Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								
	For ca	lendar year 2019 or other tax year beginning		• •			2019		
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in • Do not enter SSN numbers on this form as it may	structio	ons and the latest informat			Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		Empl	oyer identification number loyees' trust, see lotions.)		
B Exempt under section	Print	AMERICAN CANCER SOCIETY, INC.					13-1788491		
X 501(c)(3)	_ or	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			ated business activity code nstructions.)		
408(e) 220(e)	Type	250 WILLIAMS STREET NW SUITE 400)			(000 11			
408A 530(a)		City or town, state or province, country, and ZIP o		n postal code					
529(a)		ATLANTA, GA 30303				90000)3		
C Book value of all assets at end of year		F Group exemption number (See instructions.)	-	0580					
1,674,187		G Check organization type 🕨 🗴 501(c) cor			401(a	,	Other trust		
	•	tion's unrelated trades or businesses.	3		e only (or first) ur				
		STMENT IN PARTNERSHIPS			omplete Parts I-V.				
	-	ace at the end of the previous sentence, complete Pa	arts I and	d II, complete a Schedule N	I for each addition	ial trade	or		
business, then complete		-V. poration a subsidiary in an affiliated group or a parei		diam, controlled means	\	Ve	s X No		
• • •		tifying number of the parent corporation.	nt-sudsi	diary controlled group?	₽	Ye	S A NO		
J The books are in care of				Telenhor	e number 🕨 4	04-32	9-7934		
		de or Business Income		(A) Income	(B) Expense		(C) Net		
1a Gross receipts or sal	es			(1)	(-)	-	(-)		
 b Less returns and allo 		c Balance ►	1c						
		A, line 7)	2						
3 Gross profit. Subtrac			3						
		h Schedule D)	4a						
		Part II, line 17) (attach Form 4797)	4b						
		sts	4c						
		ship or an S corporation (attach statement)	5	255,808.	STMT 1		255,808.		
6 Rent income (Schedu	ule C)		6						
7 Unrelated debt-finance		ne (Schedule E)	7						
8 Interest, annuities, ro	yalties, a	nd rents from a controlled organization (Schedule F)	8						
9 Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9						
		ome (Schedule I)	10						
11 Advertising income (Schedule	e J)	11						
		ns; attach schedule)	12						
13 Total. Combine lines	s 3 throu		13	255,808.			255,808.		
		bt Taken Elsewhere (See instructions for be directly connected with the unrelated busin							
		rectors, and trustees (Schedule K)				14			
						15			
						16 17	<u> </u>		
		ee instructions)				18			
						19			
20 Depreciation (attach	Form 4	562)		20		10			
		n Schedule A and elsewhere on return				21b			
						22			
		mpensation plans				23			
						24			
25 Excess exempt expe	enses (Se	chedule I)				25			
26 Excess readership c	osts (Sc	hedule J)				26			
27 Other deductions (a	ttach sch	nedule)				27			
28 Total deductions. A	Add lines	14 through 27				28	0.		
		ncome before net operating loss deduction. Subtrac				29	255,808.		
30 Deduction for net op	perating	loss arising in tax years beginning on or after Janua	ry 1, 20	18					
						30	0.		
		ncome. Subtract line 30 from line 29				31	255,808.		
923701 01-27-20 LHA F	or Papei	work Reduction Act Notice, see instructions.					Form 990-T (2019)		

18451110 150123 13-1788491

108 2019.05000 AMERICAN CANCER SOCIETY, 13-17881

Form	88	68

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)					
print	AMERICAN CANCER SOCIETY, INC.	13-1788491					
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.						
due date for	250 WILLIAMS STREET NW, SUITE 400						
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	ATLANTA, GA 30303						

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of CATHERINE MICKLE, CHIEF ADMINISTRATIVE OFFICER

Telephone No. 🕨	404-329-7937	Fax No. 🕨	404-417-8011	
 If the organization does 	s not have an office or place of	business in the United Sta	tes, check this box	· · · · · · · > □
 If this is for a Group Re 	turn, enter the organization's fo	our digit Group Exemption	Number (GEN)	If this is
for the who l e group, che	ck this box 🦷 🕨 🗌 . I	If it is for part of the group,	check this box	and attach
a list with the names and	I TINs of all members the exten	ision is for.		

1	I request an automatic 6-month extension of time until	NOVEMBER 15	_, 20	20	, to file the exempt organization return	for
	the organization named above. The extension is for the	organization's retu	rn for:			

► 🗸 calendar year 20 <u>19</u> or

tax year beginning	, 20	, and ending	, 2	20	
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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-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$
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	\$
С	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	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 990		AMERICAN CANCER SOCIETY, INC.						13-178849	1	Page 2
Part		Total Unrelated Business Taxab								
		unrelated business taxable income computed f						2	276,	221.
33	Amoun	ts paid for disallowed fringes								
		ble contributions (see instructions for limitation								0.
		nrelated business taxable income before pre-201					3		,	221.
		on for net operating loss arising in tax years be					. 36		276,	221.
		unrelated business taxable income before spec								
		c deduction (Generally \$1,000, but see line 38 in					38	B	<u> </u>	000.
		ed business taxable income. Subtract line 38		,	,			_		0
		e smaller of zero or line 37 Tax Computation					39	9		0.
		•	20 by 210/(0.21)				▶ 4(<u></u>		0.
		rations Taxable as Corporations. Multiply line Taxable at Trust Rates. See instructions for tax					4			
41			1041)				► 4 [.]	1		
42		ax. See instructions					42			
		tive minimum tax (trusts only)								
44	Tax on	Noncompliant Facility Income. See instruction	IS				44			
		Add lines 42, 43, and 44 to line 40 or 41, whiche					4	5		0.
Part	V	Tax and Payments								
46 a	Foreign	tax credit (corporations attach Form 1118; trus	ts attach Form 1116)		46a		_			
		, , , , , , , , , , , , , , , , , , , ,					_			
C	Genera	business credit. Attach Form 3800			46c		_			
		or prior year minimum tax (attach Form 8801 or					_			
е	Total c	redits. Add lines 46a through 46d					46			
47	Subtrac	t line 46e from line 45 axes. Check if from:		07 5			47			0.
										0.
		x. Add lines 47 and 48 (see instructions)								0.
		et 965 tax liability paid from Form 965-A or Form nts: A 2018 overpayment credited to 2019					. 50	J		<u> </u>
		stimated tax payments					_			
с С	Tax der	posited with Form 8868					_			
J h	Foreign	organizations: Tax paid or withheld at source (s	see instructions)		510					
		withholding (see instructions)								
		or small employer health insurance premiums (
			m 2439							
-			er	Total	► 51g					
52	Total p	ayments. Add lines 51a through 51g					52	2		
		ed tax penalty (see instructions). Check if Form					53	3		
		e. If line 52 is less than the total of lines 49, 50,				🕨	► <u>5</u> 4	4		
		yment. If line 52 is larger than the total of lines		ount overpaid		🕨	► <u>5</u>	5		
		e amount of line 55 you want: Credited to 2020		or Informo	tion (Refunded	► 56	6		
Part		Statements Regarding Certain A				,				
		ime during the 2019 calendar year, did the orga inancial account (bank, securities, or other) in a		•		•			Yes	No
		Form 114, Report of Foreign Bank and Financia		-	-					
	here				c foreign co	unu y				х
		the tax year, did the organization receive a distri	bution from, or was it the	grantor of, or t	transferor to), a foreign trust?				x
	-	see instructions for other forms the organization		5		, , , , , , , , , , , , , , , , , , , ,				
59	Enter th	e amount of tax-exempt interest received or acc	crued during the tax year	▶ \$						
0:	U	nder penalties of perjury, I declare that I have examined th prect, and complete. Declaration of preparer (other than ta	nis return, including accompany axpayer) is based on all informa	ing schedules and ation of which pres	d statements, parer has any	and to the best of my knov knowledge.	vledge a	nd belief, it is true) ,	
Sign		V /4/	11/12/2020		-		May the	e IRS discuss this	return w	vith
Here		Pun CIC		/	INANCIAL	OFFICER		parer shown belo		
		Signature of officer	Date	Title			-	ions)? X Ye	S	No
		Print/Type preparer's name	Preparer's signature	<u>م</u> ا	Date	Check		PTIN		
Paid		AERRIAL ORR	Hanial W	Man	11/11/2	self- employe		P01598400		
Use	Use Only Firm's name ERNST & YOUNG U.S. LIP Firm's EIN S4-6565596									
		Firm's address ATLANTA, GA 3030	•			Phone no.	404-	874-8300		
923711 (01-27-20	1						Form 9	ЭО-Т ((2019)
			10	9					,	/

18451110 150123 13-1788491

2019.05000 AMERICAN CANCER SOCIETY, 13-17881

(1) (2) (3) (4) (1) (2) (3) (4) (5) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (2) (3) (3) (4) (5) (6) (7) (2) (3) (4) (5) (6) (6) (6) (6) (7) (6) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (9) (1) (1) (2) (1)	Schedule A - Cost of Goods	s Sold. Enter	method of inven	ntory va	uation 🕨 N/A					
2 2 7 Cest of goods sold. Subtract line 6. Friend here and in Part 1, line 2. To the rules of section 263A (with respect to property sold cort acquired for resails apply to the organization? 7 Cest of goods sold. Subtract line 6. Friend here and in Part 1, line 2. To the rules of section 263A (with respect to property sold cort acquired for resails apply to the organization? 7 Cest of goods sold. Subtract line 6. Friend here and in Part 1, line 2. To the rules of section 263A (with respect to property sold cort acquired for resails apply to the organization? 7 Cest of goods sold. Subtract line 6. Friend here and in Part 1, line 2. To the rule sold cort acquired for resails apply to the organization? 7 Cest of goods sold. Subtract line 6. Friend here and in Part 1, line 2. To the rule sold cort acquired for resails apply to the organization? (1)	1 Inventory at beginning of year	1		6	6 Inventory at end of year					
4a Additional section 263A costs (attach Additional section 263A costs) 4a Image: Cost (attach schedule) 4a b Other costs (attach schedule) 4b 5 Other costs (attach schedule) 5 Total schedule) 5 5 Total schedule) 5 Total schedule) 5 <	2 Purchases	2								
4a Additional section 263A costs (attach Additional section 263A costs) 4a Image: Cost (attach schedule) 4a b Other costs (attach schedule) 4b 5 Other costs (attach schedule) 5 Total schedule) 5 5 Total schedule) 5 Total schedule) 5 <	3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
(atach schedule) 4a B Do the rules of section 263A (with respect to the organization? Yes No 5 Total. Add lines 1 through 4b 5 Image: State Schedule) S					line 2			7		
b Other costs (attach schedule)	(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)					property produced or a	cquired	for resale) apply to			
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)	5 Total. Add lines 1 through 4b	5								
(1) (2) (3) (4) (a) (b) (c) (a) (b) (c) ((From Real	Property and	d Pers	onal Property L	ease	d With Real Prop	erty)	1	
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2. Pent received or accrued (a) Prom personal property (if the percentage of the percentage										
(a) From percentago of the percentage of the percentage of the percentage of the percentage oper type in the percentage opercentage operation of the percentage operation operage operating operating operating opercentage operation operation		2. Rent receiv	ed or accrued							
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(3) (4) 0. Total 0. Total 0. Total 0. (b) Total deductions. Enter here and on page 1. (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1. Part 1, line 6, column (A) 0. (c) Total deductions. Enter here and on page 1. Schedule E - Unrelated Debt-Financed Income (see instructions) 0. Fater here and on page 1. 1. Description of debt-financed property 2. Gross income from or allocable to debt- financed property 3. Deductions directly connected with or allocable to debt-financed property (b) Other deductions (attach schedule) (1) 1 1 1 1 1 (2) 1 1 1 1 1 1 (3) 1 </td <td></td>										
(4) Total O. Total O. Total O. (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) C. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (a) (b) Other deductions (attach schedule) (1)										
Total O. Total O. (b) Total deductions. Enter here and on page 1, Part 1, line 6, columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A) O. (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) O. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 0. 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1)										
(c) Total month on page 1, part 1, line 6, column (A) (c) Enter here and on page 1, part 1, line 6, column (B) (c) Enter here and on page 1, part 1, line 6, column (B) (c) Enter here and on page 1, part 1, line 7, column (B) (c		0.	Total			0.				
Schedule E - Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (1) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1) (a) (b) Other deductions (attach schedule) (1) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (3) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (4) (b) Other deductions (attach schedule) (c) Other deductions (attach schedule) (1) (c) (c) (c) (c) (2) (c) (c) (c) (c) (c) (1) (c)	here and on page 1, Part I, line 6, column	ו (A)	►			0.	Enter here and on page 1,			0.
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(2) Image: Constraint of the second constraint of	1. Description of debt-fin	nanced property		c		(a)				
(2) Image: Constraint of the second constraint of	(1)									
(3) (4) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (columns 3(a) and 3(b)) (1) % % 9% 9% (2) % %										
(4) Image: Constraint of a verage acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) % % 3(a) and 3(b)) 3(a) and 3(b)										
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(2) % (3) % (4) % For tals %	debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property	6.			reportable (column		column 6 x total of c	olumns
(2) % (3) % (4) % For tals %	(1)				%					
(3) % (4) % (4) % For a law of the law										
(4) % Image: Constraint of the state o								-		
Totals Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).								-		
					/0					
	Totals						C			0
						1		<u>.</u> -		0.

Form **990-T** (2019)

923721 01-27-20

orm 990-T (2019) AMERICAN	I CANCER SO	OCIETY,	INC.						13-178	8491	Pag
chedule F - Interest,	Annuities	, Royali	ties, and	d Rents	From Co	ntrolled	d Organiza	tions	(see ins	struction	s)
				Exempt C	Controlled O	rganizatio	ons				
1. Name of controlled organiz	ation	2. Empidentificing	cation				al of specified nents made	include	t of column 4 ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
1)											
2)											
3)											
4)											
onexempt Controlled Orgar	nizations			1							
7. Taxable Income		elated incom e instructions		9. Total o	of specified payr made	ments	10. Part of column in the controlling gross				ductions directly connecte i income in column 10
1)											
2)											
3)	-										
4)											
							Add colun Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
otals						►			0.		
chedule G - Investm		e of a S	Section	501(c)(7), (9), or (17) Org	anization				
, , , , , , , , , , , , , , , , , , ,	structions)	e			2. Amount of	income	 Deductio directly conner 	cted	4. Set-	asides chedule)	5. Total deduction and set-asides
							(attach sched	ule)	(anaon o		(col. 3 plus col. 4
1)											
2)											
3)											
4)											
					Enter here and Part I, line 9, co						Enter here and on pag Part I, line 9, column (B
						,					
otals				►		٥.					
chedule I - Exploited (see inst	I Exempt A ructions)	Activity	Income	e, Other	Than Adv	/ertisin	g Income				
			3 54	oenses	4. Net incon		_				7. Excess exempt
1. Description of exploited activity	2. Gro unrelated b income trade or bu	usiness from	directly c with pro	onnected oduction elated	from unrelated business (co minus colum gain, comput through	olumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelat business inco 	hat ed	6. Exp attribut colur	able to	expenses (column 6 minus column 5, but not more than column 4).
1)											
2)	_										
3)											
4)											
	Enter here page 1, F line 10, co	Part I,		re and on , Part I, col. (B). 0 .							Enter here and on page 1, Part II, line 25.
Schedule J - Advertis	ing Incom		nstruction								
Part I Income From					olidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute nrough 7.	5. Circulat income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not mor than column 4).
1)											
2)											
<u>-</u> /					-		L				
3)					_						
(4)											
otals (carry to Part II, line (5))	►		0.	0	•						

0. Form **990-T** (2019)

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Form 990-T (2019) AMERICAN CANCER SOCIETY, INC.

13-1788491

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

columns 2 through 7 on	a line-by-line basis.)						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	٥.		•			0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensatio	n of Officers, D	irectors, and	Trustees (see in	nstructions)			
1 . Name		2. Title 3. Percent of time devoted to business 4. Compensation attributable to unrelated business					

1. Name	2. Title	business	to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		►	0.

Form **990-T** (2019)

923732 01-27-20

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FORM 990-T INCOME (L	OSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
BROUNER GOTTLIEB PROPERTIES FUND	IV - ORDINARY BUSINESS	
INCOME (LOSS)		32,950.
CEDAR FAIR LP - ORDINARY BUSINESS		-201.
HESS MIDSTREAM PARTNERS LP - NET	RENTAL REAL ESTATE INCOME	-1,107.
HESS MIDSTREAM PARTNERS LP - NET		-853.
MACKS 199 LSD LLC - ORDINARY BUSI		2,357.
MACKS WINSTON SALEM LLC - ORDINAR OASIS MIDSTREAM PARTNERS LP - NET		3,229.
INCOME		122.
PENNSYLVANIA CENTER CO - ORDINARY EMPIRE STATE REALITY OP, L.P N	. ,	5,156.
INCOME		-1,608.
EMPIRE STATE REALITY OP, L.P N	ET RENTAL REAL ESTATE	
INCOME		-1,195.
230 FIFTH AVENUE ASSOCIATES - ORD	INARY BUSINESS INCOME	
(LOSS)		200,209.
LOS ALAMITOS LIMITED PARTNERSHIP	- ORDINARY BUSINESS	
INCOME (LOSS)		9,129.
G & H ENTERPRISES, LP - NET RENTA	L REAL ESTATE INCOME	7,645.
KINGS COUNTRY DEVELOPMENT - NET R	ENTAL REAL ESTATE INCOME	-25.
TOTAL INCLUDED ON FORM 990-T, PAG	E 1, LINE 5	255,808.

13-1788491

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/99	157,912.	0.	157,912.	157,912.
12/31/00	153,034.	Ο.	153,034.	153,034.
12/31/01	113,363.	Ο.	113,363.	113,363.
12/31/02	132,104.	Ο.	132,104.	132,104.
12/31/05	13,140.	٥.	13,140.	13,140.
12/31/06	1,795.	٥.	1,795.	1,795.
12/31/07	1,980.	٥.	1,980.	1,980.
12/31/13	37,884.	٥.	37,884.	37,884.
12/31/14	58,211.	٥.	58,211.	58,211.
12/31/15	112,756.	Ο.	112,756.	112,756.
12/31/16	151,931.	0.	151,931.	151,931.
12/31/17	19,945.	0.	19,945.	19,945.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	954,055.	954,055.

FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	108,048,255.
TOTAL TO FORM 990-T, PAGE 2, L	JINE 34	108,048,255.

FORM 990-T CONTRIBUTIONS SUMMARY	ζ.	STATEMENT	4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 83,593,535			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	83,593,535 108,048,255		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	191,641,790 0	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	191,641,790 0 191,641,790	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		_	0
TOTAL CONTRIBUTION DEDUCTION			0

		Unrelated Business Unrelated Tr			from an	ENTIT	CY 1 OMB No. 1545-0047
(For	m 990-T)		0040				
		For calendar year 2019 or other tax year beginning		, and ending			2019
Depart	ment of the Treasury	Go to www.irs.gov/Form990T fo	or instru		nformation.	·	Open to Public Inspection for
	Revenue Service	Do not enter SSN numbers on this form as it)(3).	501(c)(3) Organizations Only
Name	of the organization				Employer id	lentificati	on number
		AMERICAN CANCER SOCIETY, INC.			13-1	788491	
		Activity Code (see instructions)					
	escribe the unrelat	ed trade or business FRENTAL INCOME					-
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1a	Gross receipts or	sales					
	Less returns and allo		1c				
2		d (Schedule A, line 7)	2				
3		ract line 2 from line 1c	3				
4 a		come (attach Schedule D)	4a				
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797) \dots	4b				
с	Capital loss deduc	ction for trusts	4c				
5	Income (loss) from	a partnership or an S corporation (attach					
			5				
6		edule C)	6	184,135.	50	6,381.	-322,246.
7		anced income (Schedule E)	7				
8		, royalties, and rents from a controlled					
		edule F)	8				
9		e of a section 501(c)(7), (9), or (17)					
40		edule G)	9				
10		activity income (Schedule I)	10 11				
11 12		e (Schedule J) e instructions; attach schedule)	12				
13		nes 3 through 12	13	184,135.	50	6,381.	-322,246.
				,			
Par		ns Not Taken Elsewhere (See instruct nnected with the unrelated business in			Juctions.) (De	eauctic	ons must be
14	Compensation of	officers, directors, and trustees (Schedule K)				14	
15	Salaries and wage	es				15	
16	Repairs and maint	enance				16	
17						17	
18		hedule) (see instructions)					
19	Taxes and license	S				19	
20		ch Form 4562)				_	
21		claimed on Schedule A and elsewhere on return				21b	
22	Depletion					22	
23		leferred compensation plans					
24 25		programs				24 25	
25 26		xpenses (Schedule I) o costs (Schedule J)				25	
20 27		(attach schedule)				20	
28		Add lines 14 through 27					0.
29		s taxable income before net operating loss dedu					-322,246.
30		operating loss arising in tax years beginning on c					
					STMT 5	30	0.
<u>31</u>	Unrelated busines					31	-322,246.
LHA	For Paperwork F	Reduction Act Notice, see instructions.				Schedul	le M (Form 990-T) 2019

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13-1788491

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	308,224.		308,224.	308,224.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	308,224.	308,224.

AMERICAN CANCER SOCIETY, INC. 13-1788491 Schedule A - Cost of Good Sold. Sold. Enter method of inventory valuation 6 1 Inventory at beginning of year 1 2 Purchases 2 3 1 from time 5 charts method of inventory at and of year 6 2 Purchases 2 7 Cost of good sold. Suitract time 6 4 Additional section 253A (with respect to property produced or acquired for resally apply to the angination? 7 5 Total. Additional section 253A (with respect to property) Leased With Real Property (section 253A (with respect to property) (section 253A (with respect to property) (section 253A (with respect to property) (section 254A (with respect to property)	Form 990-T (2019)								Page 3
1 Insertory at beginning of year 1 2 2 Purchases 2 For the Solution of year 6 3 Image: Solution of year 7 Cost of pools sold. Subtract line 6 7 4a Additional section 283A costs 4 Image: Solution of year 7 4a Additional section 283A (with respect to property produced or acquired for resale) apply to the organization? Yes No 5 Total. Add lines 1through 4b 5 Image: Solution of year 7 Clear pool acquired for resale) apply to the organization? Yes No Yes No Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) Generation? (Generation?) (Generation?) (I) MORE ISODE (Dentaction of property Intersonal Prop							13-17884	491	
2 Purchases 2 7 Cast of goods add. Subtract line 6 3 Cast of labor 7 Cast of goods add. Subtract line 6 7 4 Additional section 283A costs (attach schedule) 4 7 Cast of goods add. Subtract line 6 6 D ther crists of section 283A (with respect to property produced or acquired for resale) apply to 1	Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation 🕨				
3 Cator Habor 3 Tom line 5. Enter here and in Part I, line 2 7 4a Additional section 263A costs (attach schedule) 4a 4a 1 5 Total. Additional schedule) 4a 1 1 6 Do the rules of social on 263A (with respect to property produced on acquired for reside) apply to the organization? Yes No 5 Total. Additional section 263A (with respect to property leased With Real Property) (see instructions) Yes No 1. Description of operty Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) (see instructions) <t< td=""><td>1 Inventory at beginning of year</td><td> 1</td><td></td><td>6</td><td>Inventory at end of yea</td><td>ar</td><td></td><td>6</td><td></td></t<>	1 Inventory at beginning of year	1		6	Inventory at end of yea	ar		6	
4a Additional section 283A costs (attach schedule) 4a 7 5 Other rules of section 283A (with respect to property produced or acquired for results) apply to the organization? Yes No 5 Other rules of section 283A (with respect to property produced or acquired for results) apply to the organization? Yes No 5 Deter rules of section 283A (with respect to property produced or acquired for results) apply to the organization? Yes No 5 Deter rules of section 283A (with respect to property produced or acquired for results) Yes No (1) Deter rules of section 3	2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6		
table schedule) 4a B Dotherules of saction 253A (with respect to property classes of a course of a co	3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		
table schedule) 4a B Dotherules of saction 253A (with respect to property classes of a course of a co	4a Additional section 263A costs				line 2			7	
5 Total: Add lines 1 timough 4b 6 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) (see instructions) 1: Description of property (1) HOPE LODGE (2) ATLANTA CORPCOMM STUDIO (3) CALIFORNIA RESOURCES PRODUCTION 1099 (a) (b) From real and personal property (If the secondage of intermediation of the secondage of inter	(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) [see instructions) 1. Description of property (1) IOPE LODGE (2) ATLANTA CORPCOM STUDIO (3) CALIFORNIA RESOURCES PRODUCTION 1099 (4)	b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		
(see instructions) 1. Description of property (11) BDE LODGE (2) ATLANTA CORPORM STUDIO (3) CALIFORNIA RESOURCES PRODUCTION 1099 (4) (b) From personal property (if the percentage of relative developed vacued or point to personal property (if the percentage of relative developed vacued or point to personal property (if the percentage of relative developed vacued or point to personal property (if the percentage of relative developed vacued or point to personal property (if the percentage of relative developed vacued or point norms) 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) factor schedule) (1) 0. 175,200. 504,547. (2) 0. 5,750. 1,834. (3) 0. 175,200. 16,334. (4) 0. 184,1355. (b) Total deductions. form fare and on page 1, part 1, line 6, column (A) 506,381. Schedule E - Unrelated Debt-Financed income (a) Exactly find or debt-financed property 3. Deductions directly contended with or allocable (a) Exactly find or debt-financed property (c) Conse income readuction daverage s	5 Total. Add lines 1 through 4b								
1. Description of property (1) BOPE LODGE (2) ATLANTA CORPCOMM STUDIO (3) CLIFORNIA RESOURCES PRODUCTION 1099 (4) (a) From personal property is more than rent for personal property is more than 56% (1) 0. (b) from real and personal property corrected with the income in columna 50% or it the rent is based on profit or income). (1) 0. 0. (2) 0. 5.750. (1) 0. 1.75,200. (2) 0. 5.750. (3) 0. 3,185. (4) 0. (5) Total 1.84,135. (c) Total income. Add totals of columns 2(a) and 2(b). Enter 1.84,135. Total 0. 1. Description of dobt-financed property (c) Best income from or allocable to debt. 1. Description of dobt-financed property 2. Gross income from or allocable to debt. (1) 2. Gross income free instructions (1) 2. Gross income free deft financed property (atlact schedule) (1) 2. Gross income free deft financed property (atlact schedule) (1) 2. Gross income free deft financed property (atlact schedule) (1) 2. Gross income freportable co	Schedule C - Rent Income (From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty)	
(1) HOPE LODGE (2) ATLANTA CORPCOMM STUDIO (3) CLIFORNIA RESOURCES PRODUCTION 1099 (4) (a) From personal property (ff the percentage of infer for anomal property increded 30% of a status information informating information	(see instructions)								
(2) ATLANTA CORPCOMM STUDIO (3) CALIFORNIA RESOURCES PRODUCTION 1099 (4) (a) Priori personal property (if the generating of information and property (if the generating of inf	1. Description of property								
(3) CALIFORNIA RESOURCES PRODUCTION 1099 (4) 2. Rent received or accrued (a) From personal property (if the parcentage of inner to personal property exceeds 50% or if the income in columns 2(a) and 2(b) (statch schedule) (1) 0. (2) 0. (3) 0. (4) 10% but not more than 50% (1) 0. (2) 0. (3) 0. (4) 3, 185. (5) 1, 834. (6) 10% but not more than 50% (7) Total 10 0. 10 10% but not more than 50% (4) 10% (6) 10% but not more than 50% (7) Total 10 10% 10 10% but not more than 50% (2) 10% but not more than 50% (4) 10% but not more than 50% (6) Total 10 10% but not more than 50%	(1) HOPE LODGE								
(4) 2. Fent received or accrued (b) From real and personal property (if the percentage of the perce	(2) ATLANTA CORPCOMM STUDIO								
2. Rent received or accued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b). Enter there and on page 1, part 1, line 6, column (b). 506 , 381. Schedule E - Unrelated Debt-Financed Income (see instructions) 8(a) Connected with or allocable (b) Total deductions. 1. Description of debt-financed property 2. Gross income from or allocable to debt- financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1)	(3) CALIFORNIA RESOURCES PRO	DUCTION 109	9						
2. Rent received or accued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) is non-the provided softs or income? 3(a) Deductions directly connected with the income in columns 2(a) and 2(b). Enter there and on page 1, part 1, line 6, column (b). 506 , 381. Schedule E - Unrelated Debt-Financed Income (see instructions) 8(a) Connected with or allocable (b) Total deductions. 1. Description of debt-financed property 2. Gross income from or allocable to debt- financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1)	(4)								
(a) Profit proceedings of the proof of		2. Rent receive	ed or accrued						
(2) 0. 5,750. 1,834. (3) 0. 3,185. 0. (4) . . . Total 0. Total 184,135. . (6) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . <t< td=""><td>rent for personal property is more</td><td>centage of than</td><td>of rent for</td><td>personal</td><td>property exceeds 50% or if</td><td>ge</td><td>columns 2(a) a</td><td>nd 2(b) (attach sch</td><td>e income in edule)</td></t<>	rent for personal property is more	centage of than	of rent for	personal	property exceeds 50% or if	ge	columns 2(a) a	nd 2(b) (attach sch	e income in edule)
(2) 0. 5,750. 1,834. (3) 0. 3,185. 0. (4) . . . Total 0. Total 184,135. . (6) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . <t< td=""><td>(1)</td><td>0.</td><td></td><td></td><td>175,</td><td>200.</td><td></td><td></td><td>504,547.</td></t<>	(1)	0.			175,	200.			504,547.
(3) 0. 3,185. 0. (4) Total 184,135. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A) 184,135. (b) Total deductions. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (a) 3. Deductions directly connected with or allocable to debt-financed property (b) Other deductions (attach schedule) (1) (a) (b) Column 4 divided by column 5 (c) Column 5 (c) Column 5 (c) Column 4 divided by column 5 (c) Column 6 (c) Column 6 (c) Column 6 (c) Column 6 (4) (c) <		0.			5,	750.			-
(4) Total 0. Total 184,135. (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (A) 506,381. Schedule E - Unrelated Debt-Financed Income (see instructions) 184,135. (a) Statight line depected property 506,381. I. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (b) Other deductions (attach schedule) (1) (a) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (4) (a) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (4) (a) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) (a) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) (a) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (d) (c) <td></td> <td>0.</td> <td></td> <td></td> <td>3,</td> <td>185.</td> <td></td> <td></td> <td></td>		0.			3,	185.			
Total O. Total 184,135. (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Image: State Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 506,381. Schedule E - Unrelated Debt-Financed Income (see instructions) Image: State Add total of additionation of allocable to debt-financed property Society (a) State Add total of additionation of allocable to debt-financed property Society (a) State Add total of addition of allocable to debt-financed property Society (a) Straight line depreciation (attach schedule) (b) Other deductions. (1) (a) (b) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (attach schedule) (1) (a) (b) Construction of additionation additionation of additionation of additionation additionation additionation of additionation addition additionation addition additionation addition									
(1) Contrained route board of a board in the (a) interface and on page 1, Part I, line 6, column (B). 506, 381. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 1. Description of debt-financed property 2. Grass income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (1) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (4) (b) Column 5 7. Gross income reportable (column 6) 8. Allocable deductions (column 6) (a) Annount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2) 8. Allocable deductions (column 3) (a) and 3(b) (1) 9% (a) 9% (a) (b) column 5 (column 6) (colu		0.	Total		184,	135.			
here and on page 1, Part I, line 6, column (A) 506, 381. Schedule E - Unrelated Debt-Financed Income (see instructions) Gross income from or allocable to debt-financed property Cross income from or allocable to debt-financed property Schedule E - Unrelated Debt-financed property Cross income from or allocable to debt-financed property Schedule E - Unrelated Debt-financed property Schedule E - Unrelate Column 5 Schedule E - Unrelate Column 5 Schedule E - Unrelate Column 6 Schedule E - Unrelate Column 6 Schedule E - Unrelate E - E - E - E - E - E - E - E - E - E	(c) Total income. Add totals of columns	2(a) and 2(b). En	ter		· · · · · ·				
1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (1) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1) (a) (b) Other deductions (attach schedule) (3) (b) Other deductions (attach schedule) (c) (4) (c) (c) 4. Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column eportable (column 5, total of columns 3(a) and 3(b)) (1) (c) (c) (c) (c) (c) (c) (4) % (c) (c) (c) (c) (c) (c) (3) % (d) % (d) (d) (d) (e) (f) <	here and on page 1, Part I, line 6, column	(A)	►			135.	Enter here and on page 1, Part I, line 6, column (B)	. 🕨	506,381.
1. Description of debt-financed property 2. Gross income from or allocable to debt- financed property to debt-financed property (1) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1) (a) (b) Other deductions (2) (a) (b) (3) (c) (c) (4) (c) (c) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) % (c) (c) (c) (c) (3) % (c) (c) (c) (4) % (c) (c) (c) Totals % (c) (c) (c)	Schedule E - Unrelated Deb	ot-Financed	Income (see	e instru	ictions)				
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(4) 6. Column 4 divided by column 5 7. Gross income reportable (column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) % 9%	(2)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) % 3(a) and 3(b)) 3(a) and 3(b)) 3(a) and 3(b)) (2) % 3(a) and 3(b)) 3(a) and 3(b)) <td>(3)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3)								
debt on or allocable to debt-financed property (attach schedule) of or allocable to debt-financed property (attach schedule) by column 5 reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (1) % (column 6) (column 6) 3(a) and 3(b)) (2) % (column 6) (column 6) (column 6) (column 6) 3(a) and 3(b)) (3) % %	(4)								
(2) % (3) % (4) % (4) % (4) % (5) (6) (7)	debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property	6	 Column 4 divided by column 5 		reportable (column	(column 6 ;	x total of columns
(2) % (3) % (4) % (4) % (4) % (5) (6) (7)	(1)				%				
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).					%				
(4) % Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).					%				
Totals Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).									
Part I, line 7, column (A). Part I, line 7, column (B).				·		E	nter here and on page 1,	Enter here	and on page 1,
	Totals				►				

Form **990-T** (2019)

ENTITY 1

18451110 150123 13-1788491

FORM 990-T (M)	DEDUCTIONS	CONNECTED	WIT	H RENTAL	INCOME	STATEMENT 6
DESCRIPTION				ACTIVITY NUMBER	AMOUNT	TOTAL
HOPE LODGE TOTAL	EXPENSES		-		504,547.	
		- SUBTOTAI		1		504,547.
ATLANTA CORPCOMM	STUDIO TOTA	L EXPENSES	3		1,834.	
		- SUBTOTAI	<u> </u>	2		1,834.
TOTAL TO FORM 99	0-T, SCHEDUL	E C, COLUN	4N 3			506,381.

SCH	IEDULE M	Unrelated Business	Tax	able Income f	rom an	CTY 2 OMB No. 1545-0047				
(For	(Form 990-T) Unrelated Trade or Business									
		For calendar year 2019 or other tax year beginning		, and ending		2019				
	Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).									
Name	of the organization				Employer identifica	tion number				
	-	AMERICAN CANCER SOCIETY, INC.			13-178849	1				
L	Inrelated Business	Activity Code (see instructions) 541800								
C	escribe the unrelat	ted trade or business ADVERTISING								
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net				
1a	Gross receipts or	sales 4,750.								
b	Less returns and allo	owances c Balance 🕨	1c	4,750.						
2	Cost of goods sol	d (Schedule A, line 7)	2							
3	Gross profit. Subt	ract line 2 from line 1c	3	4,750.		4,750.				
4 a	Capital gain net in	come (attach Schedule D)	4a							
b		rm 4797, Part II, line 17) (attach Form 4797) \dots	4b							
с	Capital loss deduc	ction for trusts	4c							
5	Income (loss) from	n a partnership or an S corporation (attach								
	statement)		5							
6	Rent income (Sch	edule C)	6							
7	Unrelated debt-fin	anced income (Schedule E)	7							
8		, royalties, and rents from a controlled								
	organization (Sche	edule F)	8							
9		e of a section 501(c)(7), (9), or (17)								
		edule G)	9							
10		activity income (Schedule I)	10	17.660						
11		e (Schedule J)	11	15,663.		15,663.				
12		e instructions; attach schedule)	12	00,412		00.412				
<u>13</u>	Total. Combine lir	nes 3 through 12	13	20,413.		20,413.				
Par 14	directly co	ns Not Taken Elsewhere (See instruct onnected with the unrelated business in officers, directors, and trustees (Schedule K)	icome	.)	, , 	1				
14										
16										
17	D I I I I I	tenance								
18		hedule) (see instructions)								
19		is								
20	Depreciation (atta	ch Form 4562)		20						
21		claimed on Schedule A and elsewhere on return			211	,				
22										
23	Contributions to c	leferred compensation plans			23					
24		programs								
25		(penses (Schedule I)								
26		o costs (Schedule J)								
27		(attach schedule)								
28		. Add lines 14 through 27								
29		s taxable income before net operating loss dedu								
30		operating loss arising in tax years beginning on o								
	instructions)				30	0.				
31						20,413.				
LHA	For Paperwork F	Reduction Act Notice, see instructions.			Sched	ule M (Form 990-T) 2019				

Form 990-T (2019)								Page 3
AMERICAN CANC					13-17884	91		
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	.r		6		
2 Purchases			7 Cost of goods sold. Su	line 6				
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)			property produced or a	cquirec	l for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	ease	d With Real Prop	erty)		
1. Description of property								
<u>(1)</u> (2)								
(3)								
(4)	2. Rent receiv	ed or accrued						
(a) From personal property (if the per			and personal property (if the percentag	ne	3(a) Deductions directly	connected with	the income in	ı
(a) rent for personal property in the per 10% but not more than 50%	e than	of rent for	personal property exceeds 50% or if ent is based on profit or income)	90	columns 2(a) ar	nd 2(b) (attach s	chedule)	
(1)								
_(2)								
(3)								
(4)								
Total	٥.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1,			0.
Schedule E - Unrelated Det			e instructions)	•.	Part I, line 6, column (B)			<u> </u>
		(000			3. Deductions directly con		llocable	
			 Gross income from or allocable to debt- 	(-)	to debt-financ			
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		ther deduction ach schedule)	IS
(1)						_		
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	ocable deducti 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
(+)	1		/0		Enter here and on page 1, Part I, line 7, column (A).		re and on pag ne 7, column (
Totals			▶		0			0.
Totals Total dividends-received deductions in			•	1		·		0.
		10				<u>- 1</u>	- arm 000 T	

ENTITY 2

923721 01-27-20

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						-
(3)						-
(4)						-
columns 2 through 7 on a	line-by-line basis.) 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus	5. Circulation	6. Readership	7. Excess readership costs (column 6 minus
1. Name of periodical	income	advertising costs	col. 3). If a gain, compute cols. 5 through 7.	income	costs	column 5, but not more than column 4).
(1) CANCER & CANCER						
(2) CYTOPATHOLOGY	4,423.	0.	4,423.			
(3) CA: A CANCER JOURNAL FOR						
(4) CLINCIANS	11,240.	0.	11,240.			
Fotals from Part I	٥.	0.				0

(4) CLINCIANS	11,240.	0.	11,240.			
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	15,663.	0.				0.

2

13-1788491

Form 8082	Notice of Inconsist Adjustr			ent or Admin st (AAR)	istrative		OMB No. 1545-007		
(Rev. December 2018) Department of the Treasury	(For use by partners, S corporation trust owners and beneficiari	sharehold es, REMIC	ers, estate residual in	and domestic trust ben nterest holders, TMPs,	and PRs.)	eign	Attachr Sequer		84
Internal Revenue Service Name(s) shown on return	Go to www.irs.gov/Form	<i>m8082</i> for	instructio	ns and the latest inform		lontifying	g number		
()	CER SOCIETY, INC.						88491		
Genera	I Information								
1 Check boxes								Yes	No
	e of inconsistent treatment (go to line 2))							
(b) 🔛 AAR	(choose one below - see instructions)								
For partne	rship tax years beginning before January	/ 1, 2018	(unless e	electing into BBA)					
	AAR								
	/REMICs								
	<u>rship tax years beginning after Deceml</u> <u>mber 2, 2015, and before January 1, 20</u>		<u>:017 (or t</u>	hat elected into BB	A for tax yea	irs beg	inning		
	AAR - go to Question A below	<u>10)</u>							
	<u> </u>								
indivi	e partnership revoking the immediate dual, if applicable) and appointing a s ame time that the AAR is being filed? If "	uccessor	(includin	g the designated in	ndividual, if a	pplicab	ole) at		
B Doth	e adjustments on the AAR result in ar tion C. If "No," go to Question D	n imputed	l underpa	yment for the revie	wed year? If	"Yes,"	go to		
C Is the	partnership making an election under e reviewed year partners? If "Yes," go to	section 6	6227(b)(2) to have the adjust	ments taken	into ac	count		
D The p the a	partnership is required to provide state djustments. By signing below, the partr atements have been provided to the revie	ments to nership re	the revie epresenta	ewed year partners tive declares, under	containing the penalties of	neir sha	are of		
•		-	-				_		
P	artnership Representative Name (or designated indi	vidual, if app	propriate)	Date					
	partnership applying modifications to th				ach Form 898	30			
2 Identify type of	pass-through entity in which you are a p	oartner, s	hareholde	r, or member.					
(a) TEFRA	Partnership (b) S corporation (c) E	state (d) Trust (e)	REMIC	(f) X	BBA	Partne	ershin
	ification number of pass-through entity			enue Service Center v					
39-1938186				ONIC FILING					
	, and ZIP code of pass-through entity	6 T	ax year o	f pass-through entity			10/01	(00)	1 0
3415 COMMERCE	LISES LIMITED PARTNERSHIP	7 ¥	our tax ye	01/01/2	019	to	12/31	/20.	19
APPLETON, WI		1 .		01/01/2	019	to	12/31	/201	.9
Incons	istent or Administrative Adjustm	nent Re	quest (/						
		. ,	istency is in, s to correct	(c) Amount as shown on Schedule K-1, Schedule Q, or					
	Description of inconsistent or ative adjustment request (AAR) items		es that apply)	similar statement, a foreign trust statement, or your	(d) Amount you are	e reporting	(e) Differ (c)	ence be and (d)	tween
administra	(see instructions)	Amount of item	Treatment of item	return, whichever applies (see instructions)				.,	
				, ,					
8 SCHEDULE K-	-1, UBTI	X	X	7,645	7	,645			0
9									
-									
10									
11									

Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back. Also, show how the imputed underpayment was calculated and how modifications were applied.

<u>SCHEDULE K-1 NOT RECEIVED BY THE TIME THE ORGANIZATION WAS REQUIRED TO FILE ITS</u> TAX RETURN (INCLUDING EXTENSIONS).

Form 8082					istrative	;	OMB No. 1545-0074			
(Rev. December 2018)	(For use by partners, S corporation trust owners and beneficiari	sharehold es, REMIC	ers, estate residual in	and domestic trust be nterest holders, TMPs,	and PRs.)	eign			84	
Internal Revenue Service	Go to www.irs.gov/Forr	m8082 for	instructio	ns and the latest infor			L .			
()	ER SOCIETY, INC.						-			
1 Check boxes t	hat apply:							Yes	No	
)								
(b) 🔛 AAR (choose one below - see instructions)									
For partner	ship tax years beginning before January	/ 1 2018	(unless e	electing into BBA)						
		, 2010	(unicos c							
For partner	ship tax years beginning <mark>after</mark> Decemb	ber 31, 2	<u>2017 (or t</u>	hat elected into BB	A for tax yea	ars beg	inning			
	-	<u>18)</u>								
BBA A	AR - go to Question A below									
individ	lual, if applicable) and appointing a se	uccessor	(includin	g the designated in	ndividual, if a	applicat	ole) at			
C Is the	partnership making an election under	section 6	6227(b)(2) to have the adjust	ments taken	into ac	count			
-				-						
the ac	ljustments. By signing below, the partr	nership re	epresenta	tive declares, under	penalties of	perjury	/, that			
Pa	artnership Representative Name (or designated indi	vidual, if app	propriate)	Date			_			
E Is the	Acyustment Kequest (ArkF) Actachment germann An Taxa Taxa Sama Sama Sama Sama Sama Sama Sama S									
2 Identify type of p	pass-through entity in which you are a p	oartner, s	hareholde	r, or member.						
					DEMIO					
				/ () -			,			
95-3783146						Jugirena	ty mount	5 rotari		
4 Name, address	, and ZIP code of pass-through entity	6 T	ax year o	f pass-through entity						
					2019	to	12/31	/20	19	
		7 Y	our tax ye		010		10/01	(001	0	
		ont Re	auest ()		019	to	12/31	/201	_9	
moonsi				(c) Amount as shown on						
(a) [Description of inconsistent or				(d) Amount you or	o roporting		rence be	etween	
administra		· ·	1		(u) Amount you an	ereporting	(c)	and (d)		
	(see instructions)	item	of item	(see instructions)						
8 SCHEDIILE K-	1. UBTT	x	x	-25		-25			0	
	1, 0011									
9										
10										
10										
11										

Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back. Also, show how the imputed underpayment was calculated and how modifications were applied.

<u>SCHEDULE K-1 NOT RECEIVED BY THE TIME THE ORGANIZATION WAS REQUIRED TO FILE ITS</u> TAX RETURN (INCLUDING EXTENSIONS).

	8991 ber 2018)	Tax on Base Erosion Payments of Taxpaye Substantial Gross Receipts		19	ом	B No. 1545-0123
		For tax year beginning $\frac{01/01}{2}$, 20 $\frac{19}{2}$, and endi		, 20 <u>- 9</u>		
	nent of the Treasury Revenue Service	► Go to www.irs.gov/Form8991 for instructions and the latest	information.			
Name		See instructions.	Employer identifi	cation numbe	er	
	TCAN CANCER	R SOCIETY, INC.	13-178849			
AMIN		ble Taxpayer	15 170015	<u> </u>		
Chaol		is being filed by a taxpayer with which another taxpayer has been agg	reacted under	a action EQ/		$x \rightarrow x$
If the	above box is	checked, attach a statement listing the names and EINs of all sep erson" under section 59A(e)(3).				
			(a)	(b)		(c)
			First Preceding	Second Precedin	g	Third Preceding
			Tax Year	Tax Yea	r	Tax Year
1 a	Gross receipts	of the applicable taxpayer. See instructions	1,675,936,752	1,258,277	,985	1,249,605,296
b	Gross receipts	from partnerships	119,964	203,	,910	177,904
с		s of all other persons treated as 1 person as the "applicable				
	taxpayer" purs	uant to section 59A(e)(3)				54,386,542
d	Gross receipts	. Combine lines 1a through 1c	1,729,488,441	1,314,845,	,252	1,304,169,742
е		of first, second, and third preceding tax years. Combine columns				
	1d				1e	4,348,503,435
f		e annual gross receipts (Divide line 1e by 3.0)			1f	1,449,501,145
g	l <u>s lin</u> e 1f \$500	million or more?				
	X Yes. Co	ntinue to line 2.				
	No. STC	P here and attach this form to your tax return.				
2 a	Aggregate bas	e erosion tax benefit (from Schedule A, line 14)			2a	
b	Aggregate am	ount of deductions allowable under Chapter 1 of the Internal Revenue C	Code		2b	
С	Other allowabl	e deductions not included in line 2b above	2c			
d		tax benefits resulting from reductions in insurance premi				
	reported on So	hedule A, line 8, column a-2	2d			
е	Base erosion	tax benefits resulting from reductions in gross receipts reported	on			
	Schedule A, lin	e 10, column a-2	2e			
f	Add lines 2c th	nrough 2e			2f	
g	Total deduction	ns for amounts paid or accrued for services to which the excep	tion			
		59A(d)(5) applies (from Schedule A, line 5b)	2g			
h	Qualified deriv	ative payments excepted by section 59A(h)	<u>.</u> 2h			
i		ns allowed under sections 172, 245A, and 250 for the tax year				
j	Combine lines	2g through 2i			2j	
k	Total Deduction	ns. Subtract line 2j from the sum of line 2b and line 2f			2k	
I		Percentage for purposes of section 59A(c)(4)(A). Divide line 2a by line			21	%
m	ls the taxpaye dealer)?	r's base erosion percentage on line 2I 3% or higher (2% or higher fo	or a bank or s	ecurities		
	Yes. Co	ntinue to Part II.				
	X No. STC	P after completing Part I and Schedule A and attach this form to your ta	ax return.			

Form 8	991 (12-2018)		Page 2
	Modified Taxable Income (MTI)		
3 a	Taxable income after net operating loss and special deductions	3a	
b	Base erosion tax benefits for the tax year with respect to base erosion payments	3b	
С	Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year.		
	See instructions	3c	
d	Modified Taxable Income. See instructions	3d	
	Regular Tax Liability Adjusted for Purposes of Computing Base Erosion Minimum Tax Amo	unt	
4 a	Regular tax liability	4a	
b	Allowable credits, as adjusted (from Schedule B, line 7)	4b	
с	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount. Subtract		
	line 4b from line 4a	4c	
	Computation of Base Erosion Minimum Tax Amount		
5 a	Modified Taxable Income (from line 3d)	5a	
b	Tax rate applicable for current tax year	5b	%
с	Base Erosion Minimum Tax. Multiply line 5a by line 5b	5c	
d	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount (from		
	line 4c)	5d	
е	Base Erosion Minimum Tax Amount. Subtract line 5d from line 5c. If zero or less, enter "-0-"	5e	
		E	0.0040

Form 8991 (12-2018)

Base Erosion Payments and Base Erosion Tax Benefits (see instructions)

							eck all applicable box mns (c), (d), and (e) b	
		(a-1)	(a-2)	(b-1)	(b-2)	(c)	(d)	(e)
	Type of Base Erosion Payments	Aggregate Base Erosion Payment for Purposes of Base Erosion Percentage	Aggregate Base Erosion Tax Benefit for Purposes of Base Erosion Percentage	Base Erosion Payment for Purposes of Modified Taxable Income	Base Erosion Tax Benefit for Purposes of Modified Taxable Income	Any 25% Owner of the Taxpayer	Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or any 25% Owner of the Taxpayer	Any Person Related Within the Meaning of Section 482 to the Taxpayer
1	Reserved for future use							
2	Reserved for future use							
3	Purchase or creations of property rights for intangibles (patents,							
	trademarks, etc.)							
4	Rents, royalties, and license fees							
5a	Compensation/consideration paid for services NOT excepted by section 59A(d)(5)							
b	Compensation/consideration paid for services excepted by section 59A(d)(5) \$							
6	Interest expense							
7	Payments for the purchase of tangible personal property							
8	Premiums and/or other considerations paid or accrued for							
	insurance and reinsurance as covered by section 59A(d)(3) and							
	section 59A(c)(2)(A)(iii)							

Form 8991 (12-2018)

Page **3**

Base Erosion Payments and Base Erosion Ta	x Benefits (se	e instructions) (continued from	n page 3)			Faye -
						ck all applicable box mns (c), (d), and (e) b	
	(a-1)	(a-2)	(b-1)	(b-2)	(c)	(d)	(e)
Type of Base Erosion Payments	Aggregate Base Erosion Payment for Purposes of Base Erosion Percentage	Aggregate Base Erosion Tax Benefit for Purposes of Base Erosion Percentage	Base Erosion Payment for Purposes of Modified Taxable Income	Base Erosion Tax Benefit for Purposes of Modified Taxable Income	Any 25% Owner of the Taxpayer	Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or any 25% Owner of the Taxpayer	Any Person Related Within the Meaning of Section 482 to the Taxpayer
 9a Nonqualified derivative payments b Qualified derivative payments excepted by section 							
59A(h) \$ 10 Payments reducing gross receipts made to surrogate foreign							
corporation 11 Other payments - specify							
11 Other payments - specify12 Combine lines 3 through 11							
13 Base erosion tax benefits related to payments reported on lines 3							
through 11, on which tax is imposed by section 871 or 881, with							
respect to which tax has been withheld under section 1441 or							
1442 at 30% statutory withholding tax rate							
14 Total base erosion tax benefits for purposes of computing base							
erosion percentage. Subtract line 13, column (a-2) from line 12,							
column (a-2). Enter on Part I, line 2a							
15 Portion of base erosion tax benefits reported on lines 3 through							
11, on which tax is imposed by section 871 or 881, with respect							
to which tax has been withheld under section 1441 or 1442 at							
reduced withholding rate pursuant to income tax treaty. Multiply							
ratio of percentage withheld divided by 30% times tax benefit.							
See instructions							
16 Total base erosion tax benefits for purposes of determining MTI.							
Subtract the sum of line 13, column (b-2); and line 15, column (b-2) from line 12, column (b-2). Enter this amount on Part II,							
line 3b							

Form 8991 (12-2018)

Form	8991 (12-2018)	Page 5
	Credits Reducing Regular Tax Liability in Computing Base Erosion Minimum Tax Amoun	t (BEMTA)
	Credits Allowed Against Regular Tax (see instructions)	
1	Total credits allowed in current year. Enter the amount from Form 1120, Schedule J, Part I, line 6; or the	
	applicable line of your return	1
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800 2	
3	Total allowed credit for increasing research activities for current year. Enter the amount of research	
	credit reported in Form 3800, Part II, line 38. See instructions	3
4	Enter smaller of Schedule B, Part II, line 11 or Part III, line 16	4
5	Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)	5
6	Adjustments to allowed credits. Add lines 3 and 5	6
7	Credits allowed against regular tax in computing BEMTA. Subtract line 6 from line 1. Enter here and	
_	on Form 8991, line 4b	7
	Applicable section 38 credits	
	(Only complete Parts II and III if you have allowed applicable section 38 credits.)	
8	Low income housing credit from lines 1d and 4d of all Parts III of Form 3800	-
9	Renewable electricity production credit but only to extent of the renewable	
	electricity under section 45(a) from lines 1f and 4e of all Parts III of Form 3800	
10	Investment credit but only to extent of energy credit property under section 48	
	from line 4a of all Parts III of Form 3800	
11	Total allowed applicable section 38 credits for current year. Enter the amount of applicable credits	
_	reported in Form 3800, Part II, line 38. See instructions	11
	BEMTA determined without adjustment for applicable section 38 credits	
12	Base erosion minimum tax (Form 8991, line 5c)	12
13	Regular tax liability (Form 8991, line 4a)	13
14	Subtract Schedule B, Part I, line 3 from line 1	14
15	Regular tax adjusted for credits that offset BEMTA. Subtract line 14 from line 13	15
16	Base erosion minimum tax determined without adjustment for applicable section 38 credits. Subtract	
	line 15 from line 12; if zero or less, enter -0-	16
		Form 8991 (12-2018)

Form	571	3	Interi	national Boycott F	Report			OMB No. 1545-0216 Attachment
			-	1/1			19	Sequence No. 123
(Rev. De	ecember 20	10)	For tax year beginning				· '	Paper filers must file in
	ent of the Trea		and ending	12/31 ontrolled groups, see instruct	tions	, 20		duplicate (see When and Where to File in the instructions)
Name				ina oneu groupe, eee nieu ue			Identi	fying number
AMER	ICAN CAN	NCER S	OCIETY, INC.					13-1788491
Number	, street, and	d room o	r suite no. If a P.O. box, see instruct	ions.				
250 W	/ILLIAMS	S STRE	EET, NW, SUITE 400					
City or t	own, state,	and ZIP	code					
	ITA, GA 3							
			here your tax return is filed					
			reasury, Internal Revenue	Service Center, Ogden, U	T 84201-0	027		
· · ·	of filer (ch		_		— — .		— – .	
	Individu		Partnership	Corporation	Trust		Esta	te 🔄 Other
1			Enter adjusted gross income	from your tax return (see in	nstructions	5)		
2		-	and corporations:	and identifying number				
а		-	Enter each partner's name					
b	•		Enter the name and employ	•				• • •
						ead, atta	ach a cop	y of Form 851. List all other
			e controlled group not inclu			nata a		n tax waar. Entar an lina. Ah
			employer identification n					n tax year. Enter on line 4b
	ule nan			Name	whose ta	year i		tifying number
	AMERIC	AN CA	NCER SOCIETY, INC.	Vanie			lucii	13-1788491
								13-1700431
	If more :	space	is needed, attach additional	sheets and check this box				
						Code		Description
С	Enter pr	rincipal	business activity code and	description (see instruction	is)	813212	CANC	ER PREVENTION & RESEARCH
d	IC-DISCs	s—Ente	r principal product or service co	ode and description (see instru	ctions)			
3	Partner	ships -	 Each partnership filing For 	m 5713 must give the follow	wing inforn	nation:		
а	Partners	ship's t	otal assets (see instructions)				
b			ordinary income (see instruc					
4	Corpora	ations	 Each corporation filing Fo 	rm 5713 must give the follo	wing inform	mation:		
а			ed (Form 1120, 1120-FSC, 11		C, etc.)		FORM	990-T
b			ear election (see instruction	,				
			prporation AMERICAN CA					
		-	dentification number					13-1788491
	(3) Com	imon ta	ax year beginning 1/1	, 20	19_, and	ending	12/31	<u>,</u> 20 19
С	•		ling this form enter:					1,674,187,464
			s (see instructions)					
	(2) Taxa		ome before her operating loss	and special deductions (see	FINSTRUCTION	is)		276,221
5	Fetator	or true	sts —Enter total income (Fo	rm 1041 page 1)				
 			· · · · · · · · · · · · · · · · · · ·					tax benefits (see instructions):
	Foreign			r boycott participation or c	•			i lax benefits (see instructions):
a b	0		nings of controlled foreign c					
b C			DISC income	-				
d			preign trade income					
e e		•	ncome qualifying for the ext					
Plea			enalties of perjury, I declare that I h					tements and to the best of my
			dge and belief, it is true, correct, and		, seeonipanyi			
Sign		k						
Here	•	Sig	gnature		Date		Title	

For Paperwork Reduction Act Notice, see separate instructions.

Form 57	713 (Rev. 12-2010)				Р	age 2
7a			, ,		Yes √	No
b						~
С						\checkmark
d						\checkmark
е	report) that has operations	reportable under section 999(a)?	?			✓
				, , ,		✓
f						~
	that ends with or within you	r tax year?				✓
g	•					\checkmark
h						\checkmark
j	Are you excluding extraterri	torial income (defined in section	114(e), as i	in effect before its repeal) from		\checkmark
Part	9					
	•		•	,	Yes	No
-						
	 7a Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)? b If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))? c Do you own any stock of an IC-DISC? d Do you claim any foreign tax credit? e Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)? f "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? f "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? g Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)? 					
		wing table. If more space is need	ded, attach	additional sheets using the exact format and	check	
			· · · ·		🟲	
	Name of country					
	(1)					-
	(-)		(0)		(~	"
a	·	13-1788491	813212	INVESTING - GOVERNMENT BONDS		
b	SAUDI ARABIA	13-1788491	813212	INVESTING - GOVERNMENT BONDS		
	JNITED ARAB EMIRATES	13-1788491	813212	INVESTING - CORPORATE BONDS		
d						
e						
f						
g						
h i j						
h i j						
h i j k l						
h j k 						
h j k I						

√

9 Nonlisted countries boycotting Israel – Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this base

	this box		<u></u>			
	Name of country	Identifying number of		Principal business activity	IC-DISCs only-Ent	
	(1)	person having operations (2)	Code (3)	Description (4)	product co	
	(-)		(0)		(3)	
а						
b						
C						
ام						
d						
е						
f						
g						
h						
					Yes N	ю
10	Boycotts other than the bo	ycott of Israel-Did you have	operations ir	any other country which you know or have		/
				boycott other than the boycott of Israel?		/
		•	-	additional sheets using the exact format and		_
			<u></u>		. 🕨	
				Principal business activity	IC-DISCs	s
	Name of country	Identifying number of person having operations	Code	Principal business activity Description	IC-DISCs only-Ent	er
	Name of country (1)		Code (3)	Principal business activity Description (4)		er
	-	person having operations		Description	only—Ento product co	er
a	-	person having operations		Description	only—Ento product co	er
	-	person having operations		Description	only—Ento product co	er
a b	-	person having operations		Description	only—Ento product co	er
	-	person having operations		Description	only—Ento product co	er
b	-	person having operations		Description	only—Ento product co	er
b	-	person having operations		Description	only—Ento product co	er
b c d	-	person having operations		Description	only—Ento product co	er
b c	-	person having operations		Description	only—Ento product co	er
b c d e	-	person having operations		Description	only—Ento product co	er
b c d	-	person having operations		Description	only—Ento product co	er
b c d e	-	person having operations		Description	only—Ento product co	er
b c d e f g	-	person having operations		Description	only—Ento product co	er
b c d e f	-	person having operations		Description	only—Ent product co (5)	
b 	(1)	person having operations (2)		Description (4)	Yes N	
b c d e f g	(1)	person having operations (2)	(3)	Description (4)	Yes N	
b 	(1)	person having operations (2)	(3)	Description (4)	Yes N	
b 	(1)	person having operations (2)	(3)	Description (4)	Yes N	

If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part		R	equests for and Acts of Participation in or Cooperation With an International	Requ	iests	Agree	ments
		B	oycott	Yes	No	Yes	No
13a	Did	you re	eceive requests to enter into, or did you enter into, any agreement (see instructions):				
	(1)		a condition of doing business directly or indirectly within a country or with the government, a npany, or a national of a country to— Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		~		~
		(b)	Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		~		~
		(c)	Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?		~		√
		(d)	Refrain from employing individuals of a particular nationality, race, or religion?		\checkmark		\checkmark
	(2)	to re	condition of the sale of a product to the government, a company, or a national of a country, frain from shipping or insuring products on a carrier owned, leased, or operated by a person does not participate in or cooperate with an international boycott?		~		~

Name of country	, Identify	Identifying number of person receiving the request or having the	Principal business activity		IC-DISCs only – Enter	Type of cooperation or participation			
	person					Number of requests		Number of agreements	
(1)	agroomont		Code (3)	Description (4)	product code (5)	Total (6)	Code (7)	Total (8)	Code (9)
a									
b									
C									
d									
e									
f									
g									
<u>h</u>									
i									
j									
k									
<u> </u>									
m									
<u>n</u>									
0									
p									

Form 5713 (Rev. 12-2010)