Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

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

C Name of organization AMERICAN CANCER SOCIETY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 270 PEACHTREE ST NW

Room/suite: 1300

City or town, state or province, country, and ZIP or foreign postal code: ATLANTA, GA 30303-1246

D Employer identification number: 13-1788491

E Telephone number: (800) 227-2345

G Gross receipts $ 3,156,765,281

F Name and address of principal officer: SHANE JACOBSON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number: 0580

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CANCER.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1922

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	3,348
6	Total number of volunteers (estimate if necessary)	6	1,175,711
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	43,026
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	642,764,423	689,729,471
9	Program service revenue (Part VIII, line 2g)	258,515	776,643
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,825,861	36,688,189
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(4,010,684)	(3,009,772)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	656,838,115	724,184,531

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	194,769,766	201,592,542
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	308,739,250	330,747,330
16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,816,141	10,574,766
b	Total fundraising expenses (Part IX, column (D), line 25) 125,204,617		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	241,947,447	248,946,252
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	756,272,604	791,860,890
19	Revenue less expenses. Subtract line 18 from line 12	(99,434,489)	(67,676,359)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,809,676,040	1,746,878,475
21	Total liabilities (Part X, line 26)	531,311,280	450,949,601
22	Net assets or fund balances. Subtract line 21 from line 20	1,278,364,760	1,295,928,874

Part II Signature Block

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

Sign Here

Signature of officer — Date: 10/9/2025

KAEL REICIN, CHIEF FINANCIAL & STRATEGY OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SANDRA L. FEINSMITH	Preparer's signature	Date: 09/26/2025	Check ☐ if self-employed	PTIN: P01064157
Firm's name: BDO USA			Firm's EIN: 13-5381590	
Firm's address: 421 FAYETTEVILLE ST STE 300, RALEIGH, NC 27601-1776			Phone no.: (919) 754-9370	

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

Form **8868**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing *(e-file)*. You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
AMERICAN CANCER SOCIETY, INC.

Taxpayer identification number (TIN)
13-1788491

Number, street, and room or suite no. If a P.O. box, see instructions.
270 PEACHTREE ST NW STE 1300

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
ATLANTA, GA 30303-1246

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
  Plan Name _____
  Plan Number _____
  Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KAEL REICIN 270 PEACHTREE ST NW STE 1300 ATLANTA GA 30303-1246
Telephone No. 800 227-2345 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____.
  If this is for the whole group, check this box . . . . . ☐
  If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . . ☐

1 I request an automatic 6-month extension of time until 11/17, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 24 or
☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ NONE
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ NONE
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ NONE

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 381,793,020 including grants of $ 25,592,258) (Revenue $ 745,434)

PATIENT SUPPORT: THE AMERICAN CANCER SOCIETY, INC. (ACS) OFFERS PROGRAMS AND SERVICES TO HELP INDIVIDUALS DURING AND AFTER CANCER TREATMENT. WE PROVIDE THE LATEST, EVIDENCE-BASED CANCER INFORMATION AND ARE AVAILABLE 24/7 TO HELP PEOPLE FACING CANCER FIND SERVICES AND RESOURCES, WHETHER THEY WANT TO UNDERSTAND THEIR DIAGNOSIS AND TREATMENT OPTIONS, LEARN HOW TO COPE WITH SIDE EFFECTS, FIND TRANSPORTATION, OR NEED LODGING WHEN TREATMENT IS FAR FROM HOME. WE PROVIDE INFORMATION AND SUPPORT TO PEOPLE WITH CANCER, CAREGIVERS, AND SURVIVORS THROUGH ONLINE COMMUNITIES AND ONE-ON-ONE SUPPORT.

4b (Code:) (Expenses $ 202,099,733 including grants of $ 137,929,490) (Revenue $ 31,209)

RESEARCH: ACS LAUNCHES INNOVATIVE, HIGH-IMPACT RESEARCH TO FIND MORE - AND BETTER - TREATMENTS, UNCOVER FACTORS THAT MAY CAUSE CANCER, AND IMPROVE QUALITY OF LIFE FOR PEOPLE FACING CANCER. WE FUND RESEARCH GRANTS AND CONDUCT CANCER RESEARCH STUDIES TO HELP ACCELERATE THE PACE OF PROGRESS. WE CONDUCT RESEARCH TO IDENTIFY AND UNDERSTAND ISSUES RELATED TO CANCER DISPARITIES IN AN EFFORT TO ADVANCE HEALTH EQUITY AMONG ALL COMMUNITIES.

4c (Code:) (Expenses $ 48,123,156 including grants of $ 38,070,794) (Revenue $ 0)

ADVOCACY: ACS PROMOTES POLICIES THAT BUILD HEALTHIER COMMUNITIES, CREATE SAFER WORKPLACES, AND PROVIDE GREATER, MORE EQUITABLE ACCESS TO QUALITY MEDICAL CARE. ADVOCACY EFFORTS INCLUDE, BUT ARE NOT LIMITED TO, GRANTS TO AFFILIATES. AS ACS' NONPROFIT, NONPARTISAN AFFILIATE, THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. (ACS CAN) ADVOCATES FOR EVIDENCE-BASED PUBLIC POLICIES TO REDUCE THE CANCER BURDEN FOR EVERYONE. ACS CAN IS MAKING CANCER A TOP PRIORITY FOR PUBLIC OFFICIALS AT THE FEDERAL, STATE, AND LOCAL LEVELS. BY ENGAGING ADVOCATES ACROSS THE COUNTRY TO MAKE THEIR VOICES HEARD, ACS CAN INFLUENCES LEGISLATIVE AND REGULATORY SOLUTIONS THAT WILL END CANCER AS WE KNOW IT, FOR EVERYONE.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 632,015,909

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1,245		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	78		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,348		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		✔	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		✔	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✔
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✔	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✔	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		✔	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	19		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✔	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✔	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✔	
b	Other officers or key employees of the organization	15b	✔	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✔
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, (CONTINUED ON SCHEDULE O)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☑ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

KAEL REICIN, 270 PEACHTREE ST NW STE 1300, ATLANTA, GA 30303-1246, (800) 227-2345

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN E. KNUDSEN, PHD	55.0									
CHIEF EXECUTIVE OFFICER, OUTGOING	8.0			✔				2,015,611	173,760	53,274
(2) KAEL REICIN	55.0									
CHIEF FINANCIAL & STRATEGY OFFICER	7.0			✔				1,150,466	123,264	48,911
(3) WILLIAM L. DAHUT	55.0									
CHIEF SCIENTIFIC OFFICER	0.0				✔			1,011,912	0	61,544
(4) ANDRE C. BOKHOOR	55.0									
CHIEF PEOPLE OFFICER	0.0					✔		950,673	0	69,801
(5) MICHAEL L. NEAL	55.0									
CHIEF OF ORGANIZATIONAL ADVANCEMENT	3.0				✔			977,147	0	43,185
(6) ARIF KAMAL	55.0									
CHIEF PATIENT OFFICER	0.0				✔			868,358	0	24,053
(7) JOHN B. WOODWARD	55.0									
SENIOR EVP, FIELD OPERATIONS	3.0					✔		641,450	0	67,657
(8) TIMOTHY B. PHILLIPS	55.0									
CHIEF LEGAL AND RISK OFFICER, OUTGOING	2.0					✔		677,507	0	15,644
(9) WAYNE A. I. FREDERICK, MD, MBA, FACS	55.0									
INTERIM CEO/BOARD DIRECTOR, FORMER	8.0	✔		✔				553,974	47,756	0
(10) TAWANA THOMAS-JOHNSON	55.0									
SENIOR VICE PRESIDENT, CHIEF DIVERSITY OFFICER	0.0					✔		497,819	0	46,589
(11) EMILY SANDMAN	55.0									
SENIOR VICE PRESIDENT, PEOPLE TEAM	0.0					✔		486,536	0	49,116
(12) BRIAN A. MARLOW, CFA	8.0									
BOARD CHAIR	3.0	✔		✔				0	0	0
(13) CONNIE LINDSEY	5.0									
BOARD SECRETARY	0.0	✔		✔				0	0	0
(14) KATHLEEN GALLAGHER, MSN	5.0									
BOARD TREASURER	0.0	✔		✔				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARK A. GOLDBERG, MD	5.0									
BOARD SCIENTIFIC OFFICER	0.0	✔		✔				0	0	0
(16) MICHAEL T. MARQUARDT	5.0									
BOARD IMMEDIATE PAST CHAIR	0.0	✔		✔				0	0	0
(17) TERRI MCCLEMENTS	5.0									
BOARD VICE CHAIR	0.0	✔		✔				0	0	0
(18) ASIF DHAR, MD, MBA	3.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(19) DESIREE G. ROGERS	3.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(20) EDISON T. LIU, MD	3.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(21) JAIME WESOLOWSKI	3.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(22) JOSE C. BUENAGA, MBA	3.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(23) KAREN ETZKORN	3.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(24) KATIE A. ECCLES, ESQ.	3.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								9,831,453	344,780	479,774
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								9,831,453	344,780	479,774

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 835

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACARA SOLUTIONS INC, 250 INTERNATIONAL DR, WILLIAMSVILLE, NY 14221	CONTRACT LABOR SERVICES	4,777,449
COMMUNITY COUNSELING SERVICE CO LLC, 527 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022	CONSULTING AND PROFESSIONAL FUNDRAISING	4,704,835
JE DUNN CONSTRUCTION, 1001 LOCUST STREET, KANSAS CITY, MO 64106	CONSTRUCTION	4,584,634
TECHASPECT SOLUTIONS LLC DBA TA DIGITAL, 888 W BIG BEAVER RD, 2ND FLOOR, TROY, MI 48084	INFORMATION TECHNOLOGY PROFESSIONAL SERVICES	3,347,176
SALESFORCE, PO BOX 203141, DALLAS, TX 75320	CRM TECHNOLOGY PROFESSIONAL SERVICES	3,164,117
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 140		

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	1,586,029				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	181,405,083				
	d	Related organizations	1d	50,000				
	e	Government grants (contributions)	1e	3,248,266				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	503,440,093				
	g	Noncash contributions included in lines 1a–1f	1g	$ 38,867,854				
	h	**Total.** Add lines 1a–1f			689,729,471			
Program Service Revenue			Business Code					
	2a	JOURNAL ADVERTISING INCOME	541800		31,209	0	31,209	0
	b	CANCER SCREENING COLLABORATION	900099		399,600	399,600	0	0
	c	NAVIGATION CERTIFICATION PROGRAM	900099		345,834	345,834	0	0
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			776,643			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			34,018,821	0	11,817	34,007,004
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			4,479,147	0	0	4,479,147
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	95,184					
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	95,184	0				
	d	Net rental income or (loss)			95,184	0	0	95,184
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	2,344,824,608	909,419				
	b	Less: cost or other basis and sales expenses 7b	2,342,848,043	216,616				
	c	Gain or (loss) 7c	1,976,565	692,803				
	d	Net gain or (loss)			2,669,368	0	0	2,669,368
	8a	Gross income from fundraising events (not including $ 181,405,083 of contributions reported on line 1c). See Part IV, line 18	8a	41,142,121				
	b	Less: direct expenses	8b	38,972,866				
	c	Net income or (loss) from fundraising events			2,169,255		0	2,169,255
	9a	Gross income from gaming activities. See Part IV, line 19	9a	1,100,351				
	b	Less: direct expenses	9b	582,568				
	c	Net income or (loss) from gaming activities			517,783	0	0	517,783
	10a	Gross sales of inventory, less returns and allowances	10a	29,918,887				
	b	Less: cost of goods sold	10b	49,960,657				
	c	Net income or (loss) from sales of inventory			(20,041,770)	0	0	(20,041,770)
Miscellaneous Revenue			Business Code					
	11a	GRANT REFUND/RESIGNATIONS	900099		9,215,031	0	0	9,215,031
	b	PCARD REBATE	900099		373,807	0	0	373,807
	c	MISCELLANEOUS INCOME	900099		181,791	0	0	181,791
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			9,770,629			
	12	**Total revenue.** See instructions			724,184,531	745,434	43,026	33,666,600

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	197,819,187	197,819,187		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,055,390	2,055,390		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,717,965	1,717,965		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	6,867,274	4,911,122	1,354,250	601,902
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,696,688	934,720	531,783	230,185
7 Other salaries and wages	255,357,766	190,640,128	7,375,466	57,342,172
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,109,837	12,038,611	615,064	3,456,162
9 Other employee benefits	31,695,599	23,658,728	1,269,422	6,767,449
10 Payroll taxes	19,020,166	14,030,495	773,184	4,216,487
11 Fees for services (nonemployees):				
a Management	1,358,647	1,032,382	54,204	272,061
b Legal	12,680,387	1,893,690	10,454,921	331,776
c Accounting	274,163	0	274,163	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	10,574,766			10,574,766
f Investment management fees	576,116	0	576,116	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	22,120,217	17,610,941	1,289,850	3,219,426
12 Advertising and promotion	49,472,054	37,561,440	1,454,825	10,455,789
13 Office expenses	28,092,178	18,811,749	2,971,924	6,308,505
14 Information technology	48,206,664	38,369,209	1,554,378	8,283,077
15 Royalties	0	0	0	0
16 Occupancy	31,204,163	27,400,714	276,731	3,526,718
17 Travel	13,739,454	10,021,163	663,708	3,054,583
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	6,482,997	4,504,745	204,630	1,773,622
20 Interest	618,373	603,384	3,202	11,787
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	15,549,754	14,772,266	155,498	621,990
23 Insurance	4,444,903	1,733,567	2,400,107	311,229
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
a PRINTING - EDU & FUND.	13,015,548	9,318,220	360,912	3,336,416
b MEDALS/RECOGNITION	382,794	296,321	10,769	75,704
c HONORARIUMS	288,615	276,112	4,522	7,981
d MULTI-YEAR GRANT DISCOUNT	(1,260,495)	(1,260,495)	0	0
e All other expenses	1,699,720	1,264,155	10,735	424,830
25 **Total functional expenses.** Add lines 1 through 24e	791,860,890	632,015,909	34,640,364	125,204,617
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☑ if following SOP 98-2 (ASC 958-720)	104,458,079	73,184,499	3,755,241	27,518,339

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		45,244,598	2	45,258,778
	3	Pledges and grants receivable, net		93,073,054	3	104,011,620
	4	Accounts receivable, net		5,685,014	4	6,393,160
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,133,678	8	5,322,729
	9	Prepaid expenses and deferred charges		12,893,160	9	13,045,084
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 428,612,631			
	b	Less: accumulated depreciation	10b 199,946,423	231,882,350	10c	228,666,208
	11	Investments—publicly traded securities		872,484,154	11	760,480,594
	12	Investments—other securities. See Part IV, line 11		42,844,699	12	45,285,587
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		500,435,333	15	538,414,715
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,809,676,040	16	1,746,878,475
Liabilities	17	Accounts payable and accrued expenses		186,883,950	17	94,600,062
	18	Grants payable		250,975,867	18	270,084,917
	19	Deferred revenue		4,428,943	19	2,784,879
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23,608,169	23	21,597,269
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		65,414,351	25	61,882,474
	26	**Total liabilities.** Add lines 17 through 25		531,311,280	26	450,949,601
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		527,258,622	27	458,596,704
	28	Net assets with donor restrictions		751,106,138	28	837,332,170
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	0
	32	Total net assets or fund balances		1,278,364,760	32	1,295,928,874
	33	Total liabilities and net assets/fund balances		1,809,676,040	33	1,746,878,475

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	724,184,531
2	Total expenses (must equal Part IX, column (A), line 25)	2	791,860,890
3	Revenue less expenses. Subtract line 2 from line 1	3	(67,676,359)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,278,364,760
5	Net unrealized gains (losses) on investments	5	36,956,683
6	Donated services and use of facilities	6	4,063,433
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	44,220,357
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,295,928,874

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	✔	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	✔	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) KENNETH R. STOLL BOARD DIRECTOR	3.0 0.0	✓						0	0	0
(26) MICHAEL PELLINI, MD BOARD DIRECTOR	3.0 0.0	✓						0	0	0
(27) MICHELLE M. LE BEAU, PHD BOARD DIRECTOR	3.0 0.0	✓						0	0	0
(28) NORMAN E. SHARPLESS, MD BOARD DIRECTOR	3.0 0.0	✓						0	0	0
(29) ROBERT WINN, MD BOARD DIRECTOR	3.0 0.0	✓						0	0	0
(30) SEAN T. FARNHAM BOARD DIRECTOR	3.0 0.0	✓						0	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	533,262,107	652,037,712	657,648,576	642,764,423	689,729,471	3,175,442,289
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	533,262,107	652,037,712	657,648,576	642,764,423	689,729,471	3,175,442,289
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4						3,175,442,289

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	533,262,107	652,037,712	657,648,576	642,764,423	689,729,471	3,175,442,289
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,688,521	22,129,165	29,820,983	34,588,129	38,581,335	148,808,133
9 Net income from unrelated business activities, whether or not the business is regularly carried on	169,893	80,314	37,480	25,025	43,026	355,738
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						3,324,606,160

12 Gross receipts from related activities, etc. (see instructions) **12** 311,569,478

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . **14** 95.51 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . **15** 95.75 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2024 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization	Employer identification number (EIN)
AMERICAN CANCER SOCIETY, INC.	13-1788491

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

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

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

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

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

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**		

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)		**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		✔	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✔		
c	Media advertisements?		✔	
d	Mailings to members, legislators, or the public?		✔	
e	Publications, or published or broadcast statements?		✔	
f	Grants to other organizations for lobbying purposes?	✔		17,047,026
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✔		109,714
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✔	
i	Other activities?	✔		5,334
j	Total. Add lines 1c through 1i			17,162,074
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✔	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid)**.		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	RECOGNIZING THE POWER OF LEGISLATIVE CHANGE TO ACCOMPLISH ITS MISSION, ACS SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO ITS SECTION 501(C)(4) AFFILIATE, ACS CAN, TO ACHIEVE EVIDENCE BASED POLICY SOLUTIONS BY ADVOCATING FOR LEGISLATION DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM. ACS CAN IS CONTRACTUALLY OBLIGATED TO USE FUNDS FROM ACS SOLELY IN A MANNER CONSISTENT WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE GOVERNING 501(C)(3) ORGANIZATIONS. FUNDS ARE PROHIBITED FROM BEING EXPENDED FOR ELECTION PURPOSES, INCLUDING CONTRIBUTIONS TO ANY CANDIDATE OR POLITICAL ORGANIZATION, OR TO INFLUENCE ANY ELECTION TO PUBLIC OFFICE. ACS ALSO PAYS MEMBERSHIP DUES TO CERTAIN ORGANIZATIONS RELATED TO THE NONPROFIT AND/OR HEALTHCARE SECTOR WHICH HAVE LOBBYING EXPENSES. THE TOTAL AMOUNT FOR LOBBYING INCLUDES THE PERCENTAGE OF THE DUES PAID THAT WERE USED FOR LOBBYING.

SCHEDULE D (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC.

Employer identification number
13-1788491

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	146,564,729	127,888,547	151,345,168	142,586,713	106,990,454
b Contributions	3,635,510	5,057,932	4,103,488	3,450,426	23,157,501
c Net investment earnings, gains, and losses	17,556,575	19,194,145	(24,011,457)	11,855,700	16,901,576
d Grants or scholarships					
e Other expenditures for facilities and programs	6,596,095	5,575,895	3,548,652	6,547,671	4,462,818
f Administrative expenses					
g End of year balance	161,160,719	146,564,729	127,888,547	151,345,168	142,586,713

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

- a Board designated or quasi-endowment 0.00 %
- b Permanent endowment 100.00 %
- c Term endowment 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations? 3a(i)		✔
(ii) Related organizations? 3a(ii)		✔

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,964,151		15,964,151
b Buildings		275,537,431	124,769,850	150,767,581
c Leasehold improvements		70,835,908	35,954,967	34,880,941
d Equipment		24,607,824	20,675,654	3,932,170
e Other		41,667,317	18,545,952	23,121,365
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				228,666,208

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	403,583,745
(2) PLANNED GIVING ASSETS	87,515,797
(3) RIGHT OF USE LEASES	36,345,454
(4) OTHER RECEIVABLES	10,413,756
(5) DUE FROM AFFILIATES	555,963
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	538,414,715

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LEASES	28,293,008
(3) INVESTMENTS HELD FOR AFFILIATES	22,249,817
(4) GIFT ANNUITY LIABILITY	10,085,517
(5) FINANCE LEASE LIABILITIES	1,254,132
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	61,882,474

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	840,264,586
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	36,956,683		
b	Donated services and use of facilities	2b	42,617,916		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	46,296,603		
e	Add lines **2a** through **2d**			2e	125,871,202
3	Subtract line **2e** from line **1**			3	714,393,384
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	576,116		
b	Other (Describe in Part XIII.)	4b	9,215,031		
c	Add lines **4a** and **4b**			4c	9,791,147
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	724,184,531

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

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

1	Total expenses and losses per audited financial statements			1	844,866,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	38,554,483		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	24,242,331		
e	Add lines **2a** through **2d**			2e	62,796,814
3	Subtract line **2e** from line **1**			3	782,069,743
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	576,116		
b	Other (Describe in Part XIII.)	4b	9,215,031		
c	Add lines **4a** and **4b**			4c	9,791,147
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	791,860,890

Part XIII Supplemental Information

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description / **(b)** Amount REVENUE OF AFFILIATES — 17,199,943 CHANGE IN VALUE OF SPLIT-VALUE INTEREST AGREEMENTS — 28,395,487 WRITE-OFFS — 701,173
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description / **(b)** Amount GRANT REFUNDS/RESIGNATIONS — 9,215,031
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description / **(b)** Amount EXPENSES OF AFFILIATES — 24,242,331
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	**(a)** Description / **(b)** Amount GRANTS REFUNDS/RESIGNATIONS — 9,215,031

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY. DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	ACS DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY AS OF DECEMBER 31, 2024 AND 2023. ACS BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

SCHEDULE F (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC.

Employer identification number
13-1788491

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

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	4,516
(2)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	48,486
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	HPV VACCINATION INITIATIVES	7,921
(4)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	OTHER INITIATIVES INTERVENTIONS	112,742
(5)	SOUTH AMERICA	0	0	PROGRAM SERVICES	HPV VACCINATION INITIATIVES	1,755
(6)	SOUTH ASIA	0	0	PROGRAM SERVICES	HPV VACCINATION INITIATIVES	40,770
(7)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	229,722
(8)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HPV VACCINATION INITIATIVES	28,326
(9)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OTHER INITIATIVES INTERVENTIONS	475,500
(10)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PAIN INITIATIVES	25,408
(11)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	ACCESS TO CARE INITIATIVES	44,984
(12)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	OTHER SCREENING INITIATIVES	22,996
(13)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	HPV VACCINATION INITIATIVES	47,000
(14)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	OTHER SCREENING INITIATIVES	175,370
(15)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	OPS SUPPORT	50,000
(16)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	ACCESS TO CARE INITIATIVES	20,000
(17)	(SEE STATEMENT)					
3a	Subtotal	0	0			1,335,496
b	Total from continuation sheets to Part I	0	1			115,399,327
c	**Totals** (add lines 3a and 3b)	0	1			116,734,823

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	HPV VACCINATION INITIATIVES	10,500	WIRE			
(2)			MIDDLE EAST AND NORTH AFRICA	ACCESS TO CARE INITIATIVES	20,000	WIRE			
(3)			SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES	20,000	WIRE			
(4)			SOUTH ASIA	HPV VACCINATION INITIATIVES	65,135	WIRE			
(5)			EAST ASIA AND THE PACIFIC	ACCESS TO CARE INITIATIVES	24,984	WIRE			
(6)			SOUTH AMERICA	ACCESS TO CARE INITIATIVES	35,000	WIRE			
(7)			EUROPE (INCLUDING ICELAND AND GREENLAND)	OPS SUPPORT	50,000	WIRE			
(8)			SUB-SAHARAN AFRICA	OTHER INITIATIVES INTERVENTIONS	35,600	WIRE			
(9)			SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES & HLEQ HEALTH EQUITY	95,116	WIRE			
(10)			SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES	130,643	WIRE			
(11)			SUB-SAHARAN AFRICA	HPV VACCINATION INITIATIVES	7,953	WIRE			
(12)			EAST ASIA AND THE PACIFIC	ACCESS TO CARE INITIATIVES	20,000	WIRE			
(13)			SUB-SAHARAN AFRICA	OTHER INITIATIVES INTERVENTIONS	38,500	WIRE			
(14)			EUROPE (INCLUDING ICELAND AND GREENLAND)	OTHER SCREENING INITIATIVES	175,370	WIRE			
(15)			EAST ASIA AND THE PACIFIC	OTHER SCREENING INITIATIVES	22,996	WIRE			
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 22

3 Enter total number of other organizations or entities 1

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ACS MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF ACS TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY ACS RECEIVING BENCHMARKING GRANT REPORTS. ACS ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES. ALL GRANTS ARE DOCUMENTED VIA WRITTEN GRANT AGREEMENTS SIGNED BY BOTH PARTIES. GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES: (1) INTERIM REPORTS AT THE MIDPOINT OF THE GRANT; AND (2) FINAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT. TO THE EXTENT PAID OUT IN INSTALLMENTS, THE SECOND PAYMENT GENERALLY MAY NOT BE RELEASED UNTIL RECEIPT OF THE INTERIM NARRATIVE AND FINANCIAL REPORTS AND CONFIRMATION OF SATISFACTORY PROGRESS OF GRANT OBJECTIVES. ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -,ACCRUAL EAST ASIA AND THE PACIFIC -ACCESS TO CARE INITIATIVES,ACCRUAL,OTHER SCREENING INITIATIVES,OTHER GLOBAL INITIATIVES EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCESS TO CARE INITIATIVES,ACCRUAL,HPV VACCINATION INITIATIVES,OTHER INITIATIVES INTERVENTIONS,OTHER SCREENING INITIATIVES,OPS SUPPORT,FOREIGN EMPLOYEE,OTHER GLOBAL INITIATIVES,PATIENT SUPPORT MIDDLE EAST AND NORTH AFRICA -ACCESS TO CARE INITIATIVES,ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -OTHER GLOBAL INITIATIVES,ACCRUAL SOUTH AMERICA -HPV VACCINATION INITIATIVES,ACCRUAL,ACCESS TO CARE INITIATIVES SOUTH ASIA -HPV VACCINATION INITIATIVES,ACCRUAL SUB-SAHARAN AFRICA -ACCESS TO CARE INITIATIVES,ACCRUAL,HPV VACCINATION INITIATIVES,OTHER INITIATIVES INTERVENTIONS,PAIN INITIATIVES,HEALTH EQUITY INITIATIVES,PATIENT SUPPORT
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

Part I **Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) SOUTH AMERICA	0	0	GRANTMAKING	ACCESS TO CARE INITIATIVES	35,000
(18) SOUTH ASIA	0	0	GRANTMAKING	HPV VACCINATION INITIATIVES	200,135
(19) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	ACCESS TO CARE INITIATIVES	235,759
(20) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HEALTH EQUITY INITIATIVES	80,000
(21) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HPV VACCINATION INITIATIVES	28,953
(22) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	OTHER INITIATIVES INTERVENTIONS	722,768
(23) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PAIN INITIATIVES	55,000
(24) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	FOREIGN EMPLOYEE	144,459
(25) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OTHER GLOBAL INITIATIVES	3,250
(26) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	OTHER GLOBAL INITIATIVES	153,543
(27) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	PATIENT SUPPORT	131,518
(28) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	OTHER GLOBAL INITIATIVES	1,597
(29) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PATIENT SUPPORT	34,010
(30) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		113,573,335

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, apraisal, other)
(16)		SOUTH ASIA	HPV VACCINATION INITIATIVES	55,000	WIRE			
(17)		SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES & HLEQ HEALTH EQUITY INITIATIVES	70,000	WIRE			
(18)		SUB-SAHARAN AFRICA	HPV VACCINATION INITIATIVES	10,500	WIRE			
(19)		SUB-SAHARAN AFRICA	OTHER INITIATIVES INTERVENTIONS	612,150	WIRE			
(20)		SUB-SAHARAN AFRICA	OTHER INITIATIVES INTERVENTIONS	36,518	WIRE			
(21)		SUB-SAHARAN AFRICA	PAIN INITIATIVES	55,000	WIRE			
(22)		EUROPE (INCLUDING ICELAND AND GREENLAND)	HPV VACCINATION INITIATIVES	47,000	WIRE			
(23)		SOUTH ASIA	HPV VACCINATION INITIATIVES	80,000	WIRE			

SCHEDULE G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC.

Employer identification number
13-1788491

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1	ADVANCED REMARKETING SERVICES, 116 JOHNNY CAKE HILL, MIDDLETOWN, RI 02842	AUTO DONATIONS	✔		3,480,972	610,387	2,870,585
2	CASWELL ZACHRY GRIZZARD LLC, 6301 GASTON AVE, STE 715, DALLAS, TX 75214	PLANNED GIVING STRATEGY		✔	0	347,500	(347,500)
3	COMMUNITY COUNSELING SERVICE CO LLC, 527 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022	FUNDRAISING COUNSEL		✔	13,674,350	2,059,627	11,614,723
4	DIGITAL MEDIA SOLUTIONS, 4800 14TH AVE NORTH, SUITE 101, CLEARWATER, FL 33762	DIRECT MARKETING		✔	1,686,385	1,654,845	31,540
5	GIVEPANEL, 1013 CENTRE ROAD, SUITE 403-B, WILMINGTON, DE 19805	FUNDRAISING PLATFORM		✔	7,708,620	1,338,351	6,370,269
6	M+R STRATEGIC SERVICES, 2120 L STREET NW, SIXTH FLOOR, WASHINGTON, DC 20037	FUNDRAISING COUNSEL		✔	3,096,110	815,712	2,280,398
7	MERKLE INC, PO BOX 64897, BALTIMORE, MD 21264	DIRECT MAIL		✔	30,594,843	2,516,179	28,078,664
8	PMX AGENCY LLC, ONE WORLD TRADE CENTER, 63RD FLOOR, NEW YORK, NY 10007	DIRECT MAIL		✔	0	10,000	(10,000)
9	MOORE A SERIES LLC, 4200 PARLIAMENT PLACE, 3RD FLOOR, LANHAM, MD 20706	DIRECT MAIL		✔	15,297,421	1,222,165	14,075,256
10							
Total					75,538,701	10,574,766	64,963,935

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

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

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

		(a) Event #1 RELAY FOR LIFE (event type)	(b) Event #2 MSABC (event type)	(c) Other events 418 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	60,687,695	45,819,064	116,040,445	222,547,204
	2 Less: Contributions	57,334,774	41,306,584	82,763,725	181,405,083
	3 Gross income (line 1 minus line 2)	3,352,921	4,512,480	33,276,720	41,142,121
Direct Expenses	4 Cash prizes	18,114	1,593		19,707
	5 Noncash prizes	1,675,510	736,896	196,017	2,608,423
	6 Rent/facility costs	1,256,671	2,152,105	13,978,062	17,386,838
	7 Food and beverages	135,524	163,555	4,230,306	4,529,385
	8 Entertainment	258,182	222,943	3,562,922	4,044,047
	9 Other direct expenses	1,782,449	1,997,717	6,604,300	10,384,466
	10 Direct expense summary. Add lines 4 through 9 in column (d)				38,972,866
	11 Net income summary. Subtract line 10 from line 3, column (d)				2,169,255

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	73,231		1,027,120	1,100,351
Direct Expenses	2 Cash prizes	18		43,427	43,445
	3 Noncash prizes	3,683		353,994	357,677
	4 Rent/facility costs	5,721		80,245	85,966
	5 Other direct expenses	6,354		89,126	95,480
	6 Volunteer labor	☑ Yes 100 % ☐ No	☐ Yes % ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				582,568
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				517,783

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

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

b If "No," explain: SOME STATES DO NOT REQUIRE LICENSES. REVIEWS OF GAMING ACTIVITIES ARE CONDUCTED PERIODICALLY TO MONITOR COMPLIANCE WITH STATE LICENSING REQUIREMENTS.

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	0 %
b	An outside facility	**13b**	100 %

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

Name ANNETTA MARTIN

Address 270 PEACHTREE ST NW, STE 1300, ATLANTA, GA 30303-1246

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

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

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

Name

Address

16 Gaming manager information:

Name KAEL REICIN, CHIEF FINANCIAL & STRATEGY OFFICER

Gaming manager compensation $ 0

Description of services provided DIRECTOR/OFFICER

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $ 517,783

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART II - COLUMN A	RELAY FOR LIFE IS MORE THAN JUST A WALK-IT'S A POWERFUL MOVEMENT THAT BRINGS COMMUNITIES TOGETHER TO HELP END CANCER AS WE KNOW IT, FOR EVERYONE. FOR 40 YEARS, THIS SIGNATURE AMERICAN CANCER SOCIETY EVENT HAS UNITED SURVIVORS, CAREGIVERS, AND SUPPORTERS TO CELEBRATE LIFE, HONOR THOSE WE'VE LOST, AND RAISE CRITICAL FUNDS TO FIGHT CANCER THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT. EACH RELAY FOR LIFE REFLECTS ITS COMMUNITY'S SPIRIT WHILE EMBRACING FOUR CORE TRADITIONS: CELEBRATING SURVIVORS, RECOGNIZING CAREGIVERS, REMEMBERING LOVED ONES WITH THE LUMINARIA CEREMONY, AND TAKING ACTION TO BUILD A CANCER-FREE FUTURE.
SCHEDULE G, PART II - COLUMN B	MAKING STRIDES AGAINST BREAST CANCER IS A CELEBRATION OF COURAGE AND HOPE, A MOVEMENT UNITING COMMUNITIES TO END BREAST CANCER AS WE KNOW IT, FOR EVERYONE. FOR MORE THAN THREE DECADES, THIS NON COMPETITIVE 3- TO 5-MILE WALK HAS GROWN INTO THE NATION'S LARGEST AND MOST IMPACTFUL BREAST CANCER MOVEMENT, CREATING A SUPPORTIVE COMMUNITY FOR SURVIVORS, THRIVERS, CAREGIVERS, AND FAMILIES. WITH EVERY STEP, PARTICIPANTS RAISE CRITICAL FUNDS FOR THE AMERICAN CANCER SOCIETY TO SUPPORT GROUNDBREAKING RESEARCH, ESSENTIAL PROGRAMS, AND SERVICES THAT ADVANCE HEALTH EQUITY. TOGETHER, WE ARE THE MOVEMENT, WE ARE THE HOPE, AND WE ARE THE FUTURE.
SCHEDULE G, PART III, LINE 9 - STATES IN WHICH THE ORGANIZATION CONDUCTS GAMING ACTIVITIES	CA, CT, DC, FL, GA, ID, IL, IA, KS, KY, LA, MD, MA, MI, MN, MO, NH, NJ, NY, NC, OH, OR, PA, PR, SD, TX, VA, WA, WV
SCHEDULE G, PART III, LINE 17B -	ACS CONDUCTS GAMING ACTIVITIES IN MULTIPLE STATES (SEE DISCLOSURE IN SCHEDULE G, PART III, LINE 9). THE MINIMUM AMOUNT REQUIRED TO BE DISTRIBUTED UNDER STATE LAW VARIES FROM STATE TO STATE. ACS USES ALL ITS GAMING INCOME TOWARD ITS EXEMPT PURPOSE, THEREBY MEETING OR EXCEEDING ANY REQUIRED MINIMUM BY EACH STATE.

Return Reference	Identifier	Explanation
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name: CASWELL ZACHRY GRIZZARD LLC Description: ACS HAS ENGAGED CASWELL ZACHRY GRIZZARD LLC TO COUNSEL ACS ON ITS FUNDRAISING STRATEGY, WITH A FOCUS ON PLANNED GIVING STRATEGY, INCLUDING DEVELOPING LEADS AND ADVISING ON ONGOING CAMPAIGNS. INVOICES RECEIVED FROM AND THE CONTRACT IN PLACE WITH CASWELL ZACHRY GRIZZARD LLC DISTINGUISH BETWEEN THESE PROFESSIONAL FUNDRAISING SERVICES AND OTHER PROFESSIONAL FUNDRAISING EXPENSES. IN ADDITION TO THE AMOUNTS REPORTED IN PART I FOR PROFESSIONAL FUNDRAISING SERVICES, ACS PAID CASWELL ZACHRY GRIZZARD LLC $493,039 FOR PROFESSIONAL FUNDRAISING EXPENSES.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name: COMMUNITY COUNSELING SERVICE CO LLC Description: ACS HAS ENGAGED COMMUNITY COUNSELING SERVICE CO LLC TO COUNSEL ACS ON ITS FUNDRAISING STRATEGY, INCLUDING CAPITAL CAMPAIGNS. ACS HAS, BY SEPARATE WRITTEN AGREEMENT, ENGAGED COMMUNITY COUNSELING SERVICE CO LLC FOR OTHER SERVICES WHICH ARE NOT CONSIDERED "PROFESSIONAL FUNDRAISING SERVICES" OR "PROFESSIONAL FUNDRAISING EXPENSES" AS DEFINED BY THE INSTRUCTIONS FOR THIS FORM 990.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name: M+R STRATEGIC SERVICES Description: ACS HAS ENGAGED M+R STRATEGIC SERVICES TO COUNSEL ACS REGARDING ITS FUNDRAISING PRACTICES. INVOICES RECEIVED FROM AND THE CONTRACTS IN PLACE WITH M+R STRATEGIC SERVICES DISTINGUISH BETWEEN THESE PROFESSIONAL FUNDRAISING SERVICES AND OTHER PROFESSIONAL FUNDRAISING EXPENSES. IN ADDITION TO THE AMOUNTS REPORTED IN PART I FOR PROFESSIONAL FUNDRAISING SERVICES, ACS PAID M+R STRATEGIC SERVICES $1,933 FOR PROFESSIONAL FUNDRAISING EXPENSES.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name: MERKLE INC Description: ACS HAS ENGAGED MERKLE INC TO PROVIDE DIRECT MAIL SERVICES AND RELATED SERVICES. INVOICES RECEIVED FROM AND THE CONTRACTS IN PLACE WITH MERKLE INC DISTINGUISH BETWEEN THESE DIRECT MAIL SERVICES AND OTHER PROFESSIONAL FUNDRAISING EXPENSES. IN ADDITION TO THE AMOUNTS REPORTED IN PART I FOR DIRECT MAIL SERVICES, ACS PAID MERKLE INC $6,674,031 FOR PROFESSIONAL FUNDRAISING EXPENSES.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name: PMX AGENCY LLC Description: ACS HAS ENGAGED PMX AGENCY LLC TO PROVIDE DIRECT MAIL AND RELATED SERVICES. INVOICES RECEIVED FROM AND THE CONTRACT IN PLACE WITH PMX AGENCY LLC DISTINGUISH BETWEEN THESE DIRECT MAIL SERVICES AND OTHER PROFESSIONAL FUNDRAISING

		Name:	Description: EXPENSES. IN ADDITION TO THE AMOUNTS REPORTED IN PART I FOR DIRECT MAIL SERVICES, ACS PAID PMX AGENCY LLC $1,915,147 FOR PROFESSIONAL FUNDRAISING EXPENSES.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name:	Description: MOORE A SERIES LLC	ACS HAS ENGAGED MOORE A SERIES LLC TO PROVIDE DIRECT MAIL AND RELATED SERVICES. INVOICES RECEIVED FROM AND THE CONTRACT IN PLACE WITH MOORE A SERIES LLC DISTINGUISH BETWEEN THESE DIRECT MAIL SERVICES AND OTHER PROFESSIONAL FUNDRAISING EXPENSES. IN ADDITION TO THE AMOUNTS REPORTED IN PART I FOR DIRECT MAIL SERVICES, ACS PAID MOORE A SERIES LLC $138,544 FOR PROFESSIONAL FUNDRAISING EXPENSES.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) ABOVE AND BEYOND CANCER 1305 50TH STREET, WEST DES MOINES, IA 50266	45-3951308	501(C)(3)	30,000				PATIENT SUPPORT
(2) ABRAMSON CANCER CTR. AT PENN. HOSPITAL 800 SPRUCE STREET, PHILADELPHIA, PA 19107	31-1538725	501(C)(3)	15,000				PATIENT SUPPORT
(3) ACCESS/ARAB COMM. CENTER FOR ECONOMIC 2651 SAULINO COURT, DEARBORN, MI 48126	23-7444497	501(C)(3)	20,000				PATIENT SUPPORT
(4) ADELANTE HEALTHCARE INC 3001 N CENTRAL AVENUE, PHOENIX, AZ 85012	86-0377821	501(C)(3)	20,000				PATIENT SUPPORT
(5) ADVENT HEALTH SYSTEM/SUNBELT INC 4200 SUN N LAKE BLVD, SEBRING, FL 33872	59-0725553	501(C)(3)	10,000				PATIENT SUPPORT
(6) ADVENTHEALTH 2501 N ORANGE AVENUE, ORLANDO, FL 32804	59-2219301	501(C)(3)	15,000				PATIENT SUPPORT
(7) ADVENTHEALTH GORDON 1035 REDBUD ROAD, CALHOUN, GA 30701	58-1425000	501(C)(3)	10,000				PATIENT SUPPORT
(8) ADVENTHEALTH TAMPA 3100 E FLETCHER AVENUE, TAMPA, FL 33613	59-2554889	501(C)(3)	10,000				PATIENT SUPPORT
(9) ADVOCATE HEALTH /AURORA HEALTH 3075 HIGHLAND PKY, DOWNERS GROVE, IL 60515	36-2169147	501(C)(3)	60,000				PATIENT SUPPORT
(10) ADVOCATES FOR COMMUNITY WELLNESS 815 W 63RD STREET 4TH FL, CHICAGO, IL 60621	02-0708194	501(C)(3)	50,000				PATIENT SUPPORT
(11) AFFINIA HEALTHCARE PO BOX 551, SAINT LOUIS, MO 63188-0551	43-0817642	501(C)(3)	31,485				PATIENT SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 663

3 Enter total number of other organizations listed in the line 1 table 25

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	GUEST ROOMS	10,583	715,822	462,428	FMV	GUEST ROOMS
2	TRANSPORTATION	7,223	519,346			
3	PATIENT SUPPORT	2,824	233,996	123,798	FMV	MASKS, DIGITAL THERM., & FOOD
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) AFFINITY HOSPITAL LLC 3690 GRANDVIEW PARKWAY, BIRMINGHAM, AL 35243	20-3391873		10,000				PATIENT SUPPORT
(13) AGAPE COMMUNITY HEALTH CENTER 120 KING ST, JACKSONVILLE, FL 32202	16-1660966	501(C)(3)	10,000				PATIENT SUPPORT
(14) AIDS ARMS INC DBA PRISM HEALTH NORTH TEXAS 3900 JUNIUS ST SUITE 300, DALLAS, TX 75246	75-2306145	501(C)(3)	10,000				PATIENT SUPPORT
(15) ALABAMA ONCOLOGY FOUNDATION 500 OFFICE PARK DRIVE, SUITE 400, BIRMINGHAM, AL 35223	85-2608911	501(C)(3)	15,000				PATIENT SUPPORT
(16) ALASKA MEDICAL CENTER 3760 PIPER STREET, STE LL026, ANCHORAGE, AK 99508	92-0093565	501(C)(3)	10,000				PATIENT SUPPORT
(17) ALBANY AREA PRIMARY HEALTH CARE INC 204 N WESTOVER BOULEVARD, ALBANY, GA 31707-2983	58-1344015	501(C)(3)	10,000				PATIENT SUPPORT
(18) ALBANY MED 43 NEW SCOTLAND AVENUE MAIL CODE 11, ALBANY, NY 12208	14-6023119	501(C)(3)	50,000				PATIENT SUPPORT
(19) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE, BRONX, NY 10461	83-0621846	501(C)(3)	308,024				SUPPORT/RESEARCH
(20) ALIADOS HEALTH 1310 REDWOOD WAY, SUITE 135, PETALUMA, CA 94954	94-3220029	501(C)(3)	20,000				PATIENT SUPPORT
(21) ALLEGHENY HEALTH NETWORK 4818 LIBERTY AVE, PITTSBURGH, PA 15224	45-3674924	501(C)(3)	90,000				PATIENT SUPPORT
(22) ALLIANCE CHICAGO 225 W ILLINOIS ST SUITE 500, CHICAGO, IL 60654	81-5434098	501(C)(3)	12,500				PATIENT SUPPORT
(23) ALLIANCE COMMUNITY SERVICES 5286 S COMMERCE DR, MURRAY, UT 84107	30-0087376	501(C)(3)	10,000				PATIENT SUPPORT
(24) ALOMERE HEALTH 111 17TH AVE EAST, ALEXANDRIA, MN 56308	41-6039201	501(C)(3)	10,000				PATIENT SUPPORT
(25) AMERICAN ASSOCIATION FOR CANCER RESEARCH 143 WEST STREET, NEW MILFORD, CT 06776	23-6251648	501(C)(3)	20,000				AWARD FOR RESEARCH
(26) AMERICAN CANCER SOCIETY CANCER ACTION NETWORK 655 15TH STREET NW, WASHINGTON, DC 20005	52-2340031	501(C)(4)	38,070,794				PROGRAM SUPPORT
(27) ACS OF PUERTO RICO URB LA MERCED 566 CALLE ALVERIO, HATO REY, PR 00918	66-0321594	501(C)(3)	6,361				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) AMERICAN COLLEGE OF SURGEONS PO BOX 92425, CHICAGO, IL 60675-2425	36-2192800	501(C)(3)	1,021,500				SUPPORT/RESEARCH
(29) ANN ARBOR VA HEALTHCARE SYSTEM 2215 FULLER RD, MC 136-VOLUNTARY SERVICES, ANN ARBOR, MI 48105	38-3149486	GOVT	30,000				PATIENT SUPPORT
(30) ANTELOPE VALLEY MEDICAL CENTER 1600 WEST AVENUE J, LANCASTER, CA 93534	95-6005217	501(C)(3)	13,000				PATIENT SUPPORT
(31) APPALACHIAN REGIONAL HEALTHCARE 2260 EXECUTIVE DRIVE, LEXINGTON, KY 40505	52-0795508	501(C)(3)	7,500				PATIENT SUPPORT
(32) ASANTE FOUNDATION 229 N. BARTLETT STREET, MEDFORD, OR 97501	93-6087366	501(C)(3)	62,500				PATIENT SUPPORT
(33) ASCENSION GENESYS FOUNDATION ONE GENESYS PARKWAY, GRAND BLANC, MI 48439	38-3591148	501(C)(3)	10,000				PATIENT SUPPORT
(34) ASCENSION ST VINCENTS EAST CANCER TREATMENT CENTER 1130 22ND ST S SUITE 1000, BIRMINGHAM, AL 35205	63-0578923	501(C)(3)	10,000				PATIENT SUPPORT
(35) ASCENSION VIA CHRISTI HOSPITALS WICHITA INC 929 N ST FRANCIS, WICHITA, KS 67214	48-1172106	501(C)(3)	17,000				PATIENT SUPPORT
(36) ASCENSION WISCONSIN FOUNDATION INC 19333 W NORTH AVENUE, BROOKFIELD, WI 53045	39-1494981	501(C)(3)	60,000				PATIENT SUPPORT
(37) ASPEN CANCER CONFERENCE INC 419 MEADOW COURT, BASALT, CO 81621	52-1746776	501(C)(3)	50,000				CANCER CONF. SPONSOR
(38) ASPIRUS REGIONAL CANCER CENTER 2200 WESTWOOD DR, WAUSAU, WI 54401	39-1138241	501(C)(3)	25,000				PATIENT SUPPORT
(39) ASSIST FLATHEAD 1280 BURNS WAY LOWER LEVEL, KALISPELL, MT 59901	46-2669324	501(C)(3)	15,000				PATIENT SUPPORT
(40) ATLANTIC HEALTH SYSTEMS NEWTON MEDICAL CENTER 175 HIGH STREET, NEWTON, NJ 07860	22-3820288	501(C)(3)	15,000				PATIENT SUPPORT
(41) ATRIUM HEALTH 800 1ST STREET, MACON, GA 31201	58-2149128	501(C)(3)	15,000				PATIENT SUPPORT
(42) ATRIUM HEALTH FLOYD MEDICAL CENTER 304 TURNER MCCALL BLVD, ROME, GA 30165	58-1973570	501(C)(3)	10,000				PATIENT SUPPORT
(43) ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD, CHARLOTTE, NC 28203	56-6060481	501(C)(3)	96,250				PATIENT SUPPORT
(44) AU MEDICAL CENTER INC-CHILDREN'S HOSPITAL OF GEORGIA 1446 HARPER STREET BT 1844, AUGUSTA, GA 30912	58-6038134	501(C)(3)	7,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) AUGUSTA HEALTH 78 MEDICAL CENTER DRIVE, FISHERSVILLE, VA 22939	54-2042365	501(C)(3)	20,000				PATIENT SUPPORT
(46) AURORA CANCER CARE KENOSHA VINCE LOMBARDI CANCER CLINIC OF AHC METRO INC PO BOX 343910, MILWAUKEE, WI 53234	39-1442285	501(C)(3)	30,000				PATIENT SUPPORT
(47) AURORA INTEGRATED ONCOLOGY FOUNDATION 240 HOSPITAL PLACE SUITE 100, SOLDOTNA, AK 99669	88-1950708	501(C)(3)	13,000				PATIENT SUPPORT
(48) AVERA MCKENNAN 1325 S CLIFF AVE, SIOUX FALLS, SD 57105	46-0224743	501(C)(3)	60,000				PATIENT SUPPORT
(49) BAD RIVER HEALTH & WELLNESS 53585 NOKOMIS RD, ASHLAND, WI 54806	39-1178897	TRIBAL GOVT	10,000				PATIENT SUPPORT
(50) BALLAD HEALTH 1905 AMERICAN WAY, KINGSPORT, TN 37660	61-1771290	501(C)(3)	25,000				PATIENT SUPPORT
(51) BALTIMORE MEDICAL SYSTEM INC 5525 EASTERN AVENUE SUITE 301, BALTIMORE, MD 21224	52-1358241	501(C)(3)	20,000				PATIENT SUPPORT
(52) BANNER HEALTH 2901 N CENTRAL AVE, SUITE 160, PHOENIX, AZ 85012	94-2545356	501(C)(3)	97,000				PATIENT SUPPORT
(53) BAPTIST HEALTH CARE FOUNDATION 301 BROWN SPRINGS ROAD, MONTGOMERY, AL 36117	23-7281996	501(C)(3)	8,000				PATIENT SUPPORT
(54) BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC PO BOX 748853, ATLANTA, GA 30374-8853	59-1923401	501(C)(3)	25,000				PATIENT SUPPORT
(55) BAPTIST HOSPITALS OF SOUTHEAST TEXAS 3070 COLLEGE STREET STE 401, BEAUMONT, TX 77701	61-1557670	501(C)(3)	50,000				PATIENT SUPPORT
(56) BAPTIST MEMORIAL HEALTH CARE FOUNDATION 350 N HUMPHREYS BLVD, MEMPHIS, TN 38120	58-1544781	501(C)(3)	15,000				PATIENT SUPPORT
(57) BAPTIST MEMORIAL HOSPITAL - GOLDEN TRIANGLE 2520 5TH STREET NORTH, COLUMBUS, MS 39705	62-1519754	501(C)(3)	7,500				PATIENT SUPPORT
(58) BAPTIST MEMORIAL HOSPITAL-DESOTO 7601 SOUTHCREST PARKWAY, SOUTHAVEN, MS 38671	64-0682111	501(C)(3)	7,500				PATIENT SUPPORT
(59) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI 1100 BELK AVENUE, OXFORD, MS 38655	64-0772726	501(C)(3)	10,000				PATIENT SUPPORT
(60) BATON ROUGE GENERAL 8595 PICARDY AVE, BOX 410, BATON ROUGE, LA 70809	72-1025017	501(C)(3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(61) BAY AREA COMMUNITY HEALTH 40910 FREMONT BLVD, FREMONT, CA 94538	23-7255435	501(C)(3)	20,000				PATIENT SUPPORT
(62) BAYCARE HEALTH SYSTEM INC 2985 DREW ST MS 1027, CLEARWATER, FL 33759	59-2796965	501(C)(3)	20,000				PATIENT SUPPORT
(63) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS:206, HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	10,000				PATIENT SUPPORT
(64) BAYLOR COLLEGE OF MEDICINE HEALTHCARE 6227 GLENLIVET DR., HOUSTON, TX 77030	76-0481211	501(C)(3)	1,108,500				EXTRAMURAL RESEARCH
(65) BEAUMONT HEALTH 3601 W 13 MILE RD, ROYAL OAK, MI 48073	46-5718220	501(C)(3)	10,000				PATIENT SUPPORT
(66) BEAUMONT HEALTH FOUNDATION DBA COREWELL HEALTH FOUNDATION SOUTHEAST MI 26901 BEAUMONT BOULEVARD, SOUTHFIELD, MI 48033	36-4852171	501(C)(3)	10,000				PATIENT SUPPORT
(67) BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 E DUARTE ROAD, DUARTE, CA 91010	95-3432210	501(C)(3)	1,006,956				SUPPORT/RESEARCH
(68) BELLIN HEALTH 744 S WEBSTER AVE, PO BOX 23400, GREEN BAY, WI 54305-3400	39-1809171	501(C)(3)	30,000				PATIENT SUPPORT
(69) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, BOSTON, MA 02215	04-2103881	501(C)(3)	450,000				SUPPORT/RESEARCH
(70) BILLINGS CLINIC FOUNDATION PO BOX 31031, BILLINGS, MT 59107-1031	81-0407289	501(C)(3)	40,000				PATIENT SUPPORT
(71) BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION UNIVERSITY OF NEVADA 1664 N VIRGINIA ST MS0124, CONTROLLER OFFICE MS0124, RENO, NV 89557-0124	88-6000024	501(C)(3)	291,000				EXTRAMURAL RESEARCH
(72) BOARD OF REGENTS ON THE UNIV 21 NORTH PARK ST, SUITE 6401, MADISON, WI 53715-1218	39-0743975	501(C)(3)	1,078,000				EXTRAMURAL RESEARCH
(73) BOARD OF SUPERVISORS OF LSU A&M COLLEGE 6400 PERKINS ROAD, BATON ROUGE, LA 70808	72-6000848	501(C)(3)	217,500				EXTRAMURAL RESEARCH
(74) BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVERSITY 485 BROADWAY MAIL CODE 8838, REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	1,963,500				SUPPORT/RESEARCH
(75) BOB PERKS CANCER ASSISTANCE PO BOX 313, STATE COLLEGE, PA 16804	20-4220990	501(C)(3)	83,261				PATIENT SUPPORT
(76) BON SECOURS MERCY HEALTH FOUNDATION 1701 MERCY HEALTH PLACE, CINCINNATI, OH 45237	20-1072726	501(C)(3)	25,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(77) BOSTON MEDICAL CENTER CORPORATION 820 HARRISON AVE 3RD FLOOR ROOM 302, BOSTON, MA 02118	04-3314093	501(C)(3)	120,000				PATIENT SUPPORT
(78) BREVARD HEALTH ALLIANCE 4315 WOODLAND PARK DR, MELBOURNE, FL 32904	90-0068515	501(C)(3)	10,000				PATIENT SUPPORT
(79) BRIGHAM AND WOMENS HOSPITAL PO BOX 3149, BOSTON, MA 02241-3149	04-2312909	501(C)(3)	3,681,743				EXTRAMURAL RESEARCH
(80) BROWNSVILLE COMMUNITY DEVELOPMENT CORP. 592 ROCKAWAY AVE, BROOKLYN, NY 11212	11-2544630	501(C)(3)	10,000				PATIENT SUPPORT
(81) BRYAN MEDICAL CENTER/BRYAN HEALTH 4101 TIGER LILY RD, LINCOLN, NE 68516	47-0376552	501(C)(3)	9,000				PATIENT SUPPORT
(82) BUTLER HEALTH SYSTEM FOUNDATION ONE HOSPITAL WAY, BUTLER, PA 16001	26-1543883	501(C)(3)	149,821				PATIENT SUPPORT
(83) CABIN CREEK HEALTH SYSTEMS 104 ALEX LANE, CHARLESTON, WV 25304	55-0709223	501(C)(3)	10,000				PATIENT SUPPORT
(84) CAHABA MEDICAL CARE FOUNDATION 405 BELCHER STREET, CENTREVILLE, AL 35042	27-3605364	501(C)(3)	10,000				PATIENT SUPPORT
(85) CALIFORNIA COLORECTAL CANCER COALITION PO BOX 161356, SACRAMENTO, CA 95816	95-3102332	501(C)(3)	32,000				PATIENT SUPPORT
(86) CAMDEN ON GAULEY MEDICAL CENTER INC PO BOX 69, CAMDEN ON GAULEY, WV 26208	55-0592596	501(C)(3)	10,000				PATIENT SUPPORT
(87) CANCER KINSHIP 307 PLACENTIA AVENUE, STE 203, NEWPORT BEACH, CA 92663	87-4802655	501(C)(3)	13,000				PATIENT SUPPORT
(88) CANCER LEGAL CARE 3503 HIGH PONT DRIVE N, SUITE 270, OAKDALE, MN 55128	02-0736402	501(C)(3)	50,000				PATIENT SUPPORT
(89) CANCER PARTNERS OF NEBRASKA 201 S 68TH ST PL, LINCOLN, NE 68510	91-1862785		7,500				PATIENT SUPPORT
(90) CANCER REHABILITATION CENTERS 7390 S CREEK ROAD, SUITE 104, SANDY, UT 84093	45-4970317		10,000				PATIENT SUPPORT
(91) CANCER SUPPORT COMMUNITY OF GREATER ANN ARBOR 2010 HOGBACK ROAD SUITE 3, ANN ARBOR, MI 48105	05-0597871	501(C)(3)	110,000				PATIENT SUPPORT
(92) CANYONLANDS COMMUNITY HEALTHCARE 827 VISTA AVE, PAGE, AZ 86040	86-0350153	501(C)(3)	10,000				PATIENT SUPPORT
(93) CAPITOL CITY FAMILY HEALTH CENTER 3140 FLORIDA ST, BATON ROUGE, LA 70806	72-1395500	501(C)(3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(94) CARESTL HEALTH 5471 DR MARTIN LUTHER KING DR, ST LOUIS, MO 63112	43-0917230	501(C)(3)	18,750				PATIENT SUPPORT
(95) CAROLINAEAST FOUNDATION 2007-B NEUSE BLVD, NEW BERN, NC 28560	56-1991164	501(C)(3)	15,000				PATIENT SUPPORT
(96) CARSON TAHOE HEALTH 1600 MEDICAL PARKWAY, CARSON CITY, NV 89702	88-0502320	501(C)(3)	20,000				PATIENT SUPPORT
(97) CARTI FOUNDATION INC PO BOX 55011, LITTLE ROCK, AR 72215	71-0589907	501(C)(3)	60,000				PATIENT SUPPORT
(98) CASA ESPERANZA INC 1005 YALE NE, ALBUQUERQUE, NM 87106	85-0356946	501(C)(3)	15,000				PATIENT SUPPORT
(99) CASA GUADALUPE EDUCATION CENTER 419 ROOSEVELT DR, WEST BEND, WI 53090	20-4483105	501(C)(3)	30,000				PATIENT SUPPORT
(100) CASTLE MEDICAL CENTER 640 ULUKAHIKI STREET, KAILUA, HI 96734	99-0107330	501(C)(3)	10,000				PATIENT SUPPORT
(101) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	84-0902211	501(C)(3)	27,500				PATIENT SUPPORT
(102) CATHOLIC MEDICAL CENTER 100 MCGREGOR STREET, MANCHESTER, NH 03102	02-0405124	501(C)(3)	10,000				PATIENT SUPPORT
(103) CAYUGA MEDICAL CENTER 401 CAYUGA PARK LANE, ITHACA, NY 14850	22-2325405	501(C)(3)	15,000				PATIENT SUPPORT
(104) CBCC FOUNDATION FOR COMMUNITY WELLNESS INC 6501 TRUXTUN AVENUE, BAKERSFIELD, CA 93309-0633	77-0491071	501(C)(3)	10,000				PATIENT SUPPORT
(105) CCARE CONNECTS INC 7130 N MILLBROOK AVENUE, FRESNO, CA 93720	81-3972946	501(C)(3)	15,000				PATIENT SUPPORT
(106) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD, LOS ANGELES, CA 90048	95-1644600	501(C)(3)	155,000				SUPPORT/RESEARCH
(107) CENTRA FOUNDATION 1920 ATHERHOLT RD, LYNCHBURG, VA 24501	54-1604094	501(C)(3)	10,000				PATIENT SUPPORT
(108) CENTRACARE HEALTH SYSTEM 1406 6TH AVE N, SAINT CLOUD, MN 56303	41-1813221	501(C)(3)	8,000				PATIENT SUPPORT
(109) CENTRAL FLORIDA HEALTH CARE INC 950 COUNTY RD 17A WEST, AVON PARK, FL 33825	59-1404594	501(C)(3)	10,000				PATIENT SUPPORT
(110) CENTRAL OZARKS MEDICAL CENTER PO BOX 777, RICHLAND, MO 65556	43-1183442	501(C)(3)	26,750				PATIENT SUPPORT
(111) CENTROMED 3750 COMMERCIAL AVE, SAN ANTONIO, TX 78221	74-1787031	501(C)(3)	12,184				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(112) CHARTER OAK HEALTH CENTER 21 GRAND STREET, HARTFORD, CT 06106	06-0986747	501(C)(3)	10,000				PATIENT SUPPORT
(113) CHEEKY CHARITY INC 2 GRAYROCK PARK ROAD, MOUNT KISCO, NY 10549	88-1732080	501(C)(3)	50,000				PATIENT SUPPORT
(114) CHESPENN HEALTH SERVICES 1510 CHESTER PIKE SUITE 200, EDDYSTONE, PA 19022	23-7354899	501(C)(3)	20,000				PATIENT SUPPORT
(115) CHEYENNE REGIONAL MEDICAL CENTER FOUNDATION 214 E 23RD ST, CHEYENNE, WY 82001	83-0236858	501(C)(3)	10,000				PATIENT SUPPORT
(116) CHI HEALTH FOUNDATION 12809 WEST DODGE ROAD, OMAHA, NE 68154	47-0648586	501(C)(3)	7,500				PATIENT SUPPORT
(117) CHI ST ALEXIUS HEALTH WILLISTON MED 1301 15 AVE W, WILLISTON, ND 58801	45-0231183	501(C)(3)	10,000				PATIENT SUPPORT
(118) CHI ST VINCENT HOSPITAL HOT SPRINGS 1455 HIGDON FERRY RD STE C, HOT SPRINGS, AR 71913	71-0236913	501(C)(3)	7,500				PATIENT SUPPORT
(119) CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVE, CHICAGO, IL 60617	36-2893854	501(C)(3)	22,500				PATIENT SUPPORT
(120) CHILDHOOD CANCER FOUNDATION OF SOUTHERN CALIFORNIA INC 11155 MOUNTAIN VIEW AVE SUITE 105, LOMA LINDA, CA 92354	33-0536599	501(C)(3)	10,000				PATIENT SUPPORT
(121) CHILDREN'S HOSPITAL BOSTON PO BOX 414413, BOSTON, MA 02241-4413	04-2703265	501(C)(3)	300,000				EXTRAMURAL RESEARCH
(122) CHILDRENS HOSPITAL COLORADO FOUNDATION 3033 EAST FIRST AVENUE, DENVER, CO 80206-5698	84-0813462	501(C)(3)	27,500				PATIENT SUPPORT
(123) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE MLC 4900, CINCINNATI, OH 45229	31-0833936	501(C)(3)	27,500				PATIENT SUPPORT
(124) CHILDRENS HOSPITAL OF PHILADELPHIA 2716 SOUTH STREET, PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	47,500				PATIENT SUPPORT
(125) CHILDRENS MERCY RESEARCH INSTITUTE 2401 GILLHAM ROAD, KANSAS CITY, MO 64108	44-0605373	501(C)(3)	7,500				PATIENT SUPPORT
(126) CHOC FOUNDATION 1201 WEST LA VETA AVE, ORANGE, CA 92868	95-6097416	501(C)(3)	12,588				PATIENT SUPPORT
(127) CHRISTIANA CARE HEALTH SERVICES INC 200 HYGEIA DRIVE SUITE 2400, NEWARK, DE 19713	51-0103684	501(C)(3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(128) CHRISTUS SPOHN CANCER CENTER 613 ELIZABETH STREET, SUITE 605, CORPUS CHRISTI, TX 78404	74-1906005	501(C)(3)	7,500				PATIENT SUPPORT
(129) CHS SERVICES INC 992 N VILLAGE AVE, ROCKVILLE CENTRE, NY 11570	11-3555766	501(C)(3)	15,000				PATIENT SUPPORT
(130) CLARK ATLANTA UNIVERSITY INC 223 JAMES P BRAWLEY DR SW, ATLANTA, GA 30314	58-1825259	501(C)(3)	75,000				HEALTH EQ AMBASSADOR
(131) CLEVELAND CLINIC PO BOX 931562, CLEVELAND, OH 44193-5012	34-0714585	501(C)(3)	50,000				PATIENT SUPPORT
(132) CLEVELAND CLINIC INDIAN RIVER HOSPITAL PO BOX 931517, CLEVELAND, OH 44193	59-2496294	501(C)(3)	10,000				PATIENT SUPPORT
(133) CLEVELAND CLINIC MARTIN HEALTH FOUNDATION PO BOX 9010, STUART, FL 34995	59-0637874	501(C)(3)	10,000				PATIENT SUPPORT
(134) CLINICA COLORADO 8300 ALCOTT ST, SUITE 300, WESTMINSTER, CO 80031	27-3794068	501(C)(3)	20,000				PATIENT SUPPORT
(135) COLD SPRING HARBOR LABORATORY ONE BUNGTOWN ROAD, COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	147,500				EXTRAMURAL RESEARCH
(136) COLLIER HEALTH SERVICES INC 1454 MADISON AVE WEST, IMMOKALEE, FL 34142	59-1741277	501(C)(3)	35,000				PATIENT SUPPORT
(137) COLUMBIA UNIVERSITY PO BOX 29789, NEW YORK, NY 10087-9789	54-2147165	501(C)(3)	1,313,500				EXTRAMURAL RESEARCH
(138) COMMUNITY HEALTH CENTER OF LUBBOCK INC 1610 5TH STREET, LUBBOCK, TX 79401	75-2424925	501(C)(3)	7,500				PATIENT SUPPORT
(139) COMMUNITY HEALTH NETWORK FOUNDATION INC 7330 SHADELAND STATION SUITE 150, INDIANAPOLIS, IN 46256	51-0181688	501(C)(3)	20,000				PATIENT SUPPORT
(140) COMMUNITY HEALTH SERVICES INC 500 ALBANY AVE, HARTFORD, CT 06120	06-0863942	501(C)(3)	10,000				PATIENT SUPPORT
(141) COMMUNITY HOSPITAL FOUNDATION 2351 G ROAD, GRAND JUNCTION, CO 81505	74-2576856	501(C)(3)	15,000				PATIENT SUPPORT
(142) COMMUNITY OUTREACH AND PATIENT EMPOWERMENT INC 208 W COAL AVE, GALLUP, NM 87301	46-5551998	501(C)(3)	55,000				PATIENT SUPPORT
(143) CONDUC INC 1332 COPPERSTONE LANE, KNOXVILLE, TN 37922	82-3694455	501(C)(3)	45,000				HEALTH EQ AMBASSADOR
(144) CONE HEALTH CANCER CENTER 2400 W FRIENDLY AVENUE, GREENSBORO, NC 27403	58-1588823	501(C)(3)	30,000				PATIENT SUPPORT
(145) CONFLUENCE HEALTH FOUNDATION 526 N CHELAN AVE SUITE A, WENATCHEE, WA 98801	91-1075950	501(C)(3)	18,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(146) CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET STREET, PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	20,000				PATIENT SUPPORT
(147) CONQUER CANCER FOUNDATION 2318 MILL RD #800, ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	6,500				CANCER PREV. AWARD
(148) CORNELL SCOTT-HILL HEALTH CENTER 400 COLUMBUS AVENUE, NEW HAVEN, CT 06519	06-0870990	501(C)(3)	30,000				PATIENT SUPPORT
(149) CORNERSTONE FAMILY HEALTHCARE 2570 US HIGHWAY 9W STE10, CORNWALL, NY 12518	06-1036715	501(C)(3)	20,000				PATIENT SUPPORT
(150) COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE, LUBBOCK, TX 79410	20-0261172	501(C)(3)	10,000				PATIENT SUPPORT
(151) COXHEALTH FOUNDATION 3525 S NATIONAL AVE, SUITE 204, SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	28,000				PATIENT SUPPORT
(152) CROSS LUTHERAN CHURCH 1821 N 16TH ST, MILWAUKEE, WI 53205	39-0818678	501(C)(3)	30,000				PATIENT SUPPORT
(153) CURATORS OF UNIV OF MISSOURI PO BOX 807012, KANSAS CITY, MO 64180-7012	26-6440629	501(C)(3)	744,272				EXTRAMURAL RESEARCH
(154) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BOSTON, MA 02215	04-2263040	501(C)(3)	3,193,000				SUPPORT/RESEARCH
(155) DANBURY HOSPITAL FOUNDATION 24 HOSPITAL AVENUE, DANBURY, CT 06810	23-7425557	501(C)(3)	10,000				PATIENT SUPPORT
(156) MARY HITCHCOCK MEMORIAL HOSPITAL 1 MEDICAL CENTER DRIVE, LEBANON, NH 03756	02-0222140	501(C)(3)	60,000				PATIENT SUPPORT
(157) DARTMOUTH-HITCHCOCK CLINIC 1 MEDICAL CENTER DRIVE, LEBANON, NH 03756	22-2519596	501(C)(3)	718,400				EXTRAMURAL RESEARCH
(158) DENVER HEALTH & HOSPITAL AUTHORITY PO BOX 17093, DENVER, CO 80217	84-1343242	GOVT	41,591				PATIENT SUPPORT
(159) DESERT AIDS PROJECT 1695 N SUNRISE WAY, PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	10,000				PATIENT SUPPORT
(160) DIGNITY COMMUNITY CARE 1911 JOHNSON AVE, SAN LUIS OBISPO, CA 93401	81-5009488	501(C)(3)	40,000				PATIENT SUPPORT
(161) DIGNITY HEALTH 185 BERRY STREET SUITE 200, SAN FRANCISCO, CA 94107	94-1196203	501(C)(3)	20,000				PATIENT SUPPORT
(162) DIVINE INTERVENTION FITNESS LLC 8917 W GRANTOSA DR, MILWAUKEE, WI 53225	86-1639506		30,000				PATIENT SUPPORT
(163) DOMINICAN HOSPITAL FOUNDATION 1555 SOQUEL DR, SANTA CRUZ, CA 95065	94-2450442	501(C)(3)	25,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(164) DUKE UNIVERSITY HEALTH SYSTEM INC BOX 104144, DURHAM, NC 27708	56-2070036	501(C)(3)	2,520,500				SUPPORT/RESEARCH
(165) EAST JEFFERSON GENERAL HOSPITAL/LCMC 4200 HOUMA BLVD, METAIRIE, LA 70006	72-0692834	501(C)(3)	10,000				PATIENT SUPPORT
(166) EL RIO HEALTH 450 W PASEO REDONDO, TUCSON, AZ 85701	86-0285857	501(C)(3)	20,000				PATIENT SUPPORT
(167) EMORY UNIVERSITY 1599 CLIFTON RD, ATLANTA, GA 30322	58-0566256	501(C)(3)	625,000				SUPPORT/RESEARCH
(168) ENLOE HEALTH FOUNDATION 1531 ESPLANADE, CHICO, CA 95926	94-2985552	501(C)(3)	17,000				PATIENT SUPPORT
(169) ERIE COUNTY MEDICAL CENTER 462 GRIDER STREET, BUFFALO, NY 14215	83-0382654	GOVT	20,000				PATIENT SUPPORT
(170) ESKENAZI HEALTH 720 ESKENAZI AVENUE 5TH FLOOR, INDIANAPOLIS, IN 46202-5166	35-6005697	501(C)(3)	50,000				PATIENT SUPPORT
(171) ESSENTIA HEALTH FOUNDATION 502 E 2ND ST, DULUTH, MN 55805	27-1984704	501(C)(3)	38,451				PATIENT SUPPORT
(172) EVERGREENHEALTH FOUNDATION 12040 NORTHEAST 128TH STREET, MS 5, KIRKLAND, WA 98034	91-1519430	501(C)(3)	10,000				PATIENT SUPPORT
(173) FAMILY FIRST HEALTH CORPORATION 116 S GEORGE ST, YORK, PA 17401	23-7118262	501(C)(3)	10,000				PATIENT SUPPORT
(174) FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA INC PO BOX 1357, FORT MYERS, FL 33902	59-1741273	501(C)(3)	10,000				PATIENT SUPPORT
(175) FAMILY REACH 142 BERKELEY ST, STE 310, BOSTON, MA 02116	91-2192211	501(C)(3)	575,000				PATIENT SUPPORT
(176) FEEDING SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD, SALEM, VA 24153	54-1939556	501(C)(3)	49,996				PATIENT SUPPORT
(177) FEEDMORE WESTERN NEW YORK INC 100 JAMES E CASEY DR, BUFFALO, NY 14206	22-2470820	501(C)(3)	35,400				PATIENT SUPPORT
(178) FIRST BAPTIST CHURCH-BROAD 2835 BROAD AVENUE, MEMPHIS, TN 38112	31-1648312	501(C)(3)	6,000				HEALTH EQ AMBASSADOR
(179) FIRST CHOICE HEALTH CENTERS INC 94 CONNECTICUT BOULEVARD, EAST HARTFORD, CT 06108	06-1416492	501(C)(3)	10,000				PATIENT SUPPORT
(180) FLORIDA HEALTH SCIENCE CENTER 1 TAMPA GENERAL CIRCLE, TAMPA, FL 33606	23-7354477	501(C)(3)	60,000				PATIENT SUPPORT
(181) FLORIDA HOSPITAL OCALA INC 1500 SW 1ST AVE, OCALA, FL 34471	82-4372339	501(C)(3)	10,000				PATIENT SUPPORT
(182) FOREMOST FAMILY HEALTH CENTERS PO BOX 150128, DALLAS, TX 75315	75-2098992	501(C)(3)	37,500				PATIENT SUPPORT
(183) FORREST GENERAL HOSPITAL PO BOX 6051, HIGHWAY 49, HATTIESBURG, MS 39401	64-6001587	501(C)(3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(184) FORT SANDERS FOUNDATION 280 FORT SANDERS WEST BLVD SUITE 20, KNOXVILLE, TN 37922	62-1748601	501(C)(3)	10,000				PATIENT SUPPORT
(185) FOUNDATION FOR WOMAN'S 100 WOMAN'S WAY, BATON ROUGE, LA 70817	47-1970335	501(C)(3)	10,000				PATIENT SUPPORT
(186) FRANCISCAN HEALTH FOUNDATION 3510 PARK PLACE WEST, SUITE 200, MISHAWAKA, IN 46545	35-1955283	501(C)(3)	45,000				PATIENT SUPPORT
(187) FRED HUTCHINSON CANCER CENTER PO BOX 19024, SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	1,926,000				EXTRAMURAL RESEARCH
(188) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE N, PO BOX 19024, SEATTLE, WA 98109-1024	91-1935159	501(C)(3)	140,000				PATIENT SUPPORT
(189) FULL ACCESS AND COORDINATED TRANSPORTATION INC 516 CIVIC CENTER DRIVE, OCEANSIDE, CA 92054	32-0173841	501(C)(3)	7,500				PATIENT SUPPORT
(190) GARDNER HEALTH SERVICES 160 E VIRGINIA ST STE 100, SAN JOSE, CA 95112	94-1743078	501(C)(3)	20,000				PATIENT SUPPORT
(191) GATEWAY YMCA 2815 SCOTT AVE, SUITE D, SAINT LOUIS, MO 63103	55-0631259	501(C)(3)	6,000				HEALTH EQ AMBASSADOR
(192) GEISINGER HEALTH 100 NORTH ACADEMY AVENUE MC 40-36, DANVILLE, PA 17822	23-1995911	501(C)(3)	8,500				PATIENT SUPPORT
(193) GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER 11075 DONNER PASS ROAD, TRUCKEE, CA 96161	94-3047869	501(C)(3)	30,000				PATIENT SUPPORT
(194) GENERAL HEALTH SYSTEM FOUNDATION 8585 PICARDY AVE, BATON ROUGE, LA 70809	74-0801335	501(C)(3)	30,000				PATIENT SUPPORT
(195) GENESIS CANCER CARE INSTITUTE 1351 W CENTRAL PARK AVE, DAVENPORT, IA 52804	36-3616314	501(C)(3)	9,000				PATIENT SUPPORT
(196) GENESIS HEALTHCARE SYSTEM 2951 MAPLE AVE, ZANESVILLE, OH 43701	31-1480941	501(C)(3)	7,500				PATIENT SUPPORT
(197) GENNESARET FREE CLINIC 615 N ALABAMA ST STE 136, INDIANAPOLIS, IN 46204	35-1776518	501(C)(3)	6,250				PATIENT SUPPORT
(198) GEORGETOWN UNIVERSITY 2121 WISCONSIN AVE NW, SUITE 400, WASHINGTON, DC 20007	53-0196603	501(C)(3)	1,514,500				EXTRAMURAL RESEARCH
(199) GERALD L IGNACE INDIAN HEALTH 930 W HISTORIC MITCHELL ST, MILWAUKEE, WI 53204	39-1958089	501(C)(3)	35,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(200) GOOD SAMARITAN HOSPITAL CORVALLIS 815 NW 9TH STREET SUITE 136, CORVALLIS, OR 97330	93-0391573	501(C)(3)	37,500				PATIENT SUPPORT
(201) GOSHEN MEDICAL CENTER INC 412 SW CENTER ST, FAISON, NC 28341	56-1209062	501(C)(3)	20,000				PATIENT SUPPORT
(202) GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION PO BOX 438614, CHICAGO, IL 60643	36-4377387	501(C)(3)	15,000				EVENT SPONSORSHIP
(203) GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD, 3RD FLOOR, BRANDYWINE, MD 20613	52-0961414	501(C)(3)	20,000				PATIENT SUPPORT
(204) GULF HEALTH HOSPITALS INC DBA INFIRMARY CANCER CARE 5 MOBILE INFIRMARY CIRCLE, MOBILE, AL 36607	63-0891904	501(C)(3)	45,000				PATIENT SUPPORT
(205) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC 12902 MAGNOLIA DR, TAMPA, FL 33612-9497	59-3238634	501(C)(3)	8,006				PATIENT SUPPORT
(206) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC 12902 MAGNOLIA DRIVE, MRC-RESADM ROOM 3024, TAMPA, FL 33612	59-2451713	501(C)(3)	1,457,000				EXTRAMURAL RESEARCH
(207) HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION 92 SECOND STREET, HACKENSACK, NJ 07601	22-2339534	501(C)(3)	40,000				PATIENT SUPPORT
(208) HALIFAX HEALTH FOUNDATION 303 NORTH CLYDE MORRIS BLVD, DAYTONA BEACH, FL 32114	59-2893051	501(C)(3)	20,000				PATIENT SUPPORT
(209) HAMILTON MEDICAL CENTER P.O. BOX 1168, DALTON, GA 30722-1168	58-1519911	501(C)(3)	10,000				PATIENT SUPPORT
(210) HANNIBAL REGIONAL FOUNDATION 175 SHINN LANE, HANNIBAL, MO 63401	43-1658744	501(C)(3)	6,000				PATIENT SUPPORT
(211) HARRIS HEALTH SYSTEM 4800 FOURNACE PLACE, BELLAIRE, TX 77401	74-1536936	170(C)(1)	125,000				PATIENT SUPPORT
(212) HARTFORD HOSPITAL 80 SEYMOUR STREET, HARTFORD, CT 06102	06-0646668	501(C)(3)	10,000				PATIENT SUPPORT
(213) HAWAII PACIFIC HEALTH CANCER CENTERS 55 MERCHANT STREET, HONOLULU, HI 96813	99-0246363	501(C)(3)	7,103				PATIENT SUPPORT
(214) HCA MEMORIAL UNIVERSITY 4700 WATERS AVE, SAVANNAH, GA 31404	82-1969974		10,000				PATIENT SUPPORT
(215) HCC NETWORK 819 S BUSINESS HWY 13, LEXINGTON, MO 64067	30-0349221	501(C)(3)	26,750				PATIENT SUPPORT
(216) HEALTH CHOICE NETWORK INC 9064 NW 13TH TER, DORAL, FL 33172	90-0525658	501(C)(3)	30,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(217) HEALTHLINC INC 2401 VALLEY DR, VALPARAISO, IN 46383	35-2147791	501(C)(3)	27,000				PATIENT SUPPORT
(218) HEARTLAND COMMUNITY HEALTH CLINIC 2214 N UNIVERSITY, PEORIA, IL 61604	37-1270794	501(C)(3)	10,000				PATIENT SUPPORT
(219) HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVENUE, MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	25,000				PATIENT SUPPORT
(220) HENRY FORD HEALTH CANCER INSTITUTE ONE FORD PLACE 5A, DETROIT, MI 48202	38-1357020	501(C)(3)	20,000				PATIENT SUPPORT
(221) HENRY W GRADY HEALTH SYSTEM FOUNDATION 191 PEACHTREE ST NE SUITE 820, ATLANTA, GA 30303	58-2130437	501(C)(3)	178,750				PATIENT SUPPORT
(222) HHM HEALTH 8515 GREENVILLE AVENUE STE N112, DALLAS, TX 75243	65-1259379	501(C)(3)	37,500				PATIENT SUPPORT
(223) HILO MEDICAL CENTER FOUNDATION 1190 WAIANUENUE AVE, HILO, HI 96720	99-0323155	501(C)(3)	10,000				PATIENT SUPPORT
(224) HOLY CROSS HOSPITAL 4725 N FEDERAL HWY, FORT LAUDERDALE, FL 33308	59-0791028	501(C)(3)	35,000				PATIENT SUPPORT
(225) HOLYOKE HEALTH CENTER 230 MAPLE STREET, HOLYOKE, MA 01040	04-2492730	501(C)(3)	10,000				PATIENT SUPPORT
(226) HONORHEALTH FOUNDATION 10460 N 92ND STREET SUITE 206, SCOTTSDALE, AZ 85258	74-2355411	501(C)(3)	12,500				PATIENT SUPPORT
(227) HOPE CANCER RESOURCES 2300 S WALTON BLVD, BENTONVILLE, AR 72712	71-0595593	501(C)(3)	84,825				PATIENT SUPPORT
(228) HOPE CLINIC 411 EAST JEFFERSON ST, WAXAHACHIE, TX 75165-3827	75-2813621	501(C)(3)	27,500				PATIENT SUPPORT
(229) HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC 800 E CARPENTER STREET, SPRINGFIELD, IL 62769	37-1186514	501(C)(3)	8,183				PATIENT SUPPORT
(230) HOUSTON METHODIST HOSPITAL PO BOX 4805, HOUSTON, TX 77210-4805	74-1180155	501(C)(3)	15,000				PATIENT SUPPORT
(231) HUGO W MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER INC 707 N BROADWAY, BALTIMORE, MD 21205	52-1524967	501(C)(3)	729,000				EXTRAMURAL RESEARCH
(232) HUNTSVILLE HOSPITAL FOUNDATION 801 CLINTON AVE EAST, HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	8,000				PATIENT SUPPORT
(233) ICAHN SCHOOL OF MEDICINE AT MT SINAI ONE GUSTAVE L. LEVY PLACE, BOX 3500, NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	6,670,500				SUPPORT/RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(234) ILLINOIS PRIMARY HEALTH CARE ASSOCIATION 1999 WABASH AVE SUITE 200, SPRINGFIELD, IL 62704	36-3369241	501(C)(3)	12,500				PATIENT SUPPORT
(235) IMAGING CENTER PC 4500 SUNNY ISLES STE 4B, ST CROIX, VI 00820-4423	99-9999999		5,650				PATIENT SUPPORT
(236) IMD GUEST HOUSE FOUNDATION 1933 WEST POLK STREET SSR #214, CHICAGO, IL 60601	36-4284387	501(C)(3)	80,000				PATIENT SUPPORT
(237) IN TIME OF NEED FOUNDATION 1839 E INDEPENDENCE ST, SUITE K, SPRINGFIELD, MO 65804	82-3114198	501(C)(3)	8,000				PATIENT SUPPORT
(238) INDIANA UNIVERSITY DEPT 78867 PO BOX 78000, DETROIT, MI 48278-0867	35-1990726	501(C)(3)	309,446				EXTRAMURAL RESEARCH
(239) INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD, SUITE 400 WEST, ROOM 4009, FALLS CHURCH, VA 22042	54-0620889	501(C)(3)	20,000				PATIENT SUPPORT
(240) INSTITUTE FOR RESEARCH AND EDUCATION IN FAMILY MEDICINE 5501 DELMAR BLVD, SAINT LOUIS, MO 63112	43-1863752	501(C)(3)	13,668				PATIENT SUPPORT
(241) INTEGRIS HEALTH FOUNDATION 3001 QUAIL SPRINGS PARKWAY, OKLAHOMA CITY, OK 73134	73-1047338	501(C)(3)	20,000				PATIENT SUPPORT
(242) INTERMOUNTAIN HEALTHCARE FOUNDATION 36 SOUTH STATE STREET, SALT LAKE CITY, UT 84111	80-0225150	501(C)(3)	37,500				PATIENT SUPPORT
(243) INTERNATIONAL COMMUNITY HEALTH 720 8TH AVE S, SEATTLE, WA 98104	91-0947084	501(C)(3)	30,000				PATIENT SUPPORT
(244) IOWA HEALTH FOUNDATION 1415 WOODLAND AVE SUITE E200, DES MOINES, IA 50309	42-1467682	501(C)(3)	13,000				PATIENT SUPPORT
(245) IU HEALTH BALL MEMORIAL CANCER CENTER 2401 W UNIVERSITY AVENUE, MUNCIE, IN 47303	35-0867958	501(C)(3)	10,000				PATIENT SUPPORT
(246) J CRAIG VENTER INSTITUTE 4120 CAPRICORN LANE, SAN DIEGO, CA 92037	52-1842938	501(C)(3)	150,000				EXTRAMURAL RESEARCH
(247) JACKSON HEALTH FOUNDATION 1611 NW 12TH AVENUE, MIAMI, FL 33136	65-0077727	501(C)(3)	7,500				PATIENT SUPPORT
(248) JACKSON LABORATORY 600 MAIN STREET, BAR HARBOR, ME 04609-1500	01-0211513	501(C)(3)	946,000				EXTRAMURAL RESEARCH
(249) JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT #2 834 SHERIDAN STREET, PORT TOWNSEND, WA 98368	91-0928081	GOVT	7,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(250) JERSEY CITY MEDICAL CENTER 355 GRAND STREET, JERSEY CITY, NJ 07302	22-2783298	501(C)(3)	15,000				PATIENT SUPPORT
(251) JOE DIMAGGIO CHILDRENS HOSPITAL FOUNDATION INC 3329 JOHNSON ST, HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	12,000				PATIENT SUPPORT
(252) JOHN MUIR HEALTH FOUNDATION 1400 TREAT BOULEVARD, WALNUT CREEK, CA 94597	94-2650855	501(C)(3)	20,000				PATIENT SUPPORT
(253) JOHNS HOPKINS ALL CHILDRENS FOUNDATION INC 500 7TH AVENUE SOUTH 4TH FLOOR, SAINT PETERSBURG, FL 33701	59-2481738	501(C)(3)	8,000				PATIENT SUPPORT
(254) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR, CHICAGO, IL 60693	52-0591627	501(C)(3)	844,500				EXTRAMURAL RESEARCH
(255) JPS FOUNDATION 1500 MAIN ST, FORT WORTH, TX 76104	75-2717782	501(C)(3)	6,410				PATIENT SUPPORT
(256) KAISER FOUNDATION 1800 HARRISON ST RM 1600, OAKLAND, CA 94612	94-3635467	501(C)(3)	217,500				EXTRAMURAL RESEARCH
(257) KAISER FOUNDATION HEALTH PLAN OF WASHINGTON 2706 MEDIA CENTER DRIVE, LOS ANGELES, CA 90065-1733	91-0511770	501(C)(3)	20,000				PATIENT SUPPORT
(258) KAISER FOUNDATION HOSPITALS 1850 GATEWAY BLVD, CONCORD, CA 94520	94-1105628	501(C)(3)	10,000				PATIENT SUPPORT
(259) KAIZEN HEALTH 33 N LASALLE ST, CHICAGO, IL 60602	83-3594048	501(C)(3)	40,000				PATIENT SUPPORT
(260) KALEIDA HEALTH 115 FLINT ROAD, WILLIAMSBURG, NY 14221	16-1533232	501(C)(3)	23,500				PATIENT SUPPORT
(261) KANSAS CHILDREN'S FOUNDATION PO BOX 780113, WICHITA, KS 67278	47-2370410	501(C)(3)	8,000				PATIENT SUPPORT
(262) KAPIOLANI MEDICAL CENTER FOR WOMEN AND CHILDREN 55 MERCHANT STREET SUITE 2600, HONOLULU, HI 96813	99-0246364	501(C)(3)	7,500				PATIENT SUPPORT
(263) KARMANOS CANCER INSTITUTE 4100 JOHN R, MAIL CODE VE01FS, DETROIT, MI 48201	38-1613280	501(C)(3)	20,000				PATIENT SUPPORT
(264) KAWEAH DELTA HOSPITAL FOUNDATION 216 S JOHNSON ST, VISALIA, CA 93291	94-2675456	501(C)(3)	10,000				PATIENT SUPPORT
(265) KENOSHA YMCA 7101 53RD ST, KENOSHA, WI 53144	39-0826296	501(C)(3)	30,000				PATIENT SUPPORT
(266) KENTUCKY HEALTH CENTER NETWORK INC PO BOX 1127, MOUNT STERLING, KY 40353	46-0763588	501(C)(3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(267) KERN COUNTY CANCER FOUNDATION 6501 TRUXTUN AVENUE, BAKERSFIELD, CA 93309	85-3730553	501(C)(3)	10,000				PATIENT SUPPORT
(268) KERN MEDICAL FOUNDATION 900 TRUXTUN AVE, STE 330, BAKERSFIELD, CA 93301	36-4642420	501(C)(3)	10,000				PATIENT SUPPORT
(269) KINGMAN REGIONAL MEDICAL CENTER FOUNDATION 3269 STOCKTON HILL RD, KINGMAN, AZ 86409	74-2388735	501(C)(3)	15,000				PATIENT SUPPORT
(270) LA CASA FAMILY HEALTH CENTER PO BOX 843, PORTALES, NM 88130	23-7429653	501(C)(3)	10,000				PATIENT SUPPORT
(271) LAKELAND REGIONAL HEALTH SYS 1324 LAKELAND HILLS BOULEVARD, LAKELAND, FL 33805	59-2650456	501(C)(3)	15,000				PATIENT SUPPORT
(272) LATINAS CONTRA CANCER 25 N 14TH ST #900, SAN JOSE, CA 95110	56-2412069	501(C)(3)	15,000				PATIENT SUPPORT
(273) LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE, CHICAGO, IL 60623	36-3308953	501(C)(3)	18,750				PATIENT SUPPORT
(274) LEE MEMORIAL HEALTH SYSTEM FOUNDATION INC 9800 S HEALTHPARK DR SUITE 405, FORT MYERS, FL 33908	65-0645343	501(C)(3)	95,000				PATIENT SUPPORT
(275) LEGACY COMMUNITY HEALTH SVCS 1415 CALIFORNIA ST, HOUSTON, TX 77006	76-0009637	501(C)(3)	15,000				PATIENT SUPPORT
(276) LEGACY HEALTH FOUNDATION PO BOX 4500 UNIT 96, PORTLAND, OR 97208-4500	46-5562403	501(C)(3)	20,000				PATIENT SUPPORT
(277) LEHIGH VALLEY HOSPITAL INC 2100 MACK BOULEVARD 4TH FLOOR, ALLENTOWN, PA 18103	23-1689692	501(C)(3)	15,000				PATIENT SUPPORT
(278) LEXINGTON MEDICAL CENTER FOUNDATION 110 E MEDICAL LANE, SUITE 120, WEST COLUMBIA, SC 29169	57-0906045	501(C)(3)	20,000				PATIENT SUPPORT
(279) LIBERTY HOSPITAL FOUNDATION 2525 GLENN HENDREN DR, LIBERTY, MO 64068-9625	43-1356176	501(C)(3)	6,000				PATIENT SUPPORT
(280) LIFELONG MEDICAL CARE 2344 SIXTH ST, BERKELEY, CA 94710	94-2502308	501(C)(3)	10,000				PATIENT SUPPORT
(281) LIFESPRING HEALTH SYSTEMS 460 SPRINT ST, JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)	35,587				PATIENT SUPPORT
(282) LONE STAR FAMILY HEALTH CENTER 605 S CONROE MEDICAL DR, CONROE, TX 77304	30-0038860	501(C)(3)	10,000				PATIENT SUPPORT
(283) LOWELL COMMUNITY HEALTH CENTER 161 JACKSON STREET, LOWELL, MA 01852	04-2881348	501(C)(3)	10,000				PATIENT SUPPORT
(284) LUCKY SHOALS COMMUNITY ASSOCIATION 843 ARLINGTON DR, TUCKER, GA 30084	88-3536434	501(C)(3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(285) LUTHERAN HOSPITAL OF INDIANA 7950 W JEFFERSON BLVD, FORT WAYNE, IN 46804	35-1963748		8,000				PATIENT SUPPORT
(286) MAINEGENERAL MEDICAL CENTER 35 MEDICAL CENTER PARKWAY, AUGUSTA, ME 04330	04-3369653	501(C)(3)	10,000				PATIENT SUPPORT
(287) MAINEHEALTH 22 BRAMHALL STREET, PORTLAND, ME 04102	01-0431680	501(C)(3)	32,834				PATIENT SUPPORT
(288) MANET COMMUNITY HEALTH 110 W SQUANTUM STREET, QUINCY, MA 02171	04-2646695	501(C)(3)	10,000				PATIENT SUPPORT
(289) MARANA HEALTH CENTER INC 13395 N MARANA MAIN, MARANA, AZ 85658	86-6053462	501(C)(3)	10,000				PATIENT SUPPORT
(290) MARIPOSA COMMUNITY HEALTH CENTER 825 N GRAND AVENUE SUITE 100, NOGALES, AZ 85621	86-0524321	501(C)(3)	10,000				PATIENT SUPPORT
(291) MARKEY CANCER FOUNDATION 115 WALLER AVE STE 204, LEXINGTON, KY 40503	31-0944925	501(C)(3)	50,000				PATIENT SUPPORT
(292) MARSHALL FOUNDATION FOR COMMUNITY HEALTH PO BOX 1996, PLACERVILLE, CA 95667	23-7419011	501(C)(3)	10,000				PATIENT SUPPORT
(293) MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE, BATON ROUGE, LA 70809	23-7010520	501(C)(3)	50,000				PATIENT SUPPORT
(294) MARY GREELEY MEDICAL CENTER 1111 DUFF AVENUE, AMES, IA 50010	42-1347891		7,500				PATIENT SUPPORT
(295) MARY WASHINGTON HEALTHCARE 1300 HOSPITAL DR SUITE 305, FREDERICKSBURG, VA 22401	54-1240646	501(C)(3)	25,000				PATIENT SUPPORT
(296) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	547,500				EXTRAMURAL RESEARCH
(297) MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTION DRIVE 645, SOMERVILLE, MA 02145-1446	04-1564655	501(C)(3)	9,837,685				SUPPORT/RESEARCH
(298) MAYO CLINIC PO BOX 4008, 200 FIRST STREET SW, ROCHESTER, MN 55903-4008	41-6011702	501(C)(3)	217,500				EXTRAMURAL RESEARCH
(299) MAYO CLINIC HEALTH SYSTEM - LA CROSSE 700 WEST AVE S, LA CROSSE, WI 54601	39-0806374	501(C)(3)	10,000				PATIENT SUPPORT
(300) MAYO CLINIC HOSPITAL - ROCHESTER PO BOX 860334, MINNEAPOLIS, MN 55486-0334	41-0944601	501(C)(3)	85,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(301) MCHS FOUNDATION 1000 N OAK AVENUE, MARSHFIELD, WI 54449	81-2822823	501(C)(3)	181,771				PATIENT SUPPORT
(302) MCLEOD HEALTH FOUNDATION PO BOX 100551, FLORENCE, SC 29502-0551	57-0818672	501(C)(3)	10,000				PATIENT SUPPORT
(303) MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD, MILWAUKEE, WI 53226	39-0806261	501(C)(3)	800,750				SUPPORT/RESEARCH
(304) MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE, CHARLESTON, SC 29425	57-6000722	GOVT	3,171,000				SUPPORT/RESEARCH
(305) MEDSTAR FRANKLIN SQUARE MEDICAL CENTER 9103 FRANKLIN SQUARE DRIVE STE 2200, BALTIMORE, MD 21237	52-0608007	501(C)(3)	70,000				PATIENT SUPPORT
(306) MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR RD NW, WASHINGTON, DC 20007	52-2218584	501(C)(3)	8,198				PATIENT SUPPORT
(307) MEMORIAL FOUNDATION, INC. 3329 JOHNSON STREET, HOLLYWOOD, FL 33028	59-2082218	501(C)(3)	105,000				PATIENT SUPPORT
(308) MEMORIAL HEALTH SYSTEM 701 N 1ST STREET MAIL BOX 96, SPRINGFIELD, IL 62781	37-1110690	501(C)(3)	7,500				PATIENT SUPPORT
(309) MEMORIAL HEALTH SYSTEMS FOUNDATION DBA ADVENTHEALTH DAYTONA BEACH FOUNDATION 305 MEMORIAL MEDICAL PARKWAY, SUITE 212, DAYTONA BEACH, FL 32117	31-1771522	501(C)(3)	15,000				PATIENT SUPPORT
(310) MEMORIAL HERMANN FOUNDATION 929 GESSNER SUITE 2650, HOUSTON, TX 77024	74-1653640	501(C)(3)	80,000				PATIENT SUPPORT
(311) MEMORIAL HOSPITAL AT GULFPORT 4500 13TH ST, PO BOX 1810, GULFPORT, MS 39502	20-4535203	501(C)(3)	15,000				PATIENT SUPPORT
(312) MEMORIAL HOSPITAL OF SWEETWATER COUNTY FOUNDATION 1200 COLLEGE DR, ROCK SPRINGS, WY 82901	83-0449421	501(C)(3)	10,000				PATIENT SUPPORT
(313) MEMORIAL MEDICAL CENTER INC 1615 MAPLE LANE, ASHLAND, WI 54806	23-7013497	501(C)(3)	25,000				PATIENT SUPPORT
(314) MERCY CLINIC PO BOX 11557, FORT WORTH, TX 76110	45-3841621	501(C)(3)	15,000				PATIENT SUPPORT
(315) MERCY FOUNDATION 3400 DATA DRIVE, RANCHO CORDOVA, CA 95670	23-7072762	501(C)(3)	10,000				PATIENT SUPPORT
(316) MERCY FOUNDATION NORTH 2625 EDITH AVENUE, SUITE E, REDDING, CA 96001	94-3136799	501(C)(3)	30,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(317) MERCY FOUNDATION OF DES MOINES IOWA 411 LAUREL STREET SUITE 2250, DES MOINES, IA 50314	23-7358794	501(C)(3)	7,500				PATIENT SUPPORT
(318) MERCY HEALTH FOUNDATION JEFFERSON 14528 SOUTH OUTER 40 RD STE 100, CHESTERFIELD, MO 63017	46-2797051	501(C)(3)	6,000				PATIENT SUPPORT
(319) MERCY HEALTH FOUNDATION JOPLIN 100 MERCY WAY, JOPLIN, MO 64804	27-0906136	501(C)(3)	16,500				PATIENT SUPPORT
(320) MERCY HEALTH FOUNDATION SOUTH 10010 KENNERLY RD, SAINT LOUIS, MO 63128	26-1516789	501(C)(3)	6,000				PATIENT SUPPORT
(321) MERCY HEALTH FOUNDATION SPRINGFIELD 3265 SOUTH NATIONAL SUITE 200, SPRINGFIELD, MO 65807	32-0195818	501(C)(3)	20,000				PATIENT SUPPORT
(322) MERCY HEALTH FOUNDATION ST LOUIS 615 S NEW BALLAS ROAD, SAINT LOUIS, MO 63141	56-2410020	501(C)(3)	50,000				PATIENT SUPPORT
(323) MERCY HOSPITAL OKLAHOMA CITY 4300 W MEMORIAL ROAD, OKLAHOMA CITY, OK 73120	46-3184231	501(C)(3)	10,000				PATIENT SUPPORT
(324) MERCYONE CANCER CENTER 411 LAUREL STREET SUITE 2340, DES MOINES, IA 50314	85-4003657	501(C)(3)	5,064				PATIENT SUPPORT
(325) METHODIST HEALTHCARE SYSTEM 15727 ANTHEM PARKWAY, SUITE 600, SAN ANTONIO, TX 78249	74-2730328	501(C)(3)	22,500				PATIENT SUPPORT
(326) METHODIST MEDICAL CENTER OF ILLINOIS 221 NE GLEN OAK AVE, PEORIA, IL 61636	37-0661223	501(C)(3)	25,000				PATIENT SUPPORT
(327) MIAMI CHILDRENS HEALTH SYSTEM INC 3100 SW 62ND AVE, MIAMI, FL 33155	45-3481327	501(C)(3)	20,000				PATIENT SUPPORT
(328) MICHAEL E DEBAKEY VA HOSPITAL 2002 HOLCOMBE BLVD, HOUSTON, TX 77030	76-0418077	GOVT	10,000				PATIENT SUPPORT
(329) MICHIGAN STATE UNIV 426 AUDITORIUM RD ROOM 2, EAST LANSING, MI 48824-2600	38-6005984	501(C)(3)	297,000				EXTRAMURAL RESEARCH
(330) MILES PERRET CANCER SERVICES 332 SETTLERS TRACE BLVD, LAFAYETTE, LA 70508	75-3023211	501(C)(3)	21,000				PATIENT SUPPORT
(331) MILWAUKEE CATHOLIC HOME 2462 N PROSPECT AVENUE, MILWAUKEE, WI 53211	39-0806215	501(C)(3)	30,000				PATIENT SUPPORT
(332) MISSISSIPPI BAPTIST MEDICAL CENTER 1225 N STATE ST, JACKSON, MS 39202	64-0881013	501(C)(3)	12,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(333) MONTAGE HEALTH FOUNDATION 40 RYAN COURT SUITE 200, MONTEREY, CA 93940	81-2889645	501(C)(3)	27,500				PATIENT SUPPORT
(334) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET, BRONX, NY 10467	13-1740114	501(C)(3)	15,000				PATIENT SUPPORT
(335) MONUMENT HEALTH CANCER INSTITUTE 353 FAIRMONT BLVD, RAPID CITY, SD 57701	46-0319070	501(C)(3)	25,000				PATIENT SUPPORT
(336) MORGRIDGE INSTITUTE FOR RESEARCH INC 330 NORTH ORCHARD, MADISON, WI 53715	20-8325570	501(C)(3)	297,000				EXTRAMURAL RESEARCH
(337) MOUNT SINAI MEDICAL CENTER OF FLORIDA 4300 ALTON ROAD, MIAMI BEACH, FL 33173	59-0624424	501(C)(3)	20,000				PATIENT SUPPORT
(338) MOUNTAIN AREA HEALTH EDUCATION CENTER 121 HENDERSONVILLE RD, ASHEVILLE, NC 28803	56-1071426	501(C)(3)	11,500				PATIENT SUPPORT
(339) MOUNTAIN PARK HEALTH CENTER 3003 N CENTRAL AVENUE, SUITE 1600, PHOENIX, AZ 85012	86-0498020	501(C)(3)	20,000				PATIENT SUPPORT
(340) MU HEALTH CARE - ELLIS FISCHEL CANCER CENTER 1 HOSPITAL DRIVE MA105 DC018.00, COLUMBIA, MO 65212	43-6003859	GOVT	20,000				PATIENT SUPPORT
(341) N.E.W. COMMUNITY CLINIC LTD 610 NORTH BROADWAY STREET, GREEN BAY, WI 54301	39-1200636	501(C)(3)	30,000				PATIENT SUPPORT
(342) NASHVILLE GENERAL HOSPITAL FOUNDATION 1818 ALBION ST, NASHVILLE, TN 37208	62-1383977	501(C)(3)	10,000				PATIENT SUPPORT
(343) NATIONAL COALITION OF 100 BLACK WOMEN INC 1720 PEACHTREE STREET NW, SUITE 1020, NORTH TOWER, ATLANTA, GA 30309	13-3168694	501(C)(3)	8,000				HEALTH EQ AMBASSADOR
(344) NATIONAL JEWISH HEALTH 1400 JACKSON STREET, DENVER, CO 80206	74-2044647	501(C)(3)	20,000				PATIENT SUPPORT
(345) NATIVE HEALTH 4041 NORTH CENTRAL AVENUE, BUILDING C, PHOENIX, AZ 85012	94-2540194	501(C)(3)	5,057				PATIENT SUPPORT
(346) NCH HEALTHCARE 1100 IMMOKALEE ROAD, NAPLES, FL 34110	59-2314655	501(C)(3)	15,000				PATIENT SUPPORT
(347) NEA BAPTIST MEMORIAL HOSPITAL 4804 E JOHNSON AVE, JONESBORO, AR 72405	26-1214372	501(C)(3)	10,000				PATIENT SUPPORT
(348) NEBRASKA METHODIST HOSPITAL FOUNDATION 8303 DODGE ST, OMAHA, NE 68114	47-0595345	501(C)(3)	35,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(349) NEIGHBORCARE HEALTH 1200 12TH AVE S STE 901, SEATTLE, WA 98144	91-0893287	501(C)(3)	20,000				PATIENT SUPPORT
(350) NEIGHBORHOOD FAMILY PRACTICE PO BOX 72674, CLEVELAND, OH 44192-0002	34-1300581	501(C)(3)	20,000				PATIENT SUPPORT
(351) NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY, ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	10,000				PATIENT SUPPORT
(352) NEIGHBORHOOD HEALTH CENTER OF WNY INC 155 LAWN AVE, BUFFALO, NY 14207	16-1294447	501(C)(3)	30,000				PATIENT SUPPORT
(353) NEIGHBORHOOD HEALTHCARE 425 N DATE STREET, ESCONDIDO, CA 92025	95-2796316	501(C)(3)	10,000				PATIENT SUPPORT
(354) NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVENUE N, MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	35,625				PATIENT SUPPORT
(355) NEIGHBORHOOD OUTREACH ACCESS TO HEALTH 7500 NORTH DREAMY DRAW DRIVE, PHOENIX, AZ 85020	27-3188239	501(C)(3)	20,000				PATIENT SUPPORT
(356) NEMOURS CHILDREN'S HOSPITAL DELAWARE 10140 CENTURION PARKWAY NORTH, JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	7,500				PATIENT SUPPORT
(357) NEVADA HEALTH CENTERS 3325 RESEARCH WAY, CARSON CITY, NV 89706	94-3199117	501(C)(3)	20,000				PATIENT SUPPORT
(358) NEW MEXICO CANCER CENTER FOUNDATION 4901 LANG AVE NE, ALBUQUERQUE, NM 87109	77-0591110	501(C)(3)	20,000				PATIENT SUPPORT
(359) NEW YORK CITY HEALTH & HOSPITALS 1400 PELHAM PARKWAY SOUTH BLDG 1 6W, BRONX, NY 10461	13-2655001	501(C)(3)	20,000				PATIENT SUPPORT
(360) NEW YORK GENOME CENTER INC 101 AVENUE OF THE AMERICAS, NEW YORK, NY 10013	80-0631734	501(C)(3)	217,500				EXTRAMURAL RESEARCH
(361) NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415026, BOSTON, MA 02241-5026	13-5562309	SECTION 115	75,000				EXTRAMURAL RESEARCH
(362) NEW YORK UNIVERSITY 105 EAST 17TH STREET 4TH FLOOR, NEW YORK, NY 10003	13-5562308	501(C)(3)	10,000				PATIENT SUPPORT
(363) NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE, NEWARK, NJ 07112	22-3452311	501(C)(3)	15,000				PATIENT SUPPORT
(364) NORTH CENTRAL TEXAS COMMUNITY HEALTH CENTER PO BOX 720, WICHITA FALLS, TX 76308	75-2429644	501(C)(3)	20,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(365) NORTH HUDSON COMMUNITY ACTION CORPORATION 800 31ST STREET, UNION CITY, NJ 07087	22-1818699	501(C)(3)	20,000				PATIENT SUPPORT
(366) NORTH TEXAS AREA COMMUNITY HEALTH CENTER 2332 BEVERLY HILLS DRIVE, FORT WORTH, TX 76114	54-2117989	501(C)(3)	30,000				PATIENT SUPPORT
(367) NORTHEAST GEORGIA MEDICAL CENTER INC 743 SPRING STREET NW, GAINESVILLE, GA 30501	58-1694098	501(C)(3)	20,113				PATIENT SUPPORT
(368) NORTHERN LIGHT HEALTH FOUNDATION 931 UNION ST 3RD FLOOR, BANGOR, ME 04401	22-2514163	501(C)(3)	35,000				PATIENT SUPPORT
(369) NORTHPOINT HEALTH & WELLNESS CENTER INC 1256 PENN AVE NORTH, SUITE 5300, MINNEAPOLIS, MN 55411	20-0898277	501(C)(3)	10,000				PATIENT SUPPORT
(370) NORTHSIDE HOSPITAL INC 1000 JOHNSON FERRY ROAD NE, ATLANTA, GA 30342	58-1954432	501(C)(3)	90,000				PATIENT SUPPORT
(371) NORTHWELL FAMILY HEALTH CENTER AT HUNTINGTON 284 PULASKI ROAD SUITE 1, GREENLAWN, NY 11740	11-3368503	501(C)(3)	20,000				PATIENT SUPPORT
(372) NORTHWELL HEALTH CANCER INSTITUTE 1111 MARCUS AVE 2ND FLOOR, LAKE SUCCESS, NY 11042	85-3920020	501(C)(3)	10,000				PATIENT SUPPORT
(373) NORTHWESTERN MEMORIAL FOUNDATION 541 NORTH FAIRBANKS COURT, SUITE 800, CHICAGO, IL 60611	36-3155315	501(C)(3)	15,000				PATIENT SUPPORT
(374) NORTHWESTERN UNIVERSITY 633 CLARK ROOM G547, EVANSTON, IL 60208-1112	36-2167817	501(C)(3)	924,500				EXTRAMURAL RESEARCH
(375) NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER 2507 DELANEY AVE, WILMINGTON, NC 28403	85-3777599	501(C)(3)	25,000				PATIENT SUPPORT
(376) PRESBYTERIAN HOSPITAL FOUNDATION 200 HAWTHORNE LANE, CHARLOTTE, NC 28204	58-1413074	501(C)(3)	51,250				PATIENT SUPPORT
(377) NURSING ACTS OF KINDNESS INC PO BOX 4253, MIDDLETOWN, NY 10941	86-3723133	501(C)(3)	15,000				PATIENT SUPPORT
(378) NYU LANGONE HOSPITALS 550 FIRST AVENUE, NEW YORK, NY 10016	13-3971298	501(C)(3)	15,000				PATIENT SUPPORT
(379) OCHSNER CLINIC FOUNDATION 17000 MEDICAL CENTER DRIVE, BATON ROUGE, LA 70816	72-0502505	501(C)(3)	227,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(380) OCRACOKE HEALTH CENTER INC 305 BACK RD, OCRACOKE, NC 27960	56-1273237	501(C)(3)	10,000				PATIENT SUPPORT
(381) OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH 43210-1063	31-6401599	501(C)(3)	3,015,411				EXTRAMURAL RESEARCH
(382) OHIOHEALTH CORPORATION C/O OHIOHEALTH FOUNDATION 3430 OHIOHEALTH PARKWAY, COLUMBUS, OH 43202	23-7446919	501(C)(3)	45,000				PATIENT SUPPORT
(383) OLATHE HEALTH CHARITABLE FOUNDATION 20375 W 151ST ST, DB1 - SUITE 325, OLATHE, KS 66061-5350	48-1136010	501(C)(3)	35,000				PATIENT SUPPORT
(384) UCHEALTH NORTHERN COLORADO FOUNDATION 2315 E. HARMONY ROAD, SUITE 200, FORT COLLINS, CO 80528	74-1894581	501(C)(3)	10,000				PATIENT SUPPORT
(385) ONCOLOGY HEMATOLOGY WEST PC 17445 ARBOR ST, SUITE 310, OMAHA, NE 68130	47-0754790		15,000				PATIENT SUPPORT
(386) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST, MAIL CODE L106 SPA, PORTLAND, OR 97239	93-1176109	GOVT	4,598,554				EXTRAMURAL RESEARCH
(387) OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION PO BOX 29017, PORTLAND, OR 97296	23-7083114	501(C)(3)	17,500				PATIENT SUPPORT
(388) ORLANDO HEALTH CANCER INSTITUTE 1414 KUHL AVENUE, MP8, ORLANDO, FL 32806	59-1726273	501(C)(3)	62,500				PATIENT SUPPORT
(389) OSF HEALTHCARE SYSTEM 124 SW ADAMS ST, PEORIA, IL 61602	37-0813229	501(C)(3)	40,000				PATIENT SUPPORT
(390) OUR LADY OF THE LAKE FOUNDATION P.O. BOX 84357, BATON ROUGE, LA 70884	72-1014324	501(C)(3)	30,000				PATIENT SUPPORT
(391) PACIFIC CANCER FOUNDATION 95 MAHALANI STREET #8, WAILUKU, HI 96793	51-0548338	501(C)(3)	32,682				PATIENT SUPPORT
(392) PALI MOMI FOUNDATION 55 MERCHANT STREET SUITE 2600, HONOLULU, HI 96813	38-3840327	501(C)(3)	10,000				PATIENT SUPPORT
(393) PARKLAND FOUNDATION 1341 W MOCKINGBIRD LANE, SUITE 1100E, DALLAS, TX 75247	75-2089180	501(C)(3)	100,000				PATIENT SUPPORT
(394) PARKVIEW HOSPITAL INC PO BOX 5600, FORT WAYNE, IN 46835	35-0868085	501(C)(3)	7,500				PATIENT SUPPORT
(395) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD, HAMPTON, VA 23666	54-1806317	501(C)(3)	1,470,000				PATIENT SUPPORT
(396) PEAK VISTA COMMUNITY HEALTH CENTERS 3205 N ACADEMY BLVD SUITE 130, COLORADO SPRINGS, CO 80917	84-0617567	501(C)(3)	20,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(397) PENN MEDICINE CHESTER COUNTY HOSPITAL ABRAMSON CANCER CTR 701 EAST MARSHALL STREET, WEST CHESTER, PA 19380	23-0469150	501(C)(3)	15,000				PATIENT SUPPORT
(398) PENN MEDICINE LANCASTER GENERAL 555 NORTH DUKE STREET, LANCASTER, PA 17604-3555	23-1365353	501(C)(3)	20,000				PATIENT SUPPORT
(399) PENN MEDICINE PRINCETON MEDICAL CENTER 5 PLAINSBORO RD, PLAINSBORO, NJ 08536	22-2225911	501(C)(3)	30,000				PATIENT SUPPORT
(400) PENN PRESBYTERIAN MEDICAL CENTER 51 N 39TH STREET, PHILADELPHIA, PA 19104	23-2810852	501(C)(3)	10,000				PATIENT SUPPORT
(401) PENN STATE HEALTH PO BOX 853, HERSHEY, PA 17033	25-1854772	501(C)(3)	90,000				PATIENT SUPPORT
(402) PENNYROYAL HEALTHCARE SERVICES INC PO BOX 151, 402 N JEFFERSON ST, PRINCETON, KY 42445	27-3618164	501(C)(3)	20,000				PATIENT SUPPORT
(403) PHELPS COUNTY REGIONAL MEDICAL CENTER 1000 W 10TH STREET, ROLLA, MO 65401	43-6004435	501(C)(3)	23,750				PATIENT SUPPORT
(404) PHILIPPINE NURSES ASSOCIATION OF ILLINOIS 1069 TESTA DRIVE, JUSTICE, IL 60458	99-9999999	501(C)(3)	6,000				HEALTH EQ AMBASSADOR
(405) PHOEBE PUTNEY MEMORIAL HOSPITAL INC 427 W THIRD AVE SUITE 100, ALBANY, GA 31701	58-1928247	501(C)(3)	72,500				PATIENT SUPPORT
(406) PINK DIVAS & GENTS PO BOX 7193, WESTCHESTER, IL 60154	84-3897764	501(C)(3)	17,000				PATIENT SUPPORT
(407) PINK-4-EVER ENDING DISPARITIES 3901 W 86TH ST STE 200, INDIANAPOLIS, IN 46268	26-2994557	501(C)(3)	55,000				PATIENT SUPPORT
(408) PREMIER MOBILE HEALTH SERVICES 10676 COLONIAL BLVD SUITE 20, FORT MYERS, FL 33913	82-5372657	501(C)(3)	30,000				PATIENT SUPPORT
(409) PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649, BOSTON, MA 02241-5649	04-2103580	501(C)(3)	1,760,000				EXTRAMURAL RESEARCH
(410) PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE, PITTSBURGH, PA 15208	25-1300356	501(C)(3)	10,000				PATIENT SUPPORT
(411) PRIMARY HEALTH SOLUTIONS 300 HIGH STREET 4TH FLOOR, HAMILTON, OH 45011	31-1694200	501(C)(3)	20,000				PATIENT SUPPORT
(412) PRIMECARE COMMUNITY HEALTHCARE 2211 N ELSTON AVE, SUITE 301, CHICAGO, IL 60614	36-3845253	501(C)(3)	17,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(413) PRISMA HEALTH-UPSTATE FOUNDATION 300 E MCBEE AVE STE 500, GREENVILLE, SC 29601	93-2009608	501(C)(3)	15,000				PATIENT SUPPORT
(414) PROJECT VIDA HEALTH CENTER 3607 RIVERA AVE, EL PASO, TX 79905	68-0541648	501(C)(3)	12,500				PATIENT SUPPORT
(415) PROSTATE CANCER FOUNDATION 1250 FOURTH ST, SANTA MONICA, CA 90401	95-4418411	501(C)(3)	300,000				PATIENT SUPPORT
(416) PROVIDENCE COMMUNITY HEALTH CENTERS INC 375 ALLENS AVE, PROVIDENCE, RI 02905	05-0368134	501(C)(3)	10,000				PATIENT SUPPORT
(417) PROVIDENCE GENERAL FOUNDATION 916 PACIFIC AVENUE, EVERETT, WA 98201	91-1041617	501(C)(3)	45,000				PATIENT SUPPORT
(418) PROVIDENCE HEALTH & SERVICES WASHINGTON 3760 PIPER ST, ANCHORAGE, AK 99519	92-0016429	501(C)(3)	20,000				PATIENT SUPPORT
(419) PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON 101 W 8TH AVE, SPOKANE, WA 99204	32-0014330	501(C)(3)	20,000				PATIENT SUPPORT
(420) PROVIDENCE MONTANA HEALTH FOUNDATION 502 W SPRUCE STREET, MISSOULA, MT 59802	23-7056976	501(C)(3)	20,000				PATIENT SUPPORT
(421) PROVIDENCE PORTLAND MEDICAL FOUNDATION 4805 NORTHEAST GLISAN STREET, PPMF SUITE 1G14, PORTLAND, OR 97213	93-1231494	501(C)(3)	18,750				PATIENT SUPPORT
(422) PROVIDENCE ST MARY FOUNDATION 401 W POPLAR ST, WALLA WALLA, WA 99362	45-2841492	501(C)(3)	10,000				PATIENT SUPPORT
(423) PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY FLORIDA 1611 NW 12TH AVENUE, MIAMI, FL 33136-1005	59-1713947	501(C)(3)	50,000				PATIENT SUPPORT
(424) PUERTO RICO SCIENCE TECHNOLOGY AND RESEARCH TRUST PO BOX 363475, SAN JUAN, PR 00936-3475	66-0675963	501(C)(3)	50,000				HEALTH EQ AMBASSADOR
(425) PURDUE UNIVERSITY 23510 NETWORK PLACE, CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	960,000				EXTRAMURAL RESEARCH
(426) RAPIDES HEALTHCARE SYSTEM, LLC 211 4TH STREET, ALEXANDRIA, LA 71301	61-1267229		7,500				PATIENT SUPPORT
(427) REGENTS OF THE UNIV OF CA UCLA BOX 957089 1125 MURPHY HALL, 405 HILGARD AVE, LOS ANGELES, CA 90095-9000	95-6006143	501(C)(3)	160,500				EXTRAMURAL RESEARCH
(428) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE 324 ALDRICH HALL, BIOSCI III, SUITE 1400, IRVINE, CA 92697-1050	95-2226406	501(C)(3)	2,332,000				EXTRAMURAL RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(429) REGENTS OF THE UNIV OF MICH 3003 S STATE ST RM 1054, ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	580,709				EXTRAMURAL RESEARCH
(430) REGENTS OF THE UNIV OF MINN NW 5957 PO BOX 1450, MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	1,393,000				EXTRAMURAL RESEARCH
(431) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2195 HEARST AVE, # 130, BERKELEY, CA 94720-1103	94-6002123	501(C)(3)	725,000				EXTRAMURAL RESEARCH
(432) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DR, LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	885,000				EXTRAMURAL RESEARCH
(433) RENOWN HEALTH FOUNDATION 1155 MILL ST, MAIL STOP Z-9, RENO, NV 89502-1576	94-2972749	501(C)(3)	70,000				PATIENT SUPPORT
(434) RIDEOUT MEMORIAL HOSPITAL 726 4TH STREET, MARYSVILLE, CA 95901	94-1387866	501(C)(3)	10,000				PATIENT SUPPORT
(435) RIVER VALLEY PRIMARY CARE SERVICES PO BOX 130, RATCLIFF, AR 72951	86-1082670	501(C)(3)	10,000				PATIENT SUPPORT
(436) RIVEREDGE NATURE CENTER INC 4458 COUNTY ROAD Y, SAUKVILLE, WI 53080	39-6108549	501(C)(3)	30,000				PATIENT SUPPORT
(437) RIVERSIDE HEALTH FOUNDATION 701 TOWN CENTER DRIVE SUITE 1000, NEWPORT NEWS, VA 23606	52-1241835	501(C)(3)	35,000				PATIENT SUPPORT
(438) ROCHESTER REGIONAL HEALTH PO BOX 24325, NEW YORK, NY 10087	47-1234999	501(C)(3)	15,000				PATIENT SUPPORT
(439) ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION 2525 S DOWNING ST, MASON HALL SECOND FLOOR, DENVER, CO 80210	84-0745018	501(C)(3)	7,500				PATIENT SUPPORT
(440) ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD, OAKLAND, CA 94603	26-2583954	501(C)(3)	10,000				PATIENT SUPPORT
(441) ROSALIND FRANKLIN UNIVERSITY 3333 GREEN BAY RD 1-113, NORTH CHICAGO, IL 60064-3095	36-2181973	501(C)(3)	792,000				EXTRAMURAL RESEARCH
(442) ROSWELL PARK ALLIANCE FOUNDATION 610 ELM STREET, RSC 540, BUFFALO, NY 14263	16-1391608	501(C)(3)	35,000				PATIENT SUPPORT
(443) ROSWELL PARK CANCER INSTITUTE ELM & CARLTON STREETS, C&V ROOM 604, BUFFALO, NY 14263	14-1402155	501(C)(3)	297,000				EXTRAMURAL RESEARCH
(444) RUNNING REBELS 225 W CAPITOL DRIVE, MILWAUKEE, WI 53212	39-3910464	501(C)(3)	30,000				PATIENT SUPPORT
(445) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET 265, CHICAGO, IL 60612	36-2174823	501(C)(3)	397,000				SUPPORT/RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(446) RUTGERS THE STATE UNIVERSITY 57 US HIGHWAY 1, NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	47,000				PATIENT SUPPORT
(447) SAINT AGNES FOUNDATION 900 S CATON AVE, MB# 123, BALTIMORE, MD 21229	52-1415083	501(C)(3)	10,000				PATIENT SUPPORT
(448) SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC 1055 N CURTIS RD, BOISE, ID 83706	82-0200895	501(C)(3)	7,500				PATIENT SUPPORT
(449) SAINT FRANCIS HOSPITAL INC 6600 S YALE AVE STE 400, TULSA, OK 74136	73-0700090	501(C)(3)	20,000				PATIENT SUPPORT
(450) SAINT JOHN'S HEALTH CENTER FOUNDATION 2121 SANTA MONICA BOULEVARD, SANTA MONICA, CA 90404	95-6100079	501(C)(3)	7,000				PATIENT SUPPORT
(451) SAINT PETERS UNIVERSITY HOSPITAL 254 EASTON AVENUE, NEW BRUNSWICK, NJ 08901	22-1487330	501(C)(3)	17,500				PATIENT SUPPORT
(452) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES RD., LA JOLLA, CA 92037-1099	95-2160097	501(C)(3)	804,766				EXTRAMURAL RESEARCH
(453) SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE, KANSAS CITY, MO 64124	43-0899356	501(C)(3)	20,500				PATIENT SUPPORT
(454) SAN DIEGO STATE UNIVERSITY 5250 CAMPANILE DRIVE, SAN DIEGO, CA 92182-1931	95-6042721	501(C)(3)	626,938				EXTRAMURAL RESEARCH
(455) SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM 170 CAPP ST SUITE C, SAN FRANCISCO, CA 94110	94-2897258	501(C)(3)	10,000				PATIENT SUPPORT
(456) SAN JOAQUIN COMMUNITY HOSPITAL 2615 CHESTER AVENUE, BAKERSFIELD, CA 93301	95-2294234	501(C)(3)	19,102				PATIENT SUPPORT
(457) SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE 10901 N TORREY PINES RD BLDG11, LA JOLLA, CA 92037	51-0197108	501(C)(3)	1,231,062				EXTRAMURAL RESEARCH
(458) SANFORD USD MEDICAL CENTER PO BOX 5064, SIOUX FALLS, SD 57104	31-1527032	501(C)(3)	80,000				PATIENT SUPPORT
(459) SARASOTA MEMORIAL HOSPITAL 1700 S TAMIAMI TRAIL, SARASOTA, FL 34239	59-6012500	GOVT	20,000				PATIENT SUPPORT
(460) SARATOGA HOSPITAL RADIATION ONCOLOGY CENTER 211 CHURCH STREET, SARATOGA SPRINGS, NY 12866	14-1338547	501(C)(3)	10,000				PATIENT SUPPORT
(461) SCL HEALTH FOUNDATION 500 ELDORADO BLVD STE 4300, BROOMFIELD, CO 80021	82-3290526	501(C)(3)	13,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(462) SCRANTON PRIMARY HEALTH CARE CENTER 959 WYOMING AVENUE, SCRANTON, PA 18509	23-2024511	501(C)(3)	10,000				PATIENT SUPPORT
(463) SEBASTICOOK FAMILY DOCTORS 118 MOOSEHEAD TRAIL SUITE 5, NEWPORT, ME 04953	01-0546327	501(C)(3)	10,000				PATIENT SUPPORT
(464) SEBY B JONES REGIONAL CANCER CENTER 336 DEERFIELD ROAD, BOONE, NC 28607	56-0510824	501(C)(3)	10,000				PATIENT SUPPORT
(465) SENTARA HEALTHCARE SYSTEMS 1300 SENTARA PARK, 1ST FLOOR, VIRGINIA BEACH, VA 23464	52-1271901	501(C)(3)	35,000				PATIENT SUPPORT
(466) SETTLEMENT HEALTH 212 E 106TH STREET, NEW YORK, NY 10029	13-2957943	501(C)(3)	10,000				PATIENT SUPPORT
(467) SEVENTH-DAY ADVENTISTS LOMA LINDA UMC 11175 CAMPUS STREET, CP21005, LOMA LINDA, CA 92350	95-3522679	501(C)(3)	10,000				PATIENT SUPPORT
(468) SHANDS JACKSONVILLE 655 WEST 8TH STREET, JACKSONVILLE, FL 32209-6511	59-2142859	501(C)(3)	25,000				PATIENT SUPPORT
(469) SHANDS TEACHING HOSPITAL AND CLINICS INC PO BOX 100386, GAINESVILLE, FL 32610	59-1943502	501(C)(3)	120,000				PATIENT SUPPORT
(470) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123	95-3492461	501(C)(3)	25,000				PATIENT SUPPORT
(471) SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO ROAD NW, WASHINGTON, DC 20016	45-0562642	501(C)(3)	30,000				PATIENT SUPPORT
(472) SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHNS HOPKINS 401 N BROADWAY, BALTIMORE, MD 21231	52-0595110	501(C)(3)	30,000				PATIENT SUPPORT
(473) SINAI HEALTH SYSTEM 1500 S FAIRFIELD AVE F-125, CHICAGO, IL 60608	36-3166895	501(C)(3)	30,000				PATIENT SUPPORT
(474) SINAI HOSPITAL OF BALTIMORE 2401 W BELVEDERE AVE, BALTIMORE, MD 21215	52-0486540	501(C)(3)	10,000				PATIENT SUPPORT
(475) SINGING RIVER GULFPORT 15200 COMMUNITY RD, GULFPORT, MS 39503	85-1538878	501(C)(3)	12,000				PATIENT SUPPORT
(476) SIXTEENTH STREET COMMUNITY HEALTH CENTERS 1032 S CESAR E CHAVEZ DR, MILWAUKEE, WI 53204	39-1180475	501(C)(3)	30,000				PATIENT SUPPORT
(477) SKAGGS FOUNDATION 101 SKAGGS ROAD SUITE 404, BRANSON, MO 65616	30-0107007	501(C)(3)	9,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(478) SLEW INC 111 W HOUSTON STREET, SAN ANTONIO, TX 78205	42-1580967	501(C)(3)	40,000				PATIENT SUPPORT
(479) SLOAN - KETTERING INSTITUTE FOR PO BOX 026338, NEW YORK, NY 10087	13-1624182	501(C)(3)	1,604,000				EXTRAMURAL RESEARCH
(480) SOCIETY OF SURGICAL ONCOLOGY PO BOX 33425, CHICAGO, IL 60694	13-6161070	501(C)(3)	15,000				DEI LECTURE COMMIT.
(481) SOUTHEAST GEORGIA HEALTH SYSTEM INC 2415 PARKWOOD DRIVE, BRUNSWICK, GA 31520	58-1911751	501(C)(3)	10,000				PATIENT SUPPORT
(482) SOUTHEAST LOUISIANA VETERANS HEALTHCARE SYSTEM 2400 CANAL ST, NEW ORLEANS, LA 70119	72-0417354	501(C)(3)	7,500				PATIENT SUPPORT
(483) SOUTHEAST MISSOURI HEALTH NETWORK 6738 STATE HWY 77, BENTON, MO 63736	43-1253101	501(C)(3)	10,500				PATIENT SUPPORT
(484) SOUTHERN BAPTIST HOSPITAL OF FL INC 1301 PALM AVENUE, JACKSONVILLE, FL 32207	59-0747311	501(C)(3)	20,000				PATIENT SUPPORT
(485) SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD, DAPHNE, AL 36526	20-8097639		15,000				PATIENT SUPPORT
(486) SOUTHSIDE COMMUNITY HEALTH SERVICES 4243 4TH AVENUE SOUTH, MINNEAPOLIS, MN 55409	23-7113799	501(C)(3)	25,625				PATIENT SUPPORT
(487) SPARTANBURG REGIONAL HEALTH PO BOX 2624, SPARTANBURG, SC 29304	57-0937166	501(C)(3)	15,000				PATIENT SUPPORT
(488) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE, MC004, GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	70,000				PATIENT SUPPORT
(489) SPRING BRANCH COMM HLTH CTR 5502 1ST STREET, KATY, TX 77493	30-0198705	501(C)(3)	10,000				PATIENT SUPPORT
(490) SSM HEALTH FOUNDATION ST LOUIS 12800 CORPORATE HILL DRIVE, SAINT LOUIS, MO 63131	43-1552945	501(C)(3)	26,750				PATIENT SUPPORT
(491) ST AMBROSE UNIVERSITY 518 W LOCUST STREET, DAVENPORT, IA 52803-2829	42-0703280	501(C)(3)	286,000				EXTRAMURAL RESEARCH
(492) ST ANTHONY REGIONAL HOSPITAL AND NURSING HOME 311 S CLARK ST, CARROLL, IA 51401	42-0733472	501(C)(3)	7,500				PATIENT SUPPORT
(493) ST BERNARDS HOSPITAL DEVELOPMENT FOUNDATION 225 EAST JACKSON, JONESBORO, AR 72401	71-0563245	501(C)(3)	17,500				PATIENT SUPPORT
(494) ST CROIX GASTROENTEROLOGY CENTER 61 HERMAN HILL, CHRISTIANSTED, VI 00820	99-9999999		13,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(495) ST DOMINIC CANCER CENTER 2969 CURRAN DR SUITE 100, JACKSON, MS 39216	64-0303091	501(C)(3)	9,500				PATIENT SUPPORT
(496) ST FRANCIS FOUNDATION 211 SAINT FRANCIS DRIVE, CAPE GIRARDEAU, MO 63703	43-1111276	501(C)(3)	20,000				PATIENT SUPPORT
(497) ST JOHN'S COMMUNITY HEALTH 808 W 58TH ST, LOS ANGELES, CA 90037	95-4067758	501(C)(3)	30,000				PATIENT SUPPORT
(498) ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC DBA PROVIDENCE ST JOSEPH HOSPITAL 1801 LIND AVE SW, RENTON, WA 98057	81-4791043	501(C)(3)	77,500				PATIENT SUPPORT
(499) ST JOSEPH HOSPITAL OF NASHUA NH 172 KNISLEY STREET, NASHUA, NH 03060	02-0222215	501(C)(3)	12,500				PATIENT SUPPORT
(500) ST JOSEPHS/CANDLER 5356 REYNOLDS STREET SUITE 400, SAVANNAH, GA 31405	58-1553254	501(C)(3)	47,500				PATIENT SUPPORT
(501) ST LOUIS UNIVERSITY 3545 LINDELL BLVD 3RD FLOOR, SAINT LOUIS, MO 63103	43-0654872	501(C)(3)	959,000				EXTRAMURAL RESEARCH
(502) ST LUKES EPISCOPAL-PRESBYTERIAN HOSPITALS 232 S WOODS MILL ROAD, CHESTERFIELD, MO 63017	43-0652680	501(C)(3)	20,000				PATIENT SUPPORT
(503) ST LUKE'S FOUNDATION 1000 E FIRST STREET, SUITE 102, DULUTH, MN 55805	41-1448118	501(C)(3)	18,000				PATIENT SUPPORT
(504) ST LUKES HEALTH CARE FOUNDATION 855 A AVENUE NE SUITE 105, CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	12,000				PATIENT SUPPORT
(505) ST MARYS HOSPITAL JEFFERSON CITY MO FOUNDATION 2505 MISSION DRIVE, JEFFERSON CITY, MO 65109	43-1575307	501(C)(3)	7,500				PATIENT SUPPORT
(506) ST PETERS HEALTH PARTNERS 317 S MANNING BLVD SUITE 100, ALBANY, NY 12208	45-3570715	501(C)(3)	20,000				PATIENT SUPPORT
(507) ST PETER'S HOSPITAL FOUNDATION INC 310 SOUTH MANNING BLVD, ALBANY, NY 12208	22-2262982	501(C)(3)	15,000				PATIENT SUPPORT
(508) ST TAMMANY HOSPITAL FOUNDATION 1127 SOUTH TYLER STREET, COVINGTON, LA 70433	37-1458857	501(C)(3)	15,000				PATIENT SUPPORT
(509) ST TERESA OF KOLKATA CATHOLIC CHURCH 3445 MAYNARDVILLE HIGHWAY, MAYNARDVILLE, TN 37807	45-3854765	501(C)(3)	15,000				PATIENT SUPPORT
(510) ST THOMAS RADIOLOGY ASSOC 9149 ESTATE THOMAS, SUITE 103, ST THOMAS, VI 00802	66-0434472	501(C)(3)	7,500				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(511) ST VINCENT HOSPITAL FOUNDATION INC 300 FIFTH AVENUE, PITTSBURGH, PA 15222	35-6088862	501(C)(3)	20,000				PATIENT SUPPORT
(512) ST VINCENT'S BRUNO CANCER CENTER 1130 22ND STREET SOUTH, SUITE 1000, BIRMINGHAM, AL 35205	63-0868066	501(C)(3)	12,500				PATIENT SUPPORT
(513) ST. VINCENT HEALTHCARE FOUNDATION 1106 N 30TH ST, BILLINGS, MT 59101	81-0468034	501(C)(3)	18,000				PATIENT SUPPORT
(514) STANFORD HEALTH CARE 300 PASTEUR DR MC 5554, STANFORD, CA 94305	94-6174066	501(C)(3)	25,000				PATIENT SUPPORT
(515) STONY BROOK FOUNDATION 230 ADMINISTRATION - STONY BROOK UN, STONY BROOK, NY 11794	11-6077945	501(C)(3)	25,000				PATIENT SUPPORT
(516) STORMONT VAIL FOUNDATION 1500 SW 10TH AVE, TOPEKA, KS 66604	48-0980926	501(C)(3)	9,000				PATIENT SUPPORT
(517) SUMMA HEALTH SYSTEM 1077 GORGE BLVD, AKRON, OH 44310	34-1624766	501(C)(3)	10,000				PATIENT SUPPORT
(518) SUMMERLIN HOSPITAL MEDICAL CENTER AUXILIARY 1717 HONEY TREE DR, LAS VEGAS, NV 89144	23-2873021	501(C)(3)	10,000				PATIENT SUPPORT
(519) SUNRISE COMMUNITY HEALTH CTR 2930 11TH AVE, EVANS, CO 80620	84-0613289	501(C)(3)	10,000				PATIENT SUPPORT
(520) SUNSET COMMUNITY HEALTH CENTER INC 2060 W 24TH STREET, YUMA, AZ 85364	86-0893305	501(C)(3)	10,000				PATIENT SUPPORT
(521) SUTTER HEALTH 2800 L STREET STE 420, SACRAMENTO, CA 95816	94-2788907	501(C)(3)	60,000				PATIENT SUPPORT
(522) SWEDISH MEDICAL CENTER 747 BROADWAY, SEATTLE, WA, USA, SEATTLE, WA 98122	91-0983214	501(C)(3)	45,000				PATIENT SUPPORT
(523) TAPESTRY 360 HEALTH 1301 W DEVON AVE, CHICAGO, IL 60660	36-3843377	501(C)(3)	12,500				PATIENT SUPPORT
(524) TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220, SANTA BARBARA, CA 93105-3185	14-1872081	501(C)(3)	30,000				PATIENT SUPPORT
(525) TEMPLE UNIVERSITY HOSPITAL INC 2450 W HUNTING PARK AVE, PHILADELPHIA, PA 19129-1398	23-2825878	501(C)(3)	35,000				PATIENT SUPPORT
(526) TENET - THE HOSPITALS OF PROVIDENCE 2101 N OREGON ST, EL PASO, TX 79902	74-2792375	501(C)(3)	13,000				PATIENT SUPPORT
(527) TEXAS BIOMEDICAL RESEARCH INSTITUTE (TEXAS BIOMED) 8715 W MILITARY DRIVE, SAN ANTONIO, TX 78227	74-1109630	501(C)(3)	122,975				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(528) UROLOGY PARTNERS OF NORTH TEXAS 6801 OAKMONT BOULEVARD SUITE 101, FORT WORTH, TX 76132	30-1192724		8,000				PATIENT SUPPORT
(529) TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BLVD SUITE 300, ARLINGTON, TX 76011	75-2022128	501(C)(3)	6,000				PATIENT SUPPORT
(530) TEXAS NATIVE HEALTH 1283 RECORD CROSSING ROAD, DALLAS, TX 75235	23-7156945	501(C)(3)	20,000				PATIENT SUPPORT
(531) TEXAS ONCOLOGY FOUNDATION INC 12221 MERIT DRIVE SUITE 500, DALLAS, TX 75252	75-2705785	501(C)(3)	187,500				PATIENT SUPPORT
(532) TEXAS ONCOLOGY PA 12221 MERIT DRIVE SUITE 500, DALLAS, TX 75252	75-2131429		43,750				PATIENT SUPPORT
(533) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER PO BOX 5868 MS 6274, LUBBOCK, TX 79408-5868	75-2142549	GOVT	15,500				PATIENT SUPPORT
(534) THE AFRICAN METHODIST EPISCOPAL CHURCH INCORPORATED 900 13TH AVE SOUTH STE 330, NASHVILLE, TN 37212	53-0204696	501(C)(3)	40,000				SUPPORT/CONV SPONSOR
(535) THE AMERICAN ONCOLOGIC HOSPITAL 333 COTTMAN AVENUE, PHILADELPHIA, PA 19111	23-1352156	501(C)(3)	65,000				PATIENT SUPPORT
(536) THE CHAUTAUQUA CENTER INC 75 EAST THIRD STREET, DUNKIRK, NY 14048	27-3512018	501(C)(3)	20,000				PATIENT SUPPORT
(537) THE CHRIST HOSPITAL HEALTH NETWORK/FOUNDATION 2123 AUBURN AVE SUITE 528, CINCINNATI, OH 45219	26-4165492	501(C)(3)	10,000				PATIENT SUPPORT
(538) THE CLEVELAND CLINIC FOUNDATION P O BOX 931531, CLEVELAND, OH 44193	34-0714585	501(C)(3)	1,987,500				SUPPORT/RESEARCH
(539) THE EAST ALABAMA HEALTH CARE AUTHORITY 2000 PEPPERELL PARKWAY, OPELIKA, AL 36801	27-3711818	501(C)(3)	10,000				PATIENT SUPPORT
(540) SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION INC 1701 OAK PARK BLVD, LAKE CHARLES, LA 70601	72-0551963	501(C)(3)	15,000				PATIENT SUPPORT
(541) THE GEORGE WASHINGTON UNIVERSITY 44983 KNOLL SQUARE 203, ASHBURN, VA 20147-4198	53-0196584	501(C)(3)	946,500				SUPPORT/RESEARCH
(542) THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10035	13-3273402	501(C)(3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(543) THE LAKES COMMUNITY HEALTH CENTER 15954 RIVERS EDGE DR, HAYWARD, WI 54843	35-2297925	501(C)(3)	20,000				PATIENT SUPPORT
(544) THE LINKS FOUNDATION INC 1200 MASSACHUSETTS AVE NW, WASHINGTON, DC 20005	52-1170830	501(C)(3)	25,000				EVENT SPONSORSHIP
(545) THE METHODIST HOSPITAL RESEARCH INSTITUTE PO BOX 4805, HOUSTON, TX 77210-4805	87-0721923	501(C)(3)	491,000				SUPPORT/RESEARCH
(546) THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE, CLEVELAND, OH 44109	34-6607695	501(C)(3)	67,500				PATIENT SUPPORT
(547) THE MILKEN INSTITUTE 1250 FOURTH STREET 2ND FLOOR, SANTA MONICA, CA 90401	95-4240775	501(C)(3)	250,000				RESEARCH
(548) THE MOUNT SINAI HOSPITAL ONE GUSTAVE L LEVY PLACE, NEW YORK, NY 10029	13-1624096	501(C)(3)	30,000				PATIENT SUPPORT
(549) THE OHIO STATE UNIVERSITY 650 ACKERMAN ROAD, SUITE 325G, COLUMBUS, OH 43202	31-6025986	501(C)(1)	132,500				PATIENT SUPPORT
(550) THE PENNSYLVANIA STATE UNIV PO BOX 850, HERSHEY, PA 17033-0850	24-6000376	SECTION 115	944,000				EXTRAMURAL RESEARCH
(551) THE QUEENS HEALTH SYSTEM MEDICAL CENTER 1301 PUNCHBOWL STREET, HONOLULU, HI 96813	99-0073524	501(C)(3)	20,000				PATIENT SUPPORT
(552) THE RECTOR & VISITORS OF THE PO BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001795	GOVT	697,000				EXTRAMURAL RESEARCH
(553) THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA PO BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	16,396				PATIENT SUPPORT
(554) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 7145, PASADENA, CA 91109-9903	94-3067788	501(C)(3)	7,500				PATIENT SUPPORT
(555) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVE, DAVIS, CA 95616	94-6036494	501(C)(3)	45,000				PATIENT SUPPORT
(556) THE REGENTS OF THE UNIVERSITY OF COLORADO 3100 MARINE ST., RM 479 572 UCB, BOULDER, CO 80303-1058	84-6000555	501(C)(3)	134,695				SUPPORT/RESEARCH
(557) INSTITUTE FOR CANCER RESEARCH 3509 N BROAD ST, BOYER PAV 225, PHILADELPHIA, PA 19140	23-6296135	501(C)(3)	1,381,000				EXTRAMURAL RESEARCH
(558) THE RESURRECTION PROJECT 1818 S PAULINA STREET, CHICAGO, IL 60608	36-3576073	501(C)(3)	54,000				SUPPORT/HEALTH EQ AMB

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(559) THE SNELL FOUNDATION 11 ROCK ROW SUITE 310, WESTBROOK, ME 04092	82-3298659	501(C)(3)	10,000				PATIENT SUPPORT
(560) THE UNIVERSITY OF IOWA 105 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	GOVT	667,000				SUPPORT/RESEARCH
(561) THE UNIVERSITY OF KANSAS HOSPITAL AUTHORITY 11300 CORPORATE AVE, SUITE 240, MS 9241, LENEXA, KS 66219	48-0547734	GOVT	55,000				PATIENT SUPPORT
(562) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE SUITE 2200, CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	885,000				SUPPORT/RESEARCH
(563) THE UNIVERSITY OF TOLEDO 2801 WEST BANCROFT ST, TOLEDO, OH 43606	34-6401483	GOVT	946,000				EXTRAMURAL RESEARCH
(564) THE WRIGHT CENTER MEDICAL GROUP 501 S WASHINGTON AVE SUITE 1000, SCRANTON, PA 18505	23-2772504	501(C)(3)	10,000				PATIENT SUPPORT
(565) THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET SUITE 2004, PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	550,750				SUPPORT/RESEARCH
(566) TOPEKA HOSPITAL LLC 1700 SW 7TH ST - 2ND FLOOR CANCER C, TOPEKA, KS 66606	82-2034009		6,606				PATIENT SUPPORT
(567) TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET, NEW ORLEANS, LA 70115	72-1169939	501(C)(3)	25,000				PATIENT SUPPORT
(568) TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N 5TH ST STE 600, PHOENIX, AZ 85004	75-3065445	501(C)(3)	217,500				EXTRAMURAL RESEARCH
(569) TRAVELERS AID SOCIETY OF SAN DIEGO INC 2615 CAMINO DEL RIO S, SUITE 103, SAN DIEGO, CA 92108	95-1727674	501(C)(3)	7,500				PATIENT SUPPORT
(570) TRICIA'S TROOPS INC 2410 MILWAUKEE ST #C, DELAFIELD, WI 53018	27-3779727	501(C)(3)	30,000				PATIENT SUPPORT
(571) TRIHEALTH CANCER INSTITUTE 5520 CHEVIOT ROAD, CINCINNATI, OH 45247	27-2413974		15,000				PATIENT SUPPORT
(572) TRINITY HEALTH FOUNDATION 1250 21ST AVENUE SE, MINOT, ND 58701	45-0215346	501(C)(3)	10,000				PATIENT SUPPORT
(573) TRINITY HEALTH-MICHIGAN DBA SAINT JOSEPH MERCY HEALTH SYSTEM 5305 EAST HURON RIVER DRIVE, PO BOX 995, ANN ARBOR, MI 48106-0995	38-2113393	501(C)(3)	15,000				PATIENT SUPPORT
(574) TRUSTEES OF BOSTON UNIV BUMC 25 BUICK ST, BOSTON, MA 02215	04-2103547	501(C)(3)	1,286,200				EXTRAMURAL RESEARCH
(575) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD #6210, HANOVER, NH 03755-1404	02-0222111	501(C)(3)	1,020,000				EXTRAMURAL RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(576) TRUSTEES OF THE UNIVERSITY OF PENN 3451 WALNUT STREET, PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	2,611,500				SUPPORT/RESEARCH
(577) TUFTS MEDICAL CENTER 41 MONTVALE AVE, STONEHAM, MA 02180	04-3400617	501(C)(3)	15,000				PATIENT SUPPORT
(578) TURNER HOUSE CLINIC INC 21 N 12TH ST, SUITE 210, KANSAS CITY, KS 66102	48-1151382	501(C)(3)	20,000				PATIENT SUPPORT
(579) TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE, TYLER, TX 75702	45-2578435	501(C)(3)	10,000				PATIENT SUPPORT
(580) U OF TX MD ANDERSON CANCER CTR PO BOX 4266, HOUSTON, TX 77210-4266	74-6001118	501(C)(3)	2,952,234				EXTRAMURAL RESEARCH
(581) UNIVERSITY OF ARKANSAS FOUNDATION INC 535 W RESEARCH CENTER BLVD STE 120, FAYETTEVILLE, AR 72701	71-6056774	501(C)(3)	35,500				PATIENT SUPPORT
(582) UCI HEALTH 101 THE CITY DRIVE BUILDING 23 3RD, ORANGE, CA 92868	95-2540117	501(C)(3)	10,000				PATIENT SUPPORT
(583) UCLA FOUNDATION PO BOX 7145, PASADENA, CA 91109-9903	95-2250801	501(C)(3)	30,100				PATIENT SUPPORT
(584) UF HEALTH JACKSONVILLE 655 W 8TH STREET, JACKSONVILLE, FL 32209	59-2274759	501(C)(3)	18,750				PATIENT SUPPORT
(585) UGA RESEARCH FOUNDATION INC 310 E CAMPUS RD, ATHENS, GA 30602	58-1353149	501(C)(3)	75,000				EXTRAMURAL RESEARCH
(586) UMC FOUNDATION 602 INDIANA AVE, LUBBOCK, TX 79415	75-1639312	501(C)(3)	7,500				PATIENT SUPPORT
(587) UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVE, NASHVILLE, TN 37210	62-1032792	501(C)(3)	10,000				PATIENT SUPPORT
(588) UNITYPOINT HEALTH 1415 WOODLAND AVENUE SUITE E-200, DES MOINES, IA 50309	42-0680452	501(C)(3)	8,000				PATIENT SUPPORT
(589) UNIV OF COLORADO DENVER PO BOX 910238, DENVER, CO 80291-0238	84-1178794	GOVT	399,874				EXTRAMURAL RESEARCH
(590) UNIV OF MARYLAND BALTIMORE PO 41428, BALTIMORE, MD 21203-6428	52-6002033	GOVT	1,317,000				EXTRAMURAL RESEARCH
(591) UNIV OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100	47-4049123	GOVT	1,824,000				EXTRAMURAL RESEARCH
(592) UNIVERSITY COMMUNITY HEALTH SERVICES 601 BENTON AVE, NASHVILLE, TN 37204	62-1438461	501(C)(3)	10,000				PATIENT SUPPORT
(593) UNIVERSITY HEALTH SYSTEM FOUNDATION 4502 MEDICAL DR MS 1-2, SAN ANTONIO, TX 78229	74-2335396	501(C)(3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(594) UNIVERSITY HEALTH SYSTEMS 9000 EXECUTIVE PARK DR, SUITE D240, KNOXVILLE, TN 37923	31-1626179	501(C)(3)	35,000				PATIENT SUPPORT
(595) UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA FOUNDATION INC 690 MEDICAL DRIVE, GREENVILLE, NC 27835-8489	20-0777374	501(C)(3)	10,000				PATIENT SUPPORT
(596) UNIVERSITY HOSPITAL CANCER CENTER 205 SOUTH ORANGE AVENUE A LEVEL, NEWARK, NJ 07101	22-1775306		37,500				PATIENT SUPPORT
(597) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVE SCC 1105, AVON, OH 44011	34-1567805	501(C)(3)	7,500				PATIENT SUPPORT
(598) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	34-0714775	501(C)(3)	47,000				SUPPORT/HEALTH EQ AMB
(599) UNIVERSITY OF ALABAMA AT BIRMINGHAM 701 S 20TH ST AB990, BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	3,204,500				SUPPORT/RESEARCH
(600) UNIVERSITY OF ALABAMA AT BIRMINGHAM EDUCATIONAL FOUNDATION 1717 11TH AVENUE SOUTH STE 103A, BIRMINGHAM, AL 35205	63-6155094	501(C)(3)	7,500				SUPPORT/RESEARCH
(601) UNIVERSITY OF ARIZONA PO BOX 3520, TUCSON, AZ 85722-3520	74-2652689	SECTION 115	1,347,500				EXTRAMURAL RESEARCH
(602) UNIVERSITY OF ARKANSAS FOR 4301 WEST MARKHAM, SLOT 560, LITTLE ROCK, AR 72205	71-6003252	GOVT	367,500				EXTRAMURAL RESEARCH
(603) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM ST STE 425, SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	1,781,250				SUPPORT/RESEARCH
(604) UNIVERSITY OF CALIFORNIA SANTA BARBARA 3227 CHEADLE HALL, SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	166,053				EXTRAMURAL RESEARCH
(605) UNIVERSITY OF CHICAGO 6054 S DREXEL AVENUE, CHICAGO, IL 60637	36-2177139	501(C)(3)	1,619,000				SUPPORT/RESEARCH
(606) UNIVERSITY OF CHICAGO CANCER CENTER 150 HARVESTER DRIVE, SUITE 300, BURR RIDGE, IL 60527	36-3488183	501(C)(3)	15,000				PATIENT SUPPORT
(607) UNIVERSITY OF COLORADO CANCER CENTER 1665 AURORA COURT, MAIL STOP F-704, AURORA, CO 80045	84-1000000	GOVT	40,000				PATIENT SUPPORT
(608) UNIVERSITY OF FLORIDA PO BOX 113201, GAINESVILLE, FL 32611	59-6002052	501(C)(3)	317,889				SUPPORT/RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(609) UNIVERSITY OF FLORIDA HEALTH PROTON THERAPY INSTITUTE 2015 N JEFFERSON STREET, JACKSONVILLE, FL 32206	01-0554709	501(C)(3)	35,000				PATIENT SUPPORT
(610) UNIVERSITY OF ILLINOIS 506 S WRIGHT ST 209 HAB NO MC339, URBANA, IL 61801	37-6000511	501(C)(3)	987,250				SUPPORT/RESEARCH
(611) UNIVERSITY OF ILLINOIS CHICAGO 28395 NETWORK PLACE, CHICAGO, IL 60673-1283	37-6000061	GOVT	961,462				EXTRAMURAL RESEARCH
(612) UNIVERSITY OF KANSAS 3901 RAINBOW BLVD, MS 1039, KANSAS CITY, KS 66160	48-1108830	501(C)(3)	147,500				EXTRAMURAL RESEARCH
(613) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION PO BOX 931113, CLEVELAND, OH 44193	61-6033693	501(C)(3)	1,073,000				SUPPORT/RESEARCH
(614) UNIVERSITY OF LOUISVILLE FOUNDATION 215 CENTRAL AVENUE, LOUISVILLE, KY 40208	23-7078461	501(C)(3)	45,000				PATIENT SUPPORT
(615) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC PO BOX 41428, BALTIMORE, MD 21203-6428	31-1678679	501(C)(3)	945,000				EXTRAMURAL RESEARCH
(616) UNIVERSITY OF MARYLAND MEDICAL SYSTEM FND 110 S PACA ST, 9TH FLOOR, BALTIMORE, MD 21201	52-2238893	501(C)(3)	108,169				PATIENT SUPPORT
(617) UNIVERSITY OF MIAMI PO BOX 248106, CORAL GABLES, FL 33124	59-0624458	501(C)(3)	1,040,000				SUPPORT/RESEARCH
(618) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266, MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)(3)	32,500				PATIENT SUPPORT
(619) UNIVERSITY OF NEW MEXICO 1700 LOMAS, NE SUITE 2200, MSC 01 1247, ALBUQUERQUE, NM 87131-0001	85-6000642	GOVT	541,712				SUPPORT/RESEARCH
(620) UNIVERSITY OF OKLAHOMA FIVE PARTNERS PLACE SUITE 3100, NORMAN, OK 73019-9705	73-1377584	GOVT	150,000				EXTRAMURAL RESEARCH
(621) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY, URP865-490, OKLAHOMA CITY, OK 73104	73-1563627	501(C)(3)	4,125,000				SUPPORT/RESEARCH
(622) UNIVERSITY OF PITTSBURGH 6614 CLAYTON ROAD, SUITE 234, PITTSBURGH, PA 15251-7220	25-0965591	501(C)(3)	1,019,079				EXTRAMURAL RESEARCH
(623) UNIVERSITY OF PITTSBURGH PHYSICIANS 5608 WILKINS AVE SUITE 100, PITTSBURGH, PA 15217	23-2919472	501(C)(3)	10,000				PATIENT SUPPORT
(624) UNIVERSITY OF ROCHESTER 910 GENESEE ST, SUITE 200, ROCHESTER, NY 14611	16-0743209	501(C)(3)	50,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(625) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD, AD 200, MOBILE, AL 36688	63-0477348	501(C)(3)	52,496				PATIENT SUPPORT
(626) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST., LOS ANGELES, CA 90089-8003	95-1642394	501(C)(3)	935,249				SUPPORT/RESEARCH
(627) UNIVERSITY OF TENNESSEE MEMPHIS 620 S DUNLAP, HYMAN ADMIN BUILDING ROOM 300, MEMPHIS, TN 38163	62-6001636	GOVT	541,365				EXTRAMURAL RESEARCH
(628) UNIVERSITY OF TEXAS DALLAS 800 W. CAMPBELL RD, MAILSTOP SP2 27, RICHARDSON, TX 75080	75-1305566	GOVT	75,000				EXTRAMURAL RESEARCH
(629) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DR, MSC 7828, SAN ANTONIO, TX 78229-3900	74-1586031	GOVT	2,389,500				SUPPORT/RESEARCH
(630) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD, DALLAS, TX 75390-9020	75-6002868	GOVT	115,000				PATIENT SUPPORT
(631) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE ROOM 406, SALT LAKE CITY, UT 84112-9020	87-6000525	501(C)(3)	110,000				PATIENT SUPPORT
(632) UNIVERSITY OF UTAH RESEARCH FOUNDATION 302 PARK BUILDING, 201 S PRESIDENTS CIRCLE, SALT LAKE CITY, UT 84112	23-7112869	501(C)(3)	2,516,452				EXTRAMURAL RESEARCH
(633) UNIVERSITY OF VERMONT CANCER CENTER 111 COLCHESTER AVE, BURLINGTON, VT 05401	03-0219309	501(C)(3)	25,000				PATIENT SUPPORT
(634) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY ROOM 150, BOX 351122, SEATTLE, WA 98195	91-6001537	GOVT	435,000				EXTRAMURAL RESEARCH
(635) UNIVERSITY OF WISCONSIN WARF 370 610 WALNUT ST, MADISON, WI 53705	39-1805963	GOVT	62,022				PATIENT SUPPORT
(636) UPMC 620 HOWARD AVE, ALTOONA, PA 16601	55-0787040	501(C)(3)	7,500				PATIENT SUPPORT
(637) UPMC HILLMAN CANCER CENTER 500 ROSS STREET, PITTSBURGH, PA 15258	25-1899326	501(C)(3)	13,500				PATIENT SUPPORT
(638) UPMC MAGEE WOMENS HOSPITAL 300 HALKET STREET, PITTSBURGH, PA 15213	25-0965420	501(C)(3)	30,000				PATIENT SUPPORT
(639) UPMC PASSAVANT 9100 BABCOCK BOULEVARD, PITTSBURGH, PA 15237	25-0965451	501(C)(3)	7,500				PATIENT SUPPORT
(640) UPSTATE FOUNDATION INC 750 E ADAMS ST CAB 326, SYRACUSE, NY 13210	16-1068101	501(C)(3)	40,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(641) UPTOWN COMMUNITY HEALTH CENTER 1960 N OGDEN ST, SUITE 300, DENVER, CO 80218	88-0926474	501(C)(3)	10,000				PATIENT SUPPORT
(642) UT HEALTH EAST TEXAS PHYSICIANS 3910 BROOKSIDE DRIVE SUITE 102, TYLER, TX 75701	75-0891460		22,500				PATIENT SUPPORT
(643) UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753, DALLAS, TX 75284-1753	75-6042147	GOVT	3,452,000				EXTRAMURAL RESEARCH
(644) UTAH CANCER SPECIALISTS PC 1121 EAST 3900 SOUTH C-230, SALT LAKE CITY, UT 84124	87-0519691		10,000				PATIENT SUPPORT
(645) UVSC 44 PAKANI PLACE, MAKAWAO, HI 96768	47-5338638	501(C)(3)	7,500				PATIENT SUPPORT
(646) UW PHYSICIANS NETWORK 850 REPUBLICAN STREET BUILDING C, SEATTLE, WA 98195	91-1715882	501(C)(3)	10,000				PATIENT SUPPORT
(647) VALLEY-WIDE HEALTH SYSTEMS INC 128 MARKET ST, ALAMOSA, CO 81101	84-0706945	501(C)(3)	10,000				PATIENT SUPPORT
(648) VALLEYWISE HEALTH 2601 E ROOSEVELT, PHOENIX, AZ 85008	86-0830701	GOVT	7,500				PATIENT SUPPORT
(649) VAN ANDEL RESEARCH INSTITUTE 3600 GEORGETOWN RD, GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	300,144				EXTRAMURAL RESEARCH
(650) VANDALIA HEALTH NETWORK PO BOX 45760, BALTIMORE, MD 21297-5760	55-0664138	501(C)(3)	10,000				PATIENT SUPPORT
(651) VANDERBILT UNIVERSITY 2301 VANDERBILT PL, NASHVILLE, TN 37240-1591	62-0476822	501(C)(3)	367,500				EXTRAMURAL RESEARCH
(652) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE S SUITE D3300 MCN, NASHVILLE, TN 37232	35-2528741	501(C)(3)	884,500				SUPPORT/RESEARCH
(653) VENICE FAMILY CLINIC 604 ROSE AVE, VENICE, CA 90291	95-2769432	501(C)(3)	20,000				PATIENT SUPPORT
(654) VERSITI WISCONSIN INC 29779 NETWORK PL, CHICAGO, IL 60673-1297	39-0807235	501(C)(3)	792,000				EXTRAMURAL RESEARCH
(655) VIRGINIA COMMONWEALTH UNIV 912 W. FRANKLIN ST., RICHMOND, VA 23284	54-6001758	GOVT	899,680				SUPPORT/RESEARCH
(656) VIRGINIA MASON FRANCISCAN HEALTH 1145 BROADWAY PLAZA STE 610, TACOMA, WA 98402	91-1145592	501(C)(3)	40,000				PATIENT SUPPORT
(657) VIRGINIA MASON MEDICAL CENTER 1218 TERRY AVENUE, SEATTLE, WA 98111-1930	91-0565539	501(C)(3)	10,000				PATIENT SUPPORT
(658) VIRTUA HEALTH FOUNDATION 303 LIPPINCOTT DRIVE 4TH FLOOR, MARLTON, NJ 08053	04-3722352	501(C)(3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(659) VISION COMMUNITY FOUNDATION 704 ORMEWOOD AVENUE, ATLANTA, GA 30312	87-0743282	501(C)(3)	15,000				HEALTH EQ AMBASSADOR
(660) VITAL ACCESS CARE FOUNDATION 17150 NEWHOPE STREET, SUITE 201-203, FOUNTAIN VALLEY, CA 92708	91-2170415	501(C)(3)	60,000				PATIENT SUPPORT
(661) VOLUNTEER AUXILIARY INC OF WESTSIDE REGIONAL MEDICAL CENTER 8201 WEST BROWARD BOULEVARD, PLANTATION, FL 33324	59-1744391	501(C)(3)	10,000				PATIENT SUPPORT
(662) WA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS 4616 25TH AVE NE SUITE #594, SEATTLE, WA 98105	91-1016402	501(C)(3)	10,000				PATIENT SUPPORT
(663) WAKE FOREST UNIVERSITY HEALTH SCIENCES 1 MEDICAL CENTER BLVD, WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	1,059,036				SUPPORT/RESEARCH
(664) WASHINGTON REGIONAL MEDICAL FOUNDATION 3215 N NORTHHILLS BLVD, FAYETTEVILLE, AR 72703	71-0664685	501(C)(3)	10,000				PATIENT SUPPORT
(665) WASHINGTON UNIVERSITY 700 ROSEDALE AVE, ST LOUIS, MO 63112-1408	43-6401888	501(C)(3)	4,213,500				EXTRAMURAL RESEARCH
(666) WASHINGTON UNIVERSITY/SITEMAN CANCER CENTER @BJH 7425 FORSYTH BLVD, SAINT LOUIS, MO 63105	43-0653611	501(C)(3)	53,750				PATIENT SUPPORT
(667) WATTS HEALTHCARE CORP 10300 COMPTON AVE, LOS ANGELES, CA 90002	75-3046480	501(C)(3)	20,000				PATIENT SUPPORT
(668) WE CARE JACKSONVILLE INC 4615 PHILIPS HWY, JACKSONVILLE, FL 32207	59-3431724	501(C)(3)	10,000				PATIENT SUPPORT
(669) WEILL MED COLLEGE OF CORNELL U 1300 YORK AVE BOX 89, NEW YORK, NY 10065	13-1623978	501(C)(3)	1,831,000				EXTRAMURAL RESEARCH
(670) WELLNESS PLAN MEDICAL CENTERS 7700 SECOND AVE, DETROIT, MI 48202	27-3971570	501(C)(3)	30,000				PATIENT SUPPORT
(671) WELLSPAN HEALTH PO BOX 2767, YORK, PA 17405	22-2517863	501(C)(3)	7,500				PATIENT SUPPORT
(672) WELLSTAR FOUNDATION 1800 PARKWAY PLACE, MARIETTA, GA 30067	58-1627413	501(C)(3)	40,000				PATIENT SUPPORT
(673) WEST JEFFERSON HOSPITAL FOUNDATION 1111 MEDICAL CENTER BLVD STE N-201, MARRERO, LA 70072	27-0082033	501(C)(3)	7,500				PATIENT SUPPORT
(674) WEST OAKLAND HEALTH COUNCIL 700 ADELINE ST, OAKLAND, CA 94621	94-1667294	501(C)(3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(675) WEST VIRGINIA UNIV RESEARCH 886 CHESTNUT RIDGE RD, MORGANTOWN, WV 26506	55-0665758	501(C)(3)	200,635				EXTRAMURAL RESEARCH
(676) WEST VIRGINIA UNIVERSITY FOUNDATION INC ONE WATERFRONT PLACE 7TH FLOOR, MORGANTOWN, WV 26507	55-6017181	501(C)(3)	33,500				PATIENT SUPPORT
(677) WHITE PLAINS HOSPITAL 41 EAST POST ROAD, WHITE PLAINS, NY 10601	13-1740130	501(C)(3)	15,000				PATIENT SUPPORT
(678) WILLIAM F RYAN COMMUNITY HEALTH CENTER 565 MANHATTAN AVE, NEW YORK, NY 10027	13-2884976	501(C)(3)	10,000				PATIENT SUPPORT
(679) WILLIS KNIGHTON HEALTH SYSTEM 2600 GREENWOOD ROAD, SHREVEPORT, LA 71130	72-0400933	501(C)(3)	30,000				PATIENT SUPPORT
(680) WINCHESTER HOSPITAL FOUNDATION 41 HIGHLAND AVE, WINCHESTER, MA 01890	04-3399570	501(C)(3)	7,500				PATIENT SUPPORT
(681) WOMEN AND INFANTS HOSPITAL OF RHODE ISLAND 101 DUDLEY STREET, PROVIDENCE, RI 02905	05-0258937	501(C)(3)	10,000				PATIENT SUPPORT
(682) WYOMING FOUNDATION FOR CANCER CARE 141 S CENTER ST, SUITE 402, CASPER, WY 82601	81-5130255	501(C)(3)	40,000				PATIENT SUPPORT
(683) YAKIMA NEIGHBORHOOD HEALTH SERVICE PO BOX 2605, YAKIMA, WA 98907-2605	91-0928817	501(C)(3)	10,000				PATIENT SUPPORT
(684) YALE NEW HAVEN HOSPITAL 20 YORK STREET, NEW HAVEN, CT 06510	06-0646652	501(C)(3)	50,000				PATIENT SUPPORT
(685) YALE UNIVERSITY PO BOX 1873, NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	4,516,757				EXTRAMURAL RESEARCH
(686) YAVAPAI COUNTY COMMUNITY HEALTH SERVICES 1090 COMMERCE DRIVE, PRESCOTT, AZ 86305	86-6000561	GOVT	10,000				PATIENT SUPPORT
(687) YUKON-KUSKOKWIM HEALTH CORPORATION PO BOX 528, BETHEL, AK 99559	92-0041414	501(C)(3)	15,000				PATIENT SUPPORT
(688) ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL 1001 POTRERO AVE, SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	10,000				PATIENT SUPPORT

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	RESEARCH GRANTS: IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD. ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE. THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS: PROGRESS REPORTS ARE TO BE SUBMITTED EACH YEAR WITHIN 60 DAYS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN 60 DAYS AFTER THE GRANT HAS TERMINATED. THE SCIENTIFIC REPORT INCLUDES: (A) HYPOTHESIS AND SPECIFIC AIMS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, PRESENTATIONS GIVEN, PROMOTIONS, RECOGNITION, AND AWARDS RECEIVED, AND ADDITIONAL GRANT FUNDING OBTAINED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE. ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE ACS STAFF. FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT: INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES. BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS. IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO ACS. THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING: - SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS - INDIRECT COSTS - SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR - SIGNATURE OF ACS REVIEWER REPORTS OF EXPENDITURE FOR ALL INDEPENDENT RESEARCH AND MENTORED TRAINING GRANTS ARE REVIEWED BY APPROPRIATE ACS STAFF. REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE. FOR NON-RESEARCH GRANTS ACS FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS. ACS REQUIRES GRANTEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS. NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED. ACS GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO ACS. ACS ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS REGULAR TELEPHONE CONFERENCES WITH GRANTEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL. FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF NON COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS. GRANTS MADE TO ORGANIZATIONS THAT ARE NOT 501(C)(3) OR GOVERNMENTAL ORGANIZATIONS ARE CONTRACTUALLY OBLIGATED TO USE FUNDS SOLELY IN A MANNER CONSISTENT WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE GOVERNING 501(C)(3) ORGANIZATIONS. FUNDS ARE PROHIBITED FROM BEING EXPENDED FOR ELECTION PURPOSES, INCLUDING CONTRIBUTIONS TO ANY CANDIDATE OR POLITICAL ORGANIZATION, OR TO INFLUENCE ANY ELECTION TO PUBLIC OFFICE.

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC.

Employer identification number
13-1788491

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	✔	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✔	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KAREN E. KNUDSEN, PHD CHIEF EXECUTIVE OFFICER, OUTGOING	(i)	855,458	946,972	213,181	19,057	29,989	2,064,657	99,248
		(ii)	73,746	81,636	18,378	1,643	2,585	177,988	8,556
2	KAEL REICIN CHIEF FINANCIAL & STRATEGY OFFICER	(i)	616,851	482,511	51,104	18,872	25,306	1,194,644	0
		(ii)	66,091	51,697	5,476	2,022	2,711	127,997	0
3	WILLIAM L. DAHUT CHIEF SCIENTIFIC OFFICER	(i)	586,079	417,497	8,336	60,412	1,132	1,073,456	0
		(ii)	0	0	0	0	0	0	0
4	ANDRE C. BOKHOOR CHIEF PEOPLE OFFICER	(i)	512,428	410,930	27,315	41,463	28,338	1,020,474	9,099
		(ii)	0	0	0	0	0	0	0
5	MICHAEL L. NEAL CHIEF OF ORGANIZATIONAL ADVANCEMENT	(i)	544,301	390,246	42,600	21,470	21,715	1,020,332	0
		(ii)	0	0	0	0	0	0	0
6	ARIF KAMAL CHIEF PATIENT OFFICER	(i)	510,293	357,400	665	12,350	11,703	892,411	0
		(ii)	0	0	0	0	0	0	0
7	JOHN B. WOODWARD SENIOR EVP, FIELD OPERATIONS	(i)	420,343	220,047	1,060	39,181	28,476	709,107	0
		(ii)	0	0	0	0	0	0	0
8	TIMOTHY B. PHILLIPS CHIEF LEGAL AND RISK OFFICER, OUTGOING	(i)	145,619	295,916	235,972	8,150	7,494	693,151	0
		(ii)	0	0	0	0	0	0	0
9	WAYNE A. I. FREDERICK, MD, MBA, FACS INTERIM CEO/BOARD DIRECTOR, FORMER	(i)	553,974	0	0	0	0	553,974	0
		(ii)	47,756	0	0	0	0	47,756	0
10	TAWANA THOMAS-JOHNSON SENIOR VICE PRESIDENT, CHIEF DIVERSITY OFFICER	(i)	287,508	208,944	1,367	28,566	18,023	544,408	0
		(ii)	0	0	0	0	0	0	0
11	EMILY SANDMAN SENIOR VICE PRESIDENT, PEOPLE TEAM	(i)	347,094	138,811	631	29,842	19,274	535,652	0
		(ii)	0	0	0	0	0	0	0
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	TIMOTHY B. PHILLIPS: OTHER REPORTABLE COMPENSATION (PART II, COLUMN B(III)) INCLUDES A SEVERANCE PAYMENT OF $214,626.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"), 457(B), AND 457(F) PLANS AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. THE ORGANIZATION RESTORES MATCHING CONTRIBUTION BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON THE FILING ORGANIZATION'S 403(B) PLAN IN THE 457(B) AND 457(F) PLANS. AS PART OF THE HUMAN CAPITAL COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP AND 457(F) BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART VI, LINE 15. THE SERP PLAN WAS FROZEN IN 2016, AND AS A RESULT PAYMENTS ARE NOW MADE ONLY AFTER RETIREMENT RATHER THAN IN INCREMENTAL AMOUNTS DURING THE EXECUTIVE'S SERVICE. THERE WERE NO PAYMENTS MADE TO LISTED PERSONS UNDER THE SERP PLAN IN 2024.
SCHEDULE J, PART II, COLUMN (C) -	SCHEDULE J, PART II, COLUMN C INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AND A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE CHANGE IS CAUSED BY CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS. PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING ON WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC.

Employer identification number
13-1788491

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	✔		30,430,531	COST
6	Cars and other vehicles	✔	3,068	3,479,122	MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✔	289	3,850,319	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous	✔	40	5,454	MARKET VALUE
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	✔	1	640,000	MARKET VALUE
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ((SEE STATEMENT))				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	2		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			✔
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔	
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part I Types of Property (continued)

Property Type	(a) Check If Applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
GUEST ROOM PROGRAM -	✓	5,811	462,428	MARKET VALUE

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	CARS AND OTHER VEHICLES - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS SECURITIES - PUBLICLY TRADED - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS SECURITIES - MISCELLANEOUS - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF DIGITAL ASSETS REAL ESTATE - RESIDENTIAL - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS OTHER - GUEST ROOM PROGRAM - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	ACS USED THIRD PARTY SERVICES TO LIQUIDATE VEHICLE AND CRYPTO GIFTS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES AND REVIEWS THE FORM 990. THE DRAFT FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS' FINANCE COMMITTEE; AND THE CHIEF FINANCIAL & STRATEGY OFFICER CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH THE COMMITTEE MEMBERS. AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ACS MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT AND RISK COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED. THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A RESPONSE TO A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE CHIEF LEGAL AND RISK OFFICER/ASSISTANT SECRETARY OF ACS RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES. EMPLOYEE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT AND RISK COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	ACS USES AN INDEPENDENT COMPENSATION COMMITTEE ('THE COMMITTEE'), ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ('CEO') AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE 'BOARD') IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH ACS WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF ACS WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ('DISQUALIFIED PERSONS'). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL: (A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS; (B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA; (C) REVISE, IF NECESSARY, THE CEO'S PERFORMANCE GOALS; (D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT; (E) ESTABLISH THE CEO'S ANNUAL INCENTIVE PLAN GOALS, DETERMINE THE MEASURES OF PERFORMANCE FOR EACH GOAL, AND DETERMINE WHAT INCENTIVE PLAN AWARD, IF ANY, IS PAYABLE EACH YEAR; (F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD; (G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE; (H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON; (I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVES INCENTIVE PLAN; (J) CONSIDER ALL BENEFITS PROVIDED BY ACS TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS; (K) DETERMINE WHETHER ACS' COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS SO THE TERMS ARE REASONABLE; (L) CONTEMPORANEOUSLY DOCUMENT CONCLUSIONS AND FINDINGS AND REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, VA, WI, WV
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	ACS TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE OTHERWISE PROTECTED. ACS' ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES. THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	**(b)** Amount
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	28,395,487
NET CHANGE IN PENSION LIABILITY	15,123,697
OTHER RECEIVABLE WRITE OFFS	701,173

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN CANCER SOCIETY, INC.

Employer identification number
13-1788491

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BRIGHTEDGE, LLC (82-2597570) 270 PEACHTREE ST NW STE 1300, ATLANTA, GA 30303-1246	MISSION IMPACT INVESTING	DE	(4,164,166)	46,000,262	ACS INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS CANCER ACTION NETWORK, INC. (52-2340031) 655 15TH STREET, NW, STE 503, WASHINGTON, DC 20005	ELIMINATE CANCER	DC	501(C)(4)		ACS, INC.	✔	
(2) ACS DEVELOPMENT I, INC. (46-5439010) 270 PEACHTREE ST NW STE 1300, ATLANTA, GA 30303-1246	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS, INC.	✔	
(3) ACS CAPITAL, INC. (46-5429467) 270 PEACHTREE ST NW STE 1300, ATLANTA, GA 30303-1246	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS CAN		✔
(4) AMERICAN CANCER SOCIETY, INC PUERTO RICO (66-0321594) URB LA MRCD 566 CLL ALVERIO, HATO REY, PR 00918	ELIMINATE CANCER	PR	501(C)(3)	7	ACS, INC.	✔	
(5) THE JOSEPH S AND JEANNETTE M SILBER FDTN (34-1363915) 4900 TIEDEMAN RD, OH-01-49-015, BROOKLAND, OH 44144	ELIMINATE CANCER	OH	501(C)(3)	12 TYPE III-O	N/A		✔
(6) ACS DEVELOPMENT COMPANY II, INC. (82-1993189) 270 PEACHTREE ST NW STE 1300, ATLANTA, GA 30303-1246	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS, INC.	✔	
(7)							

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ACS CANCER ACTION NETWORK, INC.	B	38,070,794	FMV
(2)	ACS CANCER ACTION NETWORK, INC.	L	154,788	FMV
(3)	ACS CANCER ACTION NETWORK, INC.	N	153,125	FMV
(4)	ACS CANCER ACTION NETWORK, INC.	Q	27,019,510	FMV
(5)	ACS DEVELOPMENT COMPANY I, INC.	O	189,776	FMV
(6)	(SEE STATEMENT)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE BROWER-IADONE FAMILY, LLC (47-3426422) 2360 CLAUDIA STREET, CORONA, CA 92882	SUPPORT ACS	DE	N/A	RELATED	0	1,094,098		✓			✓	0.99

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER ANNUITY TRUSTS (19) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓
(2) CHARITABLE REMAINDER UNITRUSTS (78) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓
(3) DISCRETIONARY TRUSTS (12) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓
(4) NET INCOME PRINCIPAL INVASION REM. (115) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓
(5) NET INCOME REMAINDER TRUSTS (44) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓
(6) PERPETUAL TRUSTS (63) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓
(7) REVOCABLE LIVING TRUSTS (38) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓
(8) CHARITABLE LEAD ANNUITY TRUSTS (2) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓
(9) COMBINATION TRUSTS (2) (99-9999999) N/A, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	NONE	NONE	NONE		✓

Part V Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) ACS DEVELOPMENT COMPANY I, INC.	K	418,538	FMV
(7) ACS DEVELOPMENT COMPANY I, INC.	Q	414,641	FMV
(8) ACS DEVELOPMENT COMPANY II, INC.	K	729,518	FMV
(9) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	Q	2,903,067	FMV