing Base Erosion Minimum Tax Amount (BEMTA)**

**Part I Credits Allowed Against Regular Tax** (see instructions)

1	Total credits allowed in current year. See instructions		<b>1</b>	
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800	<b>2</b>		
3	Total allowed credit for increasing research activities for current year. Enter the amount of research credit reported in Form 3800, Part II, line 38. See instructions		<b>3</b>	
4	Enter smaller of Schedule C, Part II, line 11 or Part III, line 16		<b>4</b>	
5	Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)		<b>5</b>	
6	Adjustments to allowed credits. Add lines 3 and 5		<b>6</b>	
7	<b>Credits allowed against regular tax in computing BEMTA.</b> Subtract line 6 from line 1. Enter here and on Form 8991, line 4b		<b>7</b>	

**Part II Applicable Section 38 Credits**

(Only complete Parts II and III if you have allowed applicable section 38 credits.)

8	Low-income housing credit from lines 1d and 4d of all Parts III of Form 3800	<b>8</b>		
9	Renewable electricity production credit but only to extent of the renewable electricity under section 45(a) from lines 1f and 4e of all Parts III of Form 3800	<b>9</b>		
10	Investment credit but only to extent of energy credit property under section 48 from line 4a of all Parts III of Form 3800	<b>10</b>		
11	Total allowed applicable section 38 credits for current year. Enter the amount of applicable credits reported in Form 3800, Part II, line 38. See instructions		<b>11</b>	

**Part III BEMTA Determined Without Adjustment for Applicable Section 38 Credits**

12	Base erosion minimum tax (Form 8991, line 5c)		<b>12</b>	
13	Regular tax liability (Form 8991, line 4a)		<b>13</b>	
14	Subtract Schedule C, Part I, line 3, from line 1		<b>14</b>	
15	Regular tax adjusted for credits that offset BEMTA. Subtract line 14 from line 13		<b>15</b>	
16	Base erosion minimum tax determined without adjustment for applicable section 38 credits. Subtract line 15 from line 12; if zero or less, enter -0-		<b>16</b>	



ATTACHMENT TO FORM 8991 PURSUANT TO § 59A(e)(3)

The following statement lists the names and EIN's of all separate taxpayers taken into account in the determination of "1 person" under section 59A(e)(3).

ENTITY:	EIN:
AMERICAN CANCER SOCIETY	13-1788491
AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.	52-2340031
ACS CAPITAL, INC.	46-5429467
ACS DEVELOPMENT COMPANY I, INC.	46-5439010
ACS DEVELOPMENT COMPANY II, INC.	82-1993189
AMERICAN CANCER SOCIETY INC., PUERTO RICO INC.	66-0321594

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.  
Information furnished for the foreign partnership's tax year beginning **January 01**, 2022, and ending **December 31**, 20 **22**

Attachment Sequence No. **865**

Name of person filing this return **AMERICAN CANCER SOCIETY, INC.** Filer's identification number **13-1788491**

Filer's address (if you aren't filing this form with your tax return) **270 PEACHTREE STREET, SUITE 1300, ATLANTA, GA, 30303** A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)): 1  2  3  4

B Filer's tax year beginning **January 01**, 20 **22**, and ending **December 31**, 20 **22**  
C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:  
Name EIN  
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership **CFM INSTITUTIONAL SYSTEMATIC TRENDS FUND LP, 3RD FL. HARBOUR PLACE, 103 SOUTH CHURCH STREET, P.O. BOX 10240, GRAND CAYMAN, KY1-1002, Cayman Islands**  
2(a) EIN (if any)  
2(b) Reference ID number (see instructions) **CFM0001**  
3 Country under whose laws organized **Cayman Islands**

4 Date of organization <b>03/04/2015</b>	5 Principal place of business <b>CJ</b>	6 Principal business activity code number <b>523900</b>	7 Principal business activity <b>INVESTMENTS</b>	8a Functional currency <b>USD</b>	8b Exchange rate (see instructions) <b>1</b>
--	---	---	--	-----------------------------------	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States **N/A**  
2 Check if the foreign partnership must file:  Form 1042  Form 8804  Form 1065  
Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any **N/A**  
4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different **SEE STATEMENT**

- 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$
- 6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No
- 7 Were any special allocations made by the foreign partnership?  Yes  No
- 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions
- 9 How is this partnership classified under the law of the country in which it's organized? **EXEMPTED LIMITED PARTNERSHIP**
- 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No
- b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No
- 11 Does this partnership meet **both** of the following requirements?  
1. The partnership's total receipts for the tax year were less than \$250,000.  
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  Yes  No  
If "Yes," **don't** complete Schedules L, M-1, and M-2.

- 12a** Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions . . .  Yes  No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) . . . . . -----
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI . . . . . -----
- d** Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI . . . . . -----
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership . . . . . -----
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?. . . . .  Yes  No

**Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.** 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

<b>a</b> <input checked="" type="checkbox"/> Owns a direct interest	<b>b</b> <input type="checkbox"/> Owns a constructive interest
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Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner
N/A				

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person
N/A			

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
N/A					%	%
N/A					%	%

Does the partnership have any other foreign person as a direct partner? . . . . .  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
N/A				

**Schedule B Income Statement—Trade or Business Income**

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	<b>1 a</b> Gross receipts or sales . . . . .	<b>1a</b>		
	<b>b</b> Less returns and allowances . . . . .	<b>1b</b>		<b>1c</b>
	<b>2</b> Cost of goods sold . . . . .			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .			<b>3</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . . . . .			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040)) . . . . .			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .			<b>6</b>
	<b>7</b> Other income (loss) (attach statement) . . . . .			<b>7</b>
<b>8 Total income (loss).</b> Combine lines 3 through 7 . . . . .			<b>8</b>	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits) . . . . .			<b>9</b>
	<b>10</b> Guaranteed payments to partners . . . . .			<b>10</b>
	<b>11</b> Repairs and maintenance . . . . .			<b>11</b>
	<b>12</b> Bad debts . . . . .			<b>12</b>
	<b>13</b> Rent . . . . .			<b>13</b>
	<b>14</b> Taxes and licenses . . . . .			<b>14</b>
	<b>15</b> Interest (see instructions) . . . . .			<b>15</b>
	<b>16 a</b> Depreciation (if required, attach Form 4562) . . . . .	<b>16a</b>		
	<b>b</b> Less depreciation reported elsewhere on return . . . . .	<b>16b</b>		<b>16c</b>
	<b>17</b> Depletion ( <b>Don't</b> deduct oil and gas depletion.) . . . . .			<b>17</b>
	<b>18</b> Retirement plans, etc. . . . .			<b>18</b>
	<b>19</b> Employee benefit programs . . . . .			<b>19</b>
	<b>20</b> Other deductions (attach statement) . . . . .			<b>20</b>
<b>21 Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 . . . . .			<b>21</b>	
<b>22 Ordinary business income (loss)</b> from trade or business activities. Subtract line 21 from line 8 . . . . .			<b>22</b>	
<b>Tax and Payment</b>	<b>23</b> Reserved for future use . . . . .			<b>23</b>
	<b>24</b> Reserved for future use . . . . .			<b>24</b>
	<b>25</b> Reserved for future use . . . . .			<b>25</b>
	<b>26</b> Reserved for future use . . . . .			<b>26</b>
	<b>27</b> Reserved for future use . . . . .			<b>27</b>
	<b>28</b> Reserved for future use . . . . .			<b>28</b>
	<b>29</b> Reserved for future use . . . . .			<b>29</b>
	<b>30</b> Reserved for future use . . . . .			<b>30</b>

**Schedule K Partners' Distributive Share Items** **Total amount**

<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (Schedule B, line 22) . . . . .			<b>1</b>
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .			<b>2</b>
	<b>3 a</b> Other gross rental income (loss) . . . . .	<b>3a</b>		
	<b>b</b> Expenses from other rental activities (attach statement) . . . . .	<b>3b</b>		
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . .			<b>3c</b>
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b> . . . . .			
	<b>c</b> Total. Add line 4a and line 4b . . . . .			<b>4c</b>
	<b>5</b> Interest income . . . . .			<b>5</b>
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends . . . . .			<b>6a</b>
	<b>b</b> Qualified dividends . . . . .	<b>6b</b>		
	<b>c</b> Dividend equivalents . . . . .	<b>6c</b>		
<b>7</b> Royalties . . . . .			<b>7</b>	
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .			<b>8</b>	
<b>9 a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .			<b>9a</b>	
<b>b</b> Collectibles (28%) gain (loss) . . . . .	<b>9b</b>			
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . .	<b>9c</b>			
<b>10</b> Net section 1231 gain (loss) (attach Form 4797) . . . . .			<b>10</b>	
<b>11</b> Other income (loss) (see instructions) <b>(1)</b> Type <b>(2)</b> Amount . . . . .			<b>11(2)</b>	
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562) . . . . .			<b>12</b>
	<b>13 a</b> Contributions . . . . .			<b>13a</b>
	<b>b</b> Investment interest expense . . . . .			<b>13b</b>
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type <b>(2)</b> Amount . . . . .			<b>13c(2)</b>
<b>d</b> Other deductions (see instructions) <b>(1)</b> Type <b>(2)</b> Amount . . . . .			<b>13d(2)</b>	

<b>Schedule K</b>		<b>Partners' Distributive Share Items</b> <i>(continued)</i>	<b>Total amount</b>	
<b>Self-Employment</b>	<b>14a</b>	Net earnings (loss) from self-employment . . . . .	<b>14a</b>	
	<b>b</b>	Gross farming or fishing income . . . . .	<b>14b</b>	
	<b>c</b>	Gross nonfarm income . . . . .	<b>14c</b>	
<b>Credits</b>	<b>15a</b>	Low-income housing credit (section 42(j)(5)) . . . . .	<b>15a</b>	
	<b>b</b>	Low-income housing credit (other) . . . . .	<b>15b</b>	
	<b>c</b>	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	<b>15c</b>	
	<b>d</b>	Other rental real estate credits (see instructions) Type _____	<b>15d</b>	
	<b>e</b>	Other rental credits (see instructions) Type _____	<b>15e</b>	
	<b>f</b>	Other credits (see instructions) Type _____	<b>15f</b>	
<b>International</b>	<b>16</b>	Attach Schedule K-2 (Form 8865), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance . . . <input type="checkbox"/>		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b>	Post-1986 depreciation adjustment . . . . .	<b>17a</b>	
	<b>b</b>	Adjusted gain or loss . . . . .	<b>17b</b>	
	<b>c</b>	Depletion (other than oil and gas) . . . . .	<b>17c</b>	
	<b>d</b>	Oil, gas, and geothermal properties—gross income . . . . .	<b>17d</b>	
	<b>e</b>	Oil, gas, and geothermal properties—deductions . . . . .	<b>17e</b>	
	<b>f</b>	Other AMT items (attach statement) . . . . .	<b>17f</b>	
<b>Other Information</b>	<b>18a</b>	Tax-exempt interest income . . . . .	<b>18a</b>	
	<b>b</b>	Other tax-exempt income . . . . .	<b>18b</b>	
	<b>c</b>	Nondeductible expenses . . . . .	<b>18c</b>	
	<b>19a</b>	Distributions of cash and marketable securities . . . . .	<b>19a</b>	
	<b>b</b>	Distributions of other property . . . . .	<b>19b</b>	
	<b>20a</b>	Investment income . . . . .	<b>20a</b>	
	<b>b</b>	Investment expenses . . . . .	<b>20b</b>	
	<b>c</b>	Other items and amounts (attach statement)		
	<b>21</b>	Total foreign taxes paid or accrued . . . . .	<b>21</b>	

<b>Schedule L</b>		<b>Balance Sheets per Books.</b> (Not required if Item H11, page 1, is answered "Yes.")			
<b>Assets</b>		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>1</b>	Cash . . . . .				
<b>2a</b>	Trade notes and accounts receivable . . . . .				
<b>b</b>	Less allowance for bad debts . . . . .				
<b>3</b>	Inventories . . . . .				
<b>4</b>	U.S. Government obligations . . . . .				
<b>5</b>	Tax-exempt securities . . . . .				
<b>6</b>	Other current assets (attach statement) . . . . .				
<b>7a</b>	Loans to partners (or persons related to partners)				
<b>b</b>	Mortgage and real estate loans . . . . .				
<b>8</b>	Other investments (attach statement) . . . . .				
<b>9a</b>	Buildings and other depreciable assets . . . . .				
<b>b</b>	Less accumulated depreciation . . . . .				
<b>10a</b>	Depletable assets . . . . .				
<b>b</b>	Less accumulated depletion . . . . .				
<b>11</b>	Land (net of any amortization) . . . . .				
<b>12a</b>	Intangible assets (amortizable only) . . . . .				
<b>b</b>	Less accumulated amortization . . . . .				

**Schedule L Balance Sheets per Books.** (Not required if Item H11, page 1, is answered "Yes.") (continued)

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>13</b> Other assets (attach statement) . . . . .				
<b>14</b> <b>Total</b> assets . . . . .				
<b>Liabilities and Capital</b>				
<b>15</b> Accounts payable . . . . .				
<b>16</b> Mortgages, notes, bonds payable in less than 1 year				
<b>17</b> Other current liabilities (attach statement) . . . . .				
<b>18</b> All nonrecourse loans . . . . .				
<b>19a</b> Loans from partners (or persons related to partners)				
<b>b</b> Mortgages, notes, bonds payable in 1 year or more				
<b>20</b> Other liabilities (attach statement) . . . . .				
<b>21</b> Partners' capital accounts . . . . .				
<b>22</b> <b>Total</b> liabilities and capital . . . . .				

**Schedule M Balance Sheets for Interest Allocation**

	(a) Beginning of tax year	(b) End of tax year
<b>1</b> Total U.S. assets . . . . .		
<b>2</b> Total foreign assets:		
<b>a</b> Passive category . . . . .		
<b>b</b> General category . . . . .		
<b>c</b> Other (attach statement) . . . . .		

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** (Not required if Item H11, page 1, is answered "Yes.")

<b>1</b> Net income (loss) per books . . . . .		<b>6</b> Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this tax year (itemize): \$ _____		<b>a</b> Tax-exempt interest \$ _____	
<b>3</b> Guaranteed payments (other than health insurance) . . . . .		<b>7</b> Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this tax year (itemize):	
<b>4</b> Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		<b>a</b> Depreciation \$ _____	
<b>a</b> Depreciation \$ _____		<b>8</b> Add lines 6 and 7 . . . . .	
<b>b</b> Travel and entertainment \$ _____		<b>9</b> Income (loss). Subtract line 8 from line 5 . . . . .	
<b>5</b> Add lines 1 through 4 . . . . .			

**Schedule M-2 Analysis of Partners' Capital Accounts.** (Not required if Item H11, page 1, is answered "Yes.")

<b>1</b> Balance at beginning of tax year		<b>6</b> Distributions: <b>a</b> Cash . . . . .	
<b>2</b> Capital contributed:		<b>b</b> Property . . . . .	
<b>a</b> Cash . . . . .		<b>7</b> Other decreases (itemize): \$ _____	
<b>b</b> Property . . . . .			
<b>3</b> Net income (loss) per books . . . . .		<b>8</b> Add lines 6 and 7 . . . . .	
<b>4</b> Other increases (itemize): \$ _____		<b>9</b> Balance at end of tax year. Subtract line 8 from line 5 . . . . .	
<b>5</b> Add lines 1 through 4 . . . . .			

**Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities**

**Important:** Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
<b>1</b> Sales of inventory . . . . .				
<b>2</b> Sales of property rights (patents, trademarks, etc.) . . . . .				
<b>3</b> Compensation received for technical, managerial, engineering, construction, or like services . . . . .				
<b>4</b> Commissions received . . . . .				
<b>5</b> Rents, royalties, and license fees received . . . . .				
<b>6</b> Distributions received . . . . .				
<b>7</b> Interest received . . . . .				
<b>8</b> Other . . . . .				
<b>9</b> Add lines 1 through 8 . . . . .				
<b>10</b> Purchases of inventory . . . . .				
<b>11</b> Purchases of tangible property other than inventory . . . . .				
<b>12</b> Purchases of property rights (patents, trademarks, etc.) . . . . .				
<b>13</b> Compensation paid for technical, managerial, engineering, construction, or like services . . . . .				
<b>14</b> Commissions paid . . . . .				
<b>15</b> Rents, royalties, and license fees paid . . . . .				
<b>16</b> Distributions paid . . . . .				
<b>17</b> Interest paid . . . . .				
<b>18</b> Other . . . . .				
<b>19</b> Add lines 10 through 18 . . . . .				
<b>20</b> Amounts borrowed (enter the maximum loan balance during the tax year). See instructions . . . . .				
<b>21</b> Amounts loaned (enter the maximum loan balance during the tax year). See instructions . . . . .				



**SCHEDULE G  
(Form 8865)**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Statement of Application of the Gain Deferral Method  
Under Section 721(c)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of person filing Form 8865 <b>AMERICAN CANCER SOCIETY, INC.</b>		Filer's identification number <b>13-1788491</b>	
Name of partnership <b>CFM INSTITUTIONAL SYSTEMATIC TRENDS FUND LP</b>	<input type="checkbox"/> Successor partnership	EIN (if any)	Reference ID number (see instructions) <b>CFM0001</b>
Name of U.S. transferor (see instructions) <b>American Cancer Society 2021</b>	<input type="checkbox"/> Successor U.S. transferor	Filing year: (see instructions) <input type="checkbox"/> Tax year of gain deferral contribution	<input type="checkbox"/> Annual reporting

**Part I Section 721(c) Property** (see instructions)

1. Tax year of contribution	2. Description of property	3. Recovery period	4. Section 197(f)(9) property	5. Effectively connected income property	6. On the date of contribution			7. Events				
					(a) Fair market value	(b) Basis	(c) Built-in gain	(a) Acceleration (including partial acceleration event)	(b) Termination	(c) Successor	(d) Tax disposition of a portion of partnership interest	(e) Section 367 transfer
<b>1</b>			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b>	From Part I additional statement(s), if any		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the tiered partnership rules of Regulations section 1.721(c)-3(d) apply to this partnership? See instructions . . . . .  **Yes**  **No**

**Part II Remaining Built-in Gain, Remedial Income, and Gain Recognition** (see instructions)

Part I, line number	(a) Remaining built-in gain at beginning of tax year	(b) Remaining built-in gain at end of tax year	(c) Remedial income allocated to U.S. transferor	(d) Gain recognized due to acceleration event	(e) Gain recognized due to section 367 transfer
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>Total*</b>					

\* Total must include any amounts included on an attached statement. See instructions.

**Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property** (see instructions)

Part I, line number	1. Income			2. Gain			3. Deduction			4. Loss		
	(a) U.S. transferor	(b) Related domestic partners	(c) Related foreign partners	(a) U.S. transferor	(b) Related domestic partners	(c) Related foreign partners	(a) U.S. transferor	(b) Related domestic partners	(c) Related foreign partners	(a) U.S. transferor	(b) Related domestic partners	(c) Related foreign partners
<b>1</b>	%	%	%	%	%	%	%	%	%	%	%	%
<b>2</b>	%	%	%	%	%	%	%	%	%	%	%	%
<b>3</b>	%	%	%	%	%	%	%	%	%	%	%	%
<b>4</b>	%	%	%	%	%	%	%	%	%	%	%	%

**Part IV Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property** (see instructions)

Part I, line number	1. Income		2. Gain		3. Deduction		4. Loss	
	(a) Book	(b) Tax	(a) Book	(b) Tax	(a) Book	(b) Tax	(a) Book	(b) Tax
<b>1</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								

**Part V Additional Information** (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H.

	Yes	No
<b>1</b> During the tax year, did an acceleration event or partial acceleration event (as described in Regulations section 1.721(c)-4 or Regulations section 1.721(c)-5(d)) occur with respect to one or more section 721(c) properties?	<b>1</b>	
<b>2</b> During the tax year, did a termination event (as described in Regulations section 1.721(c)-5(b)) occur with respect to one or more section 721(c) properties?	<b>2</b>	
<b>3</b> During the tax year, did a successor event (as described in Regulations section 1.721(c)-5(c)) occur with respect to one or more section 721(c) properties?	<b>3</b>	
<b>4</b> During the tax year, was there a tax disposition of a portion of an interest in the partnership (as described in Regulations section 1.721(c)-5(f))?	<b>4</b>	
<b>5</b> During the tax year, was there a direct or indirect transfer of section 721(c) property to a foreign corporation subject to section 367 (as described in Regulations section 1.721(c)-5(e))?	<b>5</b>	
<b>6a</b> Was any additional section 721(c) property contributed to the section 721(c) partnership during the tax year? If "Yes," complete Schedule O, include each contributed property in Part I above and information with respect to the property in Parts II-IV above, and complete line 6b	<b>6a</b>	
<b>b</b> Is the gain deferral method applied with respect to one or more of such additional section 721(c) property contributed?	<b>6b</b>	
<b>7a</b> Was a copy of the waiver of treaty benefits (as described in Regulations section 1.721(c)-6(b)(2)(iii)) filed with respect to each section 721(c) property contribution to the section 721(c) partnership? If "Yes," complete line 7b	<b>7a</b>	
<b>b</b> With respect to each section 721(c) property for which a waiver of treaty benefits was filed, after exercising reasonable diligence, has the U.S. transferor determined that to the best of its knowledge and belief, all income from section 721(c) property allocated to the partners during the tax year remained subject to taxation as income effectively connected with the conduct of a trade or business within the United States (under either section 871 or 882) for all direct or indirect partners that are related foreign persons with respect to the U.S. transferor (regardless of whether any such partner was a partner at the time of the gain deferral contribution), and that neither the section 721(c) partnership nor any such partner has made any claim under an income tax convention to an exemption from U.S. income tax or a reduced rate of U.S. income taxation on income derived from the use of section 721(c) property? See Regulations section 1.721-6(b)(3)(vi)	<b>7b</b>	

**Part VI Supplemental Information** (see instructions)

AMERICAN CANCER SOCIETY, INC. IS FILING FORM 8865, SCHEDULE G BASED ON THE "FILING REQUIREMENTS FOR CATEGORIES OF FILERS" MATRIX ON PAGE 3 OF THE FORM 8865

INSTRUCTIONS. AMERICAN CANCER SOCIETY, INC. DID NOT TRANSFER ANY SECTION 721(C) PROPERTY TO ANY FOREIGN PARTNERSHIP DURING THE TAX YEAR ENDED 12/31/2022.

**SCHEDULE H  
(Form 8865)**

(November 2018)  
Department of the Treasury  
Internal Revenue Service

**Acceleration Events and Exceptions Reporting Relating  
to Gain Deferral Method Under Section 721(c)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of person filing Form 8865 <b>AMERICAN CANCER SOCIETY, INC.</b>			Filer's identifying number <b>13-1788491</b>	
Name of partnership <b>CFM INSTITUTIONAL SYSTEMATIC TRENDS FUND LP</b>	<input type="checkbox"/> Successor partnership	EIN (if any)	Reference ID number (see instructions) <b>CFM0001</b>	
Name of U.S. transferor (see instructions) <b>American Cancer Society 2021</b>	<input type="checkbox"/> Successor U.S. transferor	Filing year: (see instructions) <input type="checkbox"/> Tax year of gain deferral contribution <input type="checkbox"/> Annual reporting		

**Part I Acceleration Event** (see instructions)

(a) Schedule G, Part I, line number	(b) Description of event	(c) Date of event	(d) Gain recognized	(e) Partnership's adjustment to section 721(c) property tax basis	(f) Partial acceleration event
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**Part II Termination Event** (see instructions)

(a) Schedule G, Part I, line number	(b) Description of event	(c) Date of event

**Part III Successor Event** (see instructions)

(a) Schedule G, Part I, line number	(b) Description of event	(c) Date of event	(d) Name, address, and U.S. taxpayer identification number (U.S. TIN) (if any) of successor partnership, lower-tier partnership, upper-tier partnership, or U.S. corporation (as applicable)

**Part IV Taxable Disposition of a Portion of an Interest in Partnership Event** (see instructions)

(a) Description of event	(b) Date of event	(c) Percentage of partnership interest disposed	(d) Percentage of partnership interest retained	(e) Aggregate remaining built-in gain attributed to partnership interest retained

**Part V Section 367 Transfer Event** (see instructions)

(a) Schedule G, Part I, line number	(b) Description of event	(c) Date of event	(d) Gain recognized	(e) Name, address, and U.S. TIN (if any) of foreign transferee corporation (as applicable)

**Part VI Supplemental Information** (see instructions)

AMERICAN CANCER SOCIETY, INC. IS FILING FORM 8865, SCHEDULE H BASED ON THE "FILING REQUIREMENTS FOR CATEGORIES OF FILERS" MATRIX

ON PAGE 3 OF THE FORM 8865 INSTRUCTIONS. AMERICAN CANCER SOCIETY, INC. DID NOT HAVE AN ACCELERATION, SUCCESSOR, TAXABLE

DISPOSITION, OR SECTION 367 TRANSFER EVENT WITH RESPECT TO SECTION 721(C) PROPERTY DURING THE TAX YEAR ENDED 12/31/2022.

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor <b>AMERICAN CANCER SOCIETY, INC.</b>		Filer's identifying number <b>13-1788491</b>
Name of foreign partnership <b>CFM INSTITUTIONAL SYSTEMATIC TRENDS FUND LP</b>	EIN (if any)	Reference ID number (see instructions) <b>CFM0001</b>

- 1a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions . . . . .  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property?  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? . . . . .  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/2022		14,950,000				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			14,950,000				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **0 %** (b) After the transfer **4.23 %**

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . . .  Yes  No

**General  
Information**

(continued)

Return Reference	Identifier	Explanation
H4	Name and Address of person(s) in custody of books and records	HSBC CONTINENTAL EUROPE 1 GRAND CANAL SQUARE, GRAND CANAL HARBOUR, DUBLIN 2, IRELAND

# Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

# 2022

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

AMERICAN CANCER SOCIETY, INC.

EIN or SSN

13-1788491

## Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input checked="" type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	0
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration of Officer or Person Subject to Tax

- 11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign *Paul E. ...* | 11/13/2023 | CHIEF FINANCE & STRATEGY OFFICER  
 Here Signature of officer or person subject to tax | Date | Title, if applicable

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				
	<u><i>Aerial M. Orr</i></u>	11/09/23			P01598400
	ERNST & YOUNG US LLP				EIN 34-6565596
	55 IVAN ALLEN JR BOULEVARD, ATLANTA, GA 30308				Phone no. (404) 874-8300

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	0	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	0	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	0	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	0	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	0	
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	0	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0	
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	0	
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>	0	
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	0	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	<b>6g</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	0	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	0	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	0	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	0	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0	

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

<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . \$ 0		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ 392,902. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	530000	\$ 630,470	
		\$	
		\$	
		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		✓
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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

**Sign Here**

*Handwritten Signature*

11/13/2023  
Date

CHIEF FINANCE & STRATEGY OFFICER  
Title

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

**Paid Preparer Use Only**

Print/Type preparer's name <b>AERRIAL M. ORR</b>	Preparer's signature <i>Aerial M. Orr</i>	Date <b>11/09/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01598400</b>
Firm's name <b>ERNST &amp; YOUNG US LLP</b>	Firm's EIN <b>34-6565596</b>		Phone no. <b>(404) 874-8300</b>	
Firm's address <b>55 IVAN ALLEN JR BOULEVARD, ATLANTA, GA 30308</b>				