Form	9	9	0
Departm	nent o	f the	Treasury

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

7. No No

OMB No. 1545-0047

Inte	ernal Revenue Serv	vice		Information	about Form	990 a	and its i	instructions	s is at 1	wwv	v.irs.go	v/form990. Inspect			tion			
A	For the 201	4 calend	ar year, or ta	ax year beg	inning			, 2014	4, and	en	ding				,	20		
в	Check if applicable:		of organization	TER SOCI	ETY, INC	ı						D	Employe	r identific	ation n	umber		
	Address change		usiness As		1117 1110	•						_	13-17	788491				
	Name change	Numbe	r and street (or P	P.O. box if mail i	s not delivered	to stree	et addres	s)	Room	n/sui	te	Е	Telephor	ne number				
	Initial return	250	WILLIAMS	STREET 1	W				40	00		(8	(00)	227-2	345			
	Terminated	City or	town, state or pro	ovince, country	, and ZIP or for	eign po	ostal code	9										
	Amended	ATLA	NTA, GA 3	30303								G	Gross re	ceipts \$	96	0,38	8,6	17.
	Application pending		and address of pr				REEDY LANTA	_)303			H(a) H(b)	subordir	i group retui iates? ubordinates in		Yes		No No
I	Tax-exempt st	atus: X	501(c)(3)	501(c) () 🖌 (i	nsert no	o.)	4947(a)(1)	or		527	- ``	lf "No,"	attach a list	. (see ins	tructions)		_
J	Website: 🕨	WWW.CZ	ANCER.ORG	· ·								H(c)	Group e	exemption nu	umber	• (0580	C
κ	Form of organ	nization: X	Corporation	Trust	Association		Other 🕨	•	L	_ Ye	ar of forn	nation:	1922	M State	of legal	domicil	e:	NY

Part I Summary

ГС		Summary										
	1	Briefly describe the organization's mission or most significant activities: THROUGH OUR 11	GEOGRAPHIC	DIV	ISIONS							
e		& NATIONWIDE CORPORATE CENTER, WE SERVED OVER 60 MILLION PEOPLE IN										
Governance		5,000+ COMMUNITIES THROUGH RESEARCH, EDUCATION, ADVOCACY & SERVICE.										
veri	2	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.										
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	21.							
യ് ഗ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21.							
itie	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	7,181.							
ctivities	6	Total number of volunteers (estimate if necessary)		6	2,218,069.							
¥	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	-58,211.							
		Net unrelated business taxable income from Form 990-T, line 34		7b	-68,524.							
			Prior Year		Current Year							
¢	8	Contributions and grants (Part VIII, line 1h)		37.	804,931,290.							
nue	9	Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION	24,76	57.	20,815.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,164,62	25.	37,547,069.							
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,436,14	ł5.	5,362,356.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	919,529,77	847,861,530.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	143,954,41	.8.	135,259,632.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0							
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	494,979,98	30.	441,686,016.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,556,77	78.	11,238,219.							
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ _ 170, 295, 605.										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	280,497,15	53.	255,109,455.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	923,988,32	29.	843,293,322.							
	19	Revenue less expenses. Subtract line 18 from line 12	-4,458,55	55.	4,568,208.							
s or			Beginning of Current	r ear	End of Year							
ssets or alances	20	Total assets (Part X, line 16)	1,878,381,08	3.	1,855,404,308.							
t As Nd B	21	Total liabilities (Part X, line 26)	587,112,72	28.	691,205,535.							
Pur	22	Net assets or fund balances. Subtract line 21 from line 20	1,291,268,35	5.	1,164,198,773.							

Signature Block Part II

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		
	CATHERINE E. MICKLE	CFO				
Paid Preparer Use Only	Print/Type preparer's name LAURA KIELCZEWSKI	Preparer's signature	Date	Check if self-employed	PTIN P00740769	
	Firm's name ► ERNST & YOUNG U.S Firm's address ► 5 TIMES SQUARE NE				-6565596 2-773-3000	
May the IF	RS discuss this return with the preparer shown	above? (see instructions)			Yes X	No
For Paper	work Reduction Act Notice, see the separate	e instructions.			Form 990 (201	14)

Fo	rm 990 (2014) Page 2
Ρ	art 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:
	TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER,
	SAVING LIVES, AND DIMINISHING SUFFERING FROM THE DISEASE THROUGH
	RESEARCH, EDUCATION, ADVOCACY, AND SERVICE.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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
J	services?

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.

a (Code:) (Expenses \$ 149,262,692. including grants of \$ 99,987,596.) (Revenue \$ 20,815.)
RESEARCH	I PROGRAMS PROVIDE FINANCIAL SUPPORT TO FUND AND CONDUCT
RESEARCH	I INTO THE CAUSES OF CANCER; HOW IT CAN BE PREVENTED,
DETECTED	EARLY, AND TREATED SUCCESSFULLY; HOW TO IMPROVE THE
QUALITY (OF LIFE FOR PEOPLE LIVING WITH CANCER; AND TO ADVOCATE FOR
LAWS AND	POLICIES THAT HELP FURTHER CANCER RESEARCH. OUR RESEARCH
PROGRAM 1	EXPENSES INCLUDED BOTH OUR EXTRAMURAL RESEARCH GRANTS AND
INTRAMUR	AL PROGRAM, WHICH INCLUDES OUR COMPREHENSIVE CANCER
PREVENTI	ON STUDY ('CPS-3').

GRANTS TO AFFILIATES: \$3,408,964

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

 PATIENT SUPPORT PROGRAMS ASSIST CANCER PATIENTS AND THEIR FAMILIES

 IN AN EFFORT TO EASE THE BURDEN OF THE DISEASE FOR THEM. EXPENSES

 INCLUDED OUR SPECIFIC ASSISTANCE TO INDIVIDUALS THROUGH THE LOOK

 GOOD FEEL BETTER® PROGRAM; OUR 24 HOURS A DAY, 7 DAYS A WEEK, 365

 DAYS A YEAR NATIONAL CANCER INFORMATION CENTER; AND OUR HOPE

 LODGE® FACILITIES, WHICH PROVIDE FREE, HIGH QUALITY, TEMPORARY

 LODGING FOR PATIENTS AND THEIR CAREGIVERS CLOSE TO TREATMENT

 CENTERS, THEREBY EASING THE EMOTIONAL AND FINANCIAL BURDEN OF

 FINDING AFFORDABLE LODGING.

GRANTS TO AFFILIATES: \$22,499,629

) (Revenue \$

0

GRANTS TO AFFILIATES: \$14,441,453

4d Other program services (Describe in Schedule O.) (Expenses \$ 91.837.115, including grants of \$ 7

(Expenses $$_{91,837,115}$ including grants of $$_{7,148,769}$. **4e** Total program service expenses \blacktriangleright 621,740,548. AMERICAN CANCER SOCIETY, INC.

-	990 (2014)		F	Page 3
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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	Х	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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		X
С	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		X
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	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.00	.,	
4.0	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	37	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	4.41	v	
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45	Х	
40	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	40		v
47	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47	v	
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	v	
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
19		10	Х	
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	Δ	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u></u>
<u>u</u>		L 7 0 0		

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Page	4

Form 99	0 (2014)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
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	Х	
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	Х	
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	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		Х
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		Х
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		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
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	Х	
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

AMERICAN CANCER SOCIETY, INC.

a	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	1
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3,080			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 89			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	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 7, 181			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
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: ►			Ι
	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		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			l
а	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	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	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			
е	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		
3	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		
)	Sponsoring organizations maintaining donor advised funds.			I
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		T
)	Section 501(c)(7) organizations. Enter:			Ι
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			l
а	Gross income from members or shareholders 11a			l
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Ι
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		T
	Note. See the instructions for additional information the organization must report on Schedule O.			T
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]			1
	Enter the amount of reserves on hand			I
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		T
		14b		t
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			_

Form 9	90 (2014) AMERICAN CANCER SOCIETY, INC. 13-178	8491		Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			x
Sect	ion A. Governing Body and Management		<u> </u>	Δ
0000			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
iu	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	1		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
h	one or more members of the governing body?	10		
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9	Ļ	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Coa	<i>e.)</i> Yes	No
40.	D'il the same d'arties have been been too have been as a """ to o	10a	X	
	Did the organization have local chapters, branches, or affiliates?	TVa		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	х	
Ň	If "Yes" to line 15a or 15b, describe the process in 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		Х
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			
0	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	1 501(0	c)(3)s	only)
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	nolicy	/ and
10	financial statements available to the public during the tax year.	101001	Polic	, anu
20	State the name, address, and telephone number of the person who possesses the organization's books and record	da: 🕨		

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Page 7

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Check if Schedule O contains a response or note to any line in this Part VII	
	Independent Contractors	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hignest Compensated Employees,	and

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		(C)								
(A)	(B)				Position				(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per week (list any	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amount of other
	hours for		_			1		the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	inpl	Former	organization	(W-2/1099-MISC)	from the organization
	organizations	idua ecto	utior	P	ldui	est c	er	(W-2/1099-MISC)		and related
	below dotted line)	frus)al tr		oyee	omp				organizations
	,	stee	uste			ens				
			ŏ			Highest compensated employee				
(1)BRYAN K. EARNEST	3.00									
DIRECTOR	0	Х						0	0	0
(2) EUGENE D. HEFLIN	3.00									
DIRECTOR	0	Х						0	0	0
(3) ALLEN H. HENDERSON, PHD	3.00									
DIRECTOR	0	Х						0	0	0
(4)SUSAN D. HENRY, LCSW	3.00									
DIRECTOR	0	Х						0	0	0
(5)JEFFREY L. KEAN	3.00	-								
DIRECTOR	0	Х						0	0	0
_(6)SCARLOTT K. MUELLER, RN, MPH	3.00	-								
DIRECTOR	0	Х						0	0	0
_(7)ARNOLD M. BASKIES, MD, FACS	3.00	-								
DIRECTOR	0	Х						0	0	0
_(8)WILLIE_HGOFFNEY, MD, FACS	3.00	-						_	_	_
DIRECTOR	0	X						0	0	0
(9)JOHN W. HAMILTON, DDS	3.00									
DIRECTOR	3.00	X						0	0	0
(10) CLEMENT S. ROSE, MD	3.00									0
DIRECTOR	0	X						0	0	0
(11) DONALD K. WARNE, MD, MPH	3.00	37						0		0
DIRECTOR	0	X						0	0	0
(12)CAROL JACKSON	3.00	v						0	0	0
DIRECTOR	3.00	X						0	0	0
(13) KEVIN J. CULLEN, MD DIRECTOR	3.00	x						0	0	0
	5.00							0	0	0
(14)GARY M. REEDY IMMEDIATE PAST CHAIR	5.00	x		x				0	0	0
THURDIALE PADI CHAIK	0	Λ		л				0	0	0

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AMERICAN CANCER SOCIETY, INC.

Form	aan	(2014)	
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Pa	rt VII Section A. Officers, Directors, Tru	istees, Ke	ey Em	nplo	byee	es,	and H	lig	nest Compensat	ed Employees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe d a d	erson	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15)	PAMELA K. MEYERHOFFER, FAHP CHAIR	5.00 2.00	x		x				0	0	
16)	ROBERT E. YOULE VICE CHAIR	5.00 0	x		x				0	0	
17)	DOUGLAS K. KELSEY, MD PHD FAAP BOARD SCIENTIFIC OFFICER	5.00 0	x		x				0	0	l
18)	ENRIQUE HERNANDEZ, MD FACOG FA DIRECTOR	5.00 0	x						0	0	
19)	DANIEL P. HEIST, CPA SECRETARY/TREASURER	5.00 1.00	x		x				0	0	
20)	JOHN ALFONSO, CPA DIRECTOR	3.00	x						0	0	
21)	ROBERT K. BROOKLAND, MD DIRECTOR	3.00 0	x						0	0	
22)	JOHN R. SEFFRIN CHIEF EXECUTIVE OFFICER	55.00 5.00	_		x				863,304.	78,482.	462,483
23)	CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	55.00 7.00	_		x				363,417.	46,253.	225,036
24)	OTIS W. BRAWLEY CHIEF MEDICAL OFFICER	55.00 0				x			513,685.	0	216,932
25)	GREGORY P. BONTRAGER CHIEF OPERATING OFFICER	55.00 0	-			x			667,955.	0	462,083
С	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	=	 	 	 	•••	 		0 5,673,380. 5,673,380.	0 124,735. 124,735.	3,615,388. 3,615,388.
2	Total number of individuals (including but not reportable compensation from the organization		hose 343		ed al	bov	e) who	o re	ceived more than	\$100,000 of	
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	livid	ual	• •		••			Yes No 3 X
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,0	00?	i It	"Yes	s,"	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ► 87	e listed above) who received	

Form	aan	(2014)	

(A) Name and title	(B) (C) Average Position hours per (do not check more than o week (list any box, unless person is both hours for officer and a director/truster related 9 2 2 0 5 9 5		an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1035-WIGC)	organization and related organizations
6) JOSEPH C. CAHOON, JR. SENIOR EVP, FIELD OPERATIONS	55.00	-		x			486,443.	0	522,48
7) LINDA MACMASTER CHIEF REV. & MRKTNG, OUTGOING	55.00			x			426,383.	0	14,75
8) RICHARD C. WENDER CHIEF CANCER CONTROL OFFICER	55.00 0 55.00			x			419,519.	0	161,69
9) DAVID F. VENEZIANO EVP, CALIFORNIA DIVISION 0) NANCY C. YAW	55.00			_	x		470,453.	0	640,43
EVP, LAKESHORE DIVISION 1) LISA E. ROTH	0			_	x		410,014.	0	311,81
SVP, PRODUCT & PROGRAM MGMT 2) JUNG H. KIM	0 55.00			-	X		383,360.	0	269,87
EVP, EASTERN DIVISION 3) RALPH A. DEVITTO	0				X		357,866.	0	129,77
EVP, FLORIDA DIVISION					X		310,981.		198,01
1b Sub-total c Total from continuation sheets to Part VII, S	ection A								
 d Total (add lines 1b and 1c)	limited to t		isted			► re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched									Yes N
4 For any individual listed on line 1a, is the organization and related organizations groups of the organization of the org	sum of rep eater than	ortab \$15	le co 0,000	mpei)? /	nsatior f "Yes	n ar ;," (nd other compens	sation from the	4 X
individual 4 X 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 5									
 Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. 									
(A) Name and business add	lress						(B) Description of se	ervices C	(C) Compensation
						-			

more than \$100,000 in compensation from the organization **>**

Par	t VII	Statement of Rever Check if Schedule O co		oso or noto to an	v line in this Part VI	11		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a	8,180,904.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, (Arr	с	Fundraising events	1c	435,123,508.				
ilar Gif	d	Related organizations	1d	35,066.				
Sin	е	Government grants (contrib	utions). 1e	4,682,245.				
her	f	All other contributions, gifts,	grants,					
ğ		and similar amounts not included		356,909,567.				
Cor	g	Noncash contributions included		49,277,563.				
	h	Total. Add lines 1a-1f	<u></u>	Business Code	804,931,290.			
Program Service Revenue	2.	EDUCATION MAGAZINE ADVERI	TOTNO	541800	20,815.		20,815.	
Rev	2a			541800	20,815.		20,015.	
ice	b							
Ser	4							
Ĕ	e u							
ogra	f	All other program service rev	/enue					
Pro	g	Total. Add lines 2a-2f		►	20,815.			
	3		cluding divider					
		and other similar amounts).			22,547,808.			22,547,808
	4	Income from investment of	tax-exempt bond	proceeds . 🕨	0			
	5	Royalties			3,476,899.			3,476,899
			(i) Real	(ii) Personal				
	6a	Gross rents	1,001,322.					
	b	Less: rental expenses	524,545.					
	C L	Rental income or (loss)	476,777.		454 855			
	d 7a	Net rental income or (loss Gross amount from sales of	(i) Securities	(ii) Other	476,777.		-206,242.	683,019
	10	assets other than inventory	44,276,726.	1,489,481.				
	ь	Less: cost or other basis	11,270,720.	1,405,401.				
		and sales expenses	29,985,821.	781,125.				
	с	Gain or (loss)	14,290,905.	708,356.				
	d	Net gain or (loss)			14,999,261.			14,999,261
ē	8a	Gross income from fundra	aising					
อมเ		events (not including \$ 435	,123,508.					
eve		of contributions reported on	line 1c).					
L R		See Part IV, line 18	a	47,514,896.				
Other Revenue	b	Less: direct expenses						
ō	С	Net income or (loss) from fu	0	▶	0			
	9a	Gross income from gaming						
		See Part IV, line 19						
	b C	Less: direct expenses Net income or (loss) from g			4,696,429.			4,696,429
		Gross sales of invent	-		4,090,429.			4,090,429
	10a	returns and allowances		22,547,199.				
	ь	Less: cost of goods sold						
	č	Net income or (loss) from sa			-10,990,499.		127,216.	-11,117,715.
		Miscellaneous Reven	lue	Business Code				
	11a	GRANT REFUND/RESIGNATIONS	3	900099	7,852,095.			7,852,095
	b	OTHER GAINS (LOSSES)		900099	-149,345.	65,895.		-215,240
	с							
	d	All other revenue						
	e	Total. Add lines 11a-11d			7,702,750.			
	12	Total revenue. See instruction	ons	▶	847,861,530.	65,895.	-58,211.	42,922,556

AMERICAN CANCER SOCIETY, INC.

Form 990 (2014)

Form **990** (2014)

13-1788491

Page 9

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

184,120,203

115,960,587

7,178,635

JSA 4E1052 1.000

fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)

60,980,981.

Page	11	
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-	n 990 (2				Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	172,343,123.	2	138,252,796.
	3	Pledges and grants receivable, net	27,129,364.	3	25,675,550.
	4	Accounts receivable, net	4,699,515.	4	5,051,224.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	C
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	6	0
ŝts	7	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net	0	7	0 C
Assets	8	Inventories for sale or use	4,025,176.	8	3,873,567.
◄	9	Prepaid expenses and deferred charges	9,109,800.	9	10,669,795.
	-	Land, buildings, and equipment: cost or	5720570001		20700377301
		other basis. Complete Part VI of Schedule D 10a 535,053,846.			
	b	Less: accumulated depreciation 10b 273,585,360.	284,160,264.	10c	261,468,486.
	11	Investments - publicly traded securities	986,977,966.		1,012,694,150.
	12	Investments - other securities. See Part IV, line 11		12	C
	13	Investments - program-related. See Part IV, line 11	0		C
	14	Intangible assets	0	14	C
	15	Other assets. See Part IV, line 11	389,935,875.	15	397,718,740.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,878,381,083.	16	1,855,404,308.
	17	Accounts payable and accrued expenses	249,784,911.	17	371,733,506.
	18	Grants payable	208,796,588.	18	199,156,049.
	19	Deferred revenue	10,594,572.	19	5,819,852.
	20	Tax-exempt bond liabilities	6,535,000.	20	5,970,000.
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	C
Liabilities	22	Loans and other payables to current and former officers, directors,			
iab		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	41,506,924.	23	39,842,352.
	24	Unsecured notes and loans payable to unrelated third parties	0	24	C
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	69,894,733.	25	68,683,776.
	26	of Schedule D Total liabilities. Add lines 17 through 25	587,112,728.	25	691,205,535.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	567,112,720.	20	091,203,333.
nce	27		756,319,942.	27	627,460,356.
alaı	28	Unrestricted net assets Temporarily restricted net assets	254,879,104.	27	247,070,494.
р В	29	Permanently restricted net assets	280,069,309.	20	289,667,923.
Assets or Fund Balances	20	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	200,000,500.	23	2007,007,023.
s o	30	Capital stock or trust principal, or current funds		20	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
As	32	Retained earnings, endowment, accumulated income, or other funds		31	
Net	33	Total net assets or fund balances	1,291,268,355.	33	1,164,198,773.
2	34	Total liabilities and net assets/fund balances	1,878,381,083.	34	1,855,404,308.
			,,,,,,,		Form 990 (2014)

AMERICAN	CANCER	SOCIETY,	INC.
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Form 9	90 (2014)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	47,8	61,5	530.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	43,2	93,3	322.
3	Revenue less expenses. Subtract line 2 from line 1	3		4,5	68,2	208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2	91,2	68,3	\$55.
5	Net unrealized gains (losses) on investments	5		-4,3	82,2	206.
6	Donated services and use of facilities	6		2	84,6	516.
7		7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	27,5	40,2	200.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1,1	64,1	98,7	73.
Part						
	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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplair	ו in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• •		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pilec	lor			
	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	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	the Single Audit Act and OMB Circular A-133?			3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		v	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	dits.		3b	Х	<u> </u>

Form **990** (2014)

SCHE	DUL	EA
(Form	990 o	r 990-EZ)

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.

	rtment of the Treasury al Revenue Service	Information		Attach to Form 990 or (Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection
Nam	e of the organization						Employer iden	tification number
AME	RICAN CANCER S	OCIETY,	INC.				13	-1788491
Par	t Reason for P	ublic Cha	rity Status (All c	organizations must c	complete	e this pa	art.) See instructions	j.
	organization is not a A church, conver A school describ A hospital or a c A medical resea hospital's name, An organization section 170(b)(1 A federal, state, X An organization described in sec	private four ntion of chu bed in sectio cooperative rch organiz city, and st operated f ()(A)(iv). (C or local go that norma tion 170(b)	ndation because it irches, or associa on 170(b)(1)(A)(ii) hospital service o ation operated in ate: or the benefit of omplete Part II.) vernment or gove ally receives a sub (1)(A)(vi). (Compl	is: (For lines 1 through tion of churches described (Attach Schedule E.) rganization described conjunction with a hose a college or universit rnmental unit describe ostantial part of its su	gh 11, ch ribed in s in sectio spital de ty owned d in sect upport fro	eck only ection 1 n 170(b) scribed in d or ope ion 170(om a go	one box.) 70(b)(1)(A)(i). n section 170(b)(1)(A) erated by a governme (b)(1)(A)(v).	
9 9 10 11 a b	An organization receipts from ac support from g acquired by the of An organization An organization one or more pub the box in lines 1 Type I . A supp the supported organization. Y Type II . A supp control or mar	that norma ctivities relations ross investion organization organized a organized a olicly support 1 a through porting organization You must co porting organization You must co	ally receives: (1) in ated to its exemp ment income an in after June 30, 19 and operated exclu- and operated exclu- rited organizations in 11d that describe anization operated n(s) the power to omplete Part IV, S anization supervise f the supporting o	nore than 331/3% of t functions - subject d unrelated business 975. See section 509 usively to test for public described in section section es the type of support , supervised, or contr regularly appoint or est ections A and B. ed or controlled in co	its support to certa taxable (a)(2). (C ic safety. of, to per 509(a)(1 ing orga olled by elect a m nnection	ort from in except e income Complete See sec form the) or sect nization its supp hajority o	etions, and (2) no mo e (less section 511 e Part III.) etion 509(a)(4). efunctions of, or to cal ion 509(a)(2). See see and complete lines 116 orted organization(s),	typically by giving tees of the supporting on(s), by having
с	Type III function	onally integ	grated. A supporti	ng organization opera			n with, and functional	lly integrated with,
d e f	Type III non-fu that is not func requirement (s Check this box functionally inte Enter the number of	unctionally tionally inte see instructi (if the orga egrated, or f supported	integrated. A sup grated. The organ ons). You must con nization received Type III non-funct organizations	nization generally mus omplete Part IV, Sect a written determinatio ionally integrated sup	operated st satisfy ions A a on from t	in conn a distrik nd D, an he IRS ti	ection with its suppor oution requirement and d Part V . hat it is a Type I, Type I	d an attentiveness
g	Provide the following	-		orted organization(s).	1		[
	(i) Name of supported orga	anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	1							

OMB No. 1545-0047

2014

Schedule A (Form 990 or 990-EZ) 2014

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

1 (0 r 2 T 3 T f	dar year (or fiscal year beginning in) ► Sifts, grants, contributions, and nembership fees received. (Do not nclude any "unusual grants.") Fax revenues levied for the organization's benefit and either paid o or expended on its behalf The value of services or facilities urnished by a governmental unit to the organization without charge Fotal. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	(a) 2010 352,035,141. 352,035,141.	(b) 2011 350,778,337. 350,778,337.	(c) 2012 216,822,172.	(d) 2013 871,904,237.	(e) 2014 804,931,290.	(f) Total 2,596,471,177. 0			
r i 2 7 c t 3 7 f c	nembership fees received. (Do not nclude any "unusual grants.")			216,822,172.	871,904,237.	804,931,290.				
3 T	organization's benefit and either paid o or expended on its behalf The value of services or facilities urnished by a governmental unit to the organization without charge Fotal. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	352,035,141.	350,778,337.				0			
f	urnished by a governmental unit to the organization without charge Fotal. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	352,035,141.	350,778,337.							
4 1	The portion of total contributions by each person (other than a governmental unit or publicly	352,035,141.	350,778,337.				0			
	each person (other than a governmental unit or publicly			216,822,172.	871,904,237.	804,931,290.	2,596,471,177.			
e Q S	ine 1 that exceeds 2% of the amount shown on line 11, column (f)						0			
<u>6</u>	Public support. Subtract line 5 from line 4.						2,596,471,177.			
Secti	on B. Total Support									
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Amounts from line 4	352,035,141.	350,778,337.	216,822,172.	871,904,237.	804,931,290.	2,596,471,177.			
r r	Gross income from interest, dividends, payments received on securities loans, ents, royalties and income from similar	5.005.004	0.465.050			05.000.000	TO 461 066			
5	ources	7,225,284.	8,467,852.	9,162,567.	27,579,534.	27,026,029.	79,461,266.			
a	Net income from unrelated business activities, whether or not the business s regularly carried on	28,259.	51,145.	134,205.	0	0	213,609.			
ŀ	Dther income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) ATCH 1			557,760.	953,806.		1,511,566.			
	otal support. Add lines 7 through 10						2,677,657,618.			
	Gross receipts from related activities, etc. (s	ee instructions)				12	182,859,166.			
13 F	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea					
Secti	on C. Computation of Public Sup	port Percenta	ge							
14 F	Public support percentage for 2014 (lin	ne 6, column (f)	divided by line	11, column (f))		14	96.97%			
	Public support percentage from 2013					15	97.24%			
	331/3% support test - 2014. If the o	-								
t	his box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		► X			
	331/3% support test - 2013. If the o	-								
	check this box and stop here. The orga	-								
	0%-facts-and-circumstances test - 2	-								
	10% or more, and if the organization					-				
	Part VI how the organization meets t			•	•		· · ·			
	organization									
	0%-facts-and-circumstances test - 2	-	•							
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
5	Explain in Part VI how the organization									
	Private foundation. If the organization nstructions									

Schedule A (Form 990 or 990-EZ) 2014

Schedule A ((Form 990 or 990-EZ) 2014 F	Page 3
Part III	Support Schedule for Organizations Described in Section 509(a)(2)	
	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.	
	If the organization fails to qualify under the tests listed below, please complete Part II.)	

	tion A. Public Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e)2014	(f) Tota	al
1	Gifts, grants, contributions, and membership fees	(4) 2010	(0) 2011	(0) 2012	(4) 2010	(0	,2011	(1) 104	
•	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								
	Amounts included on lines 1, 2, and 3								
	received from disgualified 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.								
	Public support (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota	al
9	Amounts from line 6								
10 a	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								
с	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in 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,								
15	and 12.)								
14	First five years. If the Form 990 is for	the organizatio	n's first second	third fourth or	fifth tax year a		action 501	(c)(3)	
14	organization, check this box and stop here								
Sec	tion C. Computation of Public Sur								
15	Public support percentage for 2014 (line 8			nn (f))		15			%
16	Public support percentage from 2013 Sche					16			%
	tion D. Computation of Investme								
17	Investment income percentage for 2014 (li			3. column (f))		17			%
18	Investment income percentage from 2013					18			%
	331/3% support tests - 2014. If the or						331/3 %	and line	
u	17 is not more than 331/3%, check th	-							
h	331/3% support tests - 2013. If the orga		-				-		L
~	line 18 is not more than 331/3%, check								
20	Private foundation. If the organization		•			•••	0		-
			· ····#	,,			le A (Form 9		-

Yes No

1

2

3a

3b

3c

4a

4b

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - 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.)

9b

9c

10a

10b

.ISA

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PAGE	19

2a

2b

3a

3b

	AMERICAN CANCER SOCIETY, INC. 13-178	8491		
	le A (Form 990 or 990-EZ) 2014		F	Page
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	NC
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 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		
ecti	on C. Type II Supporting Organizations		14	•••
			Yes	NC
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).			
4		1		
ecti	on D. All Type III Supporting Organizations		Vee	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NC
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
		3		
	on 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 in	Structi	ons):	
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).		NI
2	Activities Test. Answer (a) and (b) below.		Yes	INC
а	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			

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- Parent of Supported Organizations. Answer (a) and (b) below. 3

that these activities constituted substantially all of its activities.

- 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? Provide details in Part VI.
- 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. Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See in	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections 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 1-1/2% 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 .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 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).

Schedule A (Form 990 or 990-EZ) 2014

Schedu	AMERICAN CANCER SOCI Ile A (Form 990 or 990-EZ) 2014	EII, INC.	13	-1788491 Page
Part		Supporting Organizat	tions (continued)	rage
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity		cu .	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets		Lations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ū	(provide details in Part VI). See instructions.	the organization is resp		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
<u>а</u>				
b				
<u>ح</u>	Evenes from 2012			
	Excess from 2013			
е	Excess from 2014			A (Form 990 or 990-EZ) 201

Page 8

Schedule A (Form 990 or 990-EZ) 2014

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

SCHEDULE A, PART II - O	THER INCOME	1			ATTACHMENT 1	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS REVENUE			557,760.	953,806.		1,511,566.
TOTALS			557,760.	953,806.		1,511,566.

if the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-E2, Part V, line 46 (Political Campaign Activities), then • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 501(c) (other than section 501(c)(3)) organizations that have filed Form 5768 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part I-B. Do not complete Part I-B. • Section 501(c)(4), (5, or (6) organizations: Complete Part I-B. • Section 501(c)(4), (5, or (6) organizations: Complete Part I-B. • Section 501(c)(4), (5, or (6) organizations: Complete Part I-B. • Section 501(c)(4), (5, or (6) organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of any excise tax incurred by the organization under section 4955. \$ 2 Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3). • There the amount of any excise tax incurred by the organization for section 501(c)(c)3. • There the amount of any excise tax incurred by organization for section 501(c) excapt section 501(c)(c)3. • There the amount of any excise		tion about Schedule C (Form 990 or 9		ctions is at www.irs.gov/for	^{m990.} Inspection
Section 501(c) (other than section 501(c)(3) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 501(c)(3) organizations: Complete Part I-A form 990-F27, Part VI, line 47 (Lobbying Activities), than Section 501(c)(3) organizations that have filed Form 3756 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have filed Form 3756 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have NDT line 67 (prox Tax) (see separate instructions), of Form 990-E2, Part VI, line 35c (Prox Tax) (see separate instructions), of momelee Part II-B. Section 501(c)(3), (a), (b) organizations: Complete Part II. Name of organization Section 501(c)(3), (a), (b) organization is exempt under section 501(c)(C) or is a section 5270 complete Part II-B. Portical expenditures. Portical expenditures. Section 501(c)(3), (a), (b) organization is exempt under section 501(c)(c) or is a section 5270 complete Part II-B. Volunteer hours. Section 501(c) organization is exempt under section 501(c)(c) or is a section 5270 complete Part II-B. Ves No	-			6 (Political Campaign Activit	ies), then
	()()			Do not complete Part I.P.	
If the organization answerd "Ves," to Form 990-F2, Part V, Ime 47 (Lobbying Activities), then Section 501(c)(3) organizations that have ING Form 5786 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(3), organizations that have ING Finds Form 5786 (election under section 501(h)): Complete Part II-A. Tay (see separate instructions), then Section 501(c)(4), (6), or (6) organizations: Complete Part II. Name of organization AMERICAN CANCER SOCIETY, INC. Part I-A Torplete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c) (3). Fart I-B Complete if the organization is exempt under section 501(c) (3). Fart I-B Complete if the organization is exempt under section 501(c) (3). Enter the amount of any excise tax incurred by the organization under section 4955. Section 501(c)(3). Fart I-B Complete if the organization is exempt under section 501(c) (3). Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization for section 501(c)(3). I Enter the amount of any excise tax incurred by the rest on 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 527 exempt function activities. Section 501(c), except section 501(c)(3). I Enter the amount of the filing organization's function for section 527 exempt function activities. Section 501(c) (3). I Enter the amount of the filing organization's function for section 527 pointical organizations to which the filing organizations for section 527 exempt function activities. Section 501(c) (3). I Enter the amount of the filing organization's function is exempt under section 527 pointical organizations to which the filing organization file Form 1120-POL, is a			Parts I-A and C below.	Do not complete Part I-B.	
Section 501(c)(3) organizations that have filed Form 5762 (election under section 501(b)): Complete Part II-B. to not complete Part II-B. Section 501(c)(3) organizations that have Not Tiled Form 5782 (election under section 501(b)): Complete Part II-B. To not complete Part II-B. Text (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Text (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Text (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Text (see separate instructions), then Section 501(c)(4), (5), or (6) organization: Section 501(c) or is a section 527 organization. Part I-A Complete if the organization is exempt under section 501(c)(3). Tervoide a description of the organization is exempt under section 501(c)(3). Terter the amount of any excise tax incurred by organization managers under section 4955. Section 501(c)(4). Terter the amount of any excise tax incurred by organization managers under section 501(c)(3). Terter the amount of any excise tax incurred by organization managers under section 501(c)(3). Terter the amount of any excise tax incurred by organization managers under section 501(c)(3). Terter the amount directly expended by the filing organization for section 501(c)(3). Terter the amount directly expended by the filing organization for section 501(c)(3). Terter the amount directly expended by the filing organization for section 501(c)(3). Terter the amount of the filing organization is exempt under section 501(c) (c). Terter the amount directly expended by the filing organization for section 527 exempt function activities. Section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, inter 170. Section 527 contributions for ecleved that were prompty and directly delivered to a separate political organi	5		990-EZ, Part VI, line 4	7 (Lobbying Activities), then	1
if the organization answind "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Part I-A Complete if the organization's direct and indirect political campaign activities in Part IV. Political expenditures > \$ 1 Provide a description of the organization is exempt under section 501(c)(2). 1 Enter the amount of any excise tax incurred by the organization managers under section 4955. 2 Enter the amount of any excise tax incurred by organization for section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization managers under section 4955. 4 Was a correction made? 5					
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Name of organization Employer Identification number 13-1788491 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 is exempt under section 501(c)(3). 2 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 under section 4955. \$ 3 If the organization incurred a section 4955 tax, idid it file Form 4720 for this year? Yes No 4a Was a correction made? bif "Yes," describe in Part IV. Yes No Part I-O Complete if the organization is exempt under section 501(c), except section 501(c)(3). Tenter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). 1 Fibre organization incurred by sechication for section 527 exempt function activities . \$ 3 Total exempt function activities. \$ \$ 4 Did the filing organization function activities and employer identification number (EIN) of all section 527 political organizations to which the filing organization is lead, enter the amount of the filing organization function activities and employer identification number (EIN) of all section 527 political organizations to which the filing organizatio	<i>,</i> , <i>, , ,</i>				
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1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures					
2 Political expenditures > \$ 3 Volunteer hours	Part I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
3 Volunteer hours. Part H-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization managers 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 if file Form 4720 for this year? > Yes No 4 Was a correction made? > Yes No No b If "Yes," describe in Part IV. Part H-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. > \$ 527 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. > \$ 1 Did the filing organization file Form 120-POL for this year? > \$ > \$ 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization is 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.	1 Provide a description of the	organization's direct and indirect	political campaign a	activities in Part IV.	
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1 Enter the amount of any excise tax incurred by the organization managers 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 if file Form 4720 for this year? > Yes No 4 Was a correction made? Yes No b If "Yes," describe in Part IV. Yes No PartIC 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. 1 Enter the amount of political contributions received that were promptly and directly delivered to a separate political organization is tude, 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. If none, ente	3 Volunteer hours				
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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. Yes No Part LC Complete if the organization is exempt under section 501(c), except section 501(c)(3). Inter 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. Yes No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization's to which 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 fulling organization's funds. Also enter on enter -0 (1) (a) Name (b) Address (c) EIN (d) Amount paid from fulling organization's funds. Also enter on enter -0 (1) (a) Name (b) Address (c					
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b If "Yes," describe in Part IV. Part LC 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. 527 exempt function activities. 1 Ine 17b 1 Did the filing organization file Form 1120-POL for this year? 4 Did the filing organization file For ant 120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political 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 filling organization's funds. If none, enter -0 (1) (a) Name (b) Address (c) EIN (d) Amount paid from the filling organization. If none, enter -0 (1) (a) Name (b) Address (c) EIN (d) Amount paid from the filling organization. If none, enter -0 (1) (a) Name (b) Address (c) EIN (d) Amount paid from the filling organization. If none, enter -0	-				
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					
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 1 Inter the amount of file Form 1120-POL for this year? 4 Did the filing organization file Form 1120-POL for this year? 5 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. If none, enter -0 (a) Name (b) Address (c) EIN (d) Amount paid from filing organization. If none, enter -0 (a) Name (b) Address (c) EIN (d) Amount paid from filing organization. If none, enter -0 (a) Name (b) Address (c) EIN (d) Amount paid from the filing organization. If none, enter -0 (a) (b) Address (c) EIN (d) (b) Address (c) EIN (d) (b) Address (c) EIN </td <td></td> <td>organization is exempt under</td> <td>section 501(c), e</td> <td>except section 501(c)(3</td> <td>3).</td>		organization is exempt under	section 501(c), e	except section 501(c)(3	3).
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	1 Enter the amount directly e	expended by the filing organization	n for section 527 e	exempt function	·
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? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization ade 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. (e) Amount paid from filing organization's funds. Also 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. (e) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization. If none, enter -0 (1)	2 Enter the amount of the fili	ng organization's funds contributed	d to other organiza	tions for section	
line 17b Image: Second Sec					
4 Did the filing organization file Form 1120-POL for this year? Image: Section 1220-POL for thi					
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 contributions received and funds. If none, enter -0 (1)	4 Did the filing organization fil	e Form 1120-POL for this year?			Yes No
Image: Contribution of the second	organization made payment the amount of political con-	ts. For each organization listed, er tributions received that were prom	nter the amount pa aptly and directly d	id from the filing organiz elivered to a separate po	ation's funds. Also enter olitical organization, such
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate
Image: state of the state o	(1)				none, enter -0
(3)			-		
Image: Constraint of the second sec	(2)		-		
	(3)		-		
(5)	(4)				
	(5)		-		
(6)	(6)		-		
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014		e see the Instructions for Form 990 o	 r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2014

SCHEDULE C **Political Campaign and Lobbying Activities** (Form 990 or 990-EZ)

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.

JSA 4E1264 1.000 47091W 2217



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Sch	edule C (Form 990 or 990-EZ) 2014 AMERIC	AN CANCER SOCIETY, INC.	13-1'	788491 Page 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's
В	Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
t c c	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add 	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	g Grassroots nontaxable amount (enter 25	% of line 1f)		
		ess, enter -0-		
i		ss, enter -0-		
j	If there is an amount other than zero reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organiza		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) 2011	(b) 2012	(c) 2013	(d) 2014	(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										

Schedule C (Form 990 or 990-EZ) 2014

AMERICAN CANCER SOCLETY, INC. Schedule C (Form 990 or 990-EZ) 2014		13 I	/88491	Pa	age 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO ⁻ (election under section 501(h)).	T filed	d Form 5	5768		<u> </u>
For each "Vea" reasonance to lines to through the below provide in Port IV a detailed	(a	a)	(b)	
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo	unt	
 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)? 	X				
 c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 		X X X	1.5		
 f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 	X X X	x	17,	144,8	
 j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 		X	17,	422,8	378.
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or sect	ion		
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 		<u></u>	3	Yes	No
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."				3, is	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). 					
 a Current year b Carryover from last year c Total 		2a 2b 2c			
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year? 	es of th obbyir	ne			
5 Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>				
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					

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

SEE PAGE 4

Page 4

Schedule C (Form 990 or 990-EZ) 2014

Part IV Supplemental Information (continued)

SCHEDULE C, PART IV

GENERAL LOBBYING NARRATIVE

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

		Supplem	ental Financial St	tatements		OMB No. 1545-0047
(FO	rm 990)	Complete if the	e organization answered "Yes 3, 9, 10, 11a, 11b, 11c, 11d, 11	s" to Form 990,		2014
	rtment of the Treasury		Attach to Form 990.			Open to Public
	al Revenue Service	Information about Schedule	D (Form 990) and its instructio	ons is at www.irs.e	-	m990. Inspection
	-	SOCIETY, INC.			· ·	3-1788491
		ations Maintaining Donor Advi	sed Funds or Other Simi	ilar Funds or A		
1 0		e if the organization answered				
			(a) Donor advised fu		(b)	Funds and other accounts
1	Total number at e	end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizat	tion inform all donors and donor	advisors in writing that the	e assets held ir	n dono	r advised
	funds are the orga	anization's property, subject to the	organization's exclusive leg	gal control?		Yes 🔄 No
6	-	tion inform all grantees, donors, a				
	-	e purposes and not for the benef			-	
		missible private benefit?				Yes No
Pa		ation Easements. e if the organization answered	"Ves" to Form 990 Part I	V line 7		
1		nservation easements held by the				
•		on of land for public use (e.g., reci			f a hist	torically important land area
		of natural habitat				tified historic structure
		on of open space				
2		a through 2d if the organization he	eld a qualified conservation	contribution in t	he fori	m of a conservation
	-	last day of the tax year.				Held at the End of the Tax Year
а	Total number of c	conservation easements			2a	
b	Total acreage res	stricted by conservation easements			2b	
С		rvation easements on a certified l			2c	
d		ervation easements included in (c				
		listed in the National Register			2d	
3		ervation easements modified, tran	sferred, released, extinguish	hed, or termina	ted by	the organization during the
	•					
4 5		where property subject to conse				
5	-	zation have a written policy reg forcement of the conservation eas				-
6		er hours devoted to monitoring, in				
U			speeting, and emotering cor		mento	
7		ses incurred in monitoring, inspec	ting, and enforcing conserva	ation easement	s durir	ng the vear
	▶\$		5, 5			
8		ervation easement reported on line	e 2(d) above satisfy the requ	uirements of sec	tion 17	0(h)(4)(B)(i)
	and section 170(h	n)(4)(B)(ii)?				Yes 📖 No
9		ribe how the organization reports				
		nd include, if applicable, the text o		zation's financia	I state	ments that describes the
De		counting for conservation easeme ations Maintaining Collections		rea ar Othar	C:m:1/	Acceto
Га		e if the organization answered			Simila	al Assels.
1.		V	,	,		statement and balance about
1a		n elected, as permitted under SF storical treasures, or other simila ovide, in Part XIII, the text of the fo				
b	works of art, his public service, pro	on elected, as permitted under s storical treasures, or other simila ovide the following amounts relati	r assets held for public e ng to these items:	xhibition, educa	ation,	or research in furtherance of
	(i) Revenue inclu	uded in Form 990, Part VIII, line 1				▶\$
	(ii) Assets include	ed in Form 990, Part X				▶\$
2	If the organization	on received or held works of ar	t, historical treasures, or c	other similar as	ssets f	
		s required to be reported under S				x .
a h		d in Form 990, Part VIII, line 1				
b For I		n Form 990, Part X		<u></u>		▶ \$ Schedule D (Form 990) 2014

AMERICAN CANCER SOCIETY, INC.

Schee	dule D (Form 990) 2014						F	Page 2
Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, c	or Other Simila	i r Assets (co	ontinue	əd)
3	Using the organization's acquisition		other records, chec	k any of the	following that ar	re a significant	use c	of its
	collection items (check all that app	ly):						
а	Public exhibition		d Loan	or exchange p	-			
b	Scholarly research		e Other					
С	Preservation for future gene							
4	Provide a description of the organ	nization's collections	and explain how	they further t	the organization's	s exempt purp	ose in	Part
	XIII.							
5	During the year, did the organization assets to be sold to raise funds rath	her than to be mainta	ained as part of the	organization's	s collection?	Ye		No
Par	t IV Escrow and Custodial Ar or reported an amount of			ization answ	vered "Yes" to F	orm 990, Par	t IV, lii	ne 9,
1a	Is the organization an agent, truste included on Form 990, Part X?					Ye	e 🗌	No
h	If "Yes," explain the arrangement i					ie	s	
	in roo, oxplain the arrangement				Ar	mount		
с	Beginning balance			1c	, , ,	noun		
	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am				todial account liab	oilitv? Ye	۹ (No
	If "Yes," explain the arrangement i						_	
Par								
ı aı	Endowment runds: 00m	(a) Current year	(b) Prior year	(c) Two years	//		ur years	back
1a	Beginning of year balance	117,328,894.		35,285,			, 232 ,	
	Contributions	1,646,646.	3,639,657.	64,302,				,819.
	Net investment earnings, gains,	1,010,010.	3703370371	01/302/		10011	1201	
Ū	and losses	3,026,813.	15,529,578.	3,145,	725 2.781	,051. 2	557	247.
Ь	Grants or scholarships	3702070131	1070207070	571157	/201 27/01	70011 2	, , , , ,	
	Other expenditures for facilities							
Ŭ	and programs	6,100,230.	4,574,431.		1,251	562 2	995	418.
f	Administrative expenses	0,100,250.	1,5/1,151.		1,251	, 502. 2	, , , , , , , , , , , , , , , , , , , ,	<u></u> .
g	End of year balance	115 002 123	117,328,894.	102 734	090. 35,285	733 30	,585,	547
2	Provide the estimated percentage					,755. 52	, 505,	<u> </u>
<u>_</u>	Board designated or quasi-endown			column (a)) n	ieiu as.			
a b	Permanent endowment ► 100.0							
	Temporarily restricted endowment							
L	The percentages in lines 2a, 2b, a		0.00/					
20	Are there endowment funds not in			are hold and	administored for t	the		
Ja	organization by:		le organization that			.110	Yes	No
	.					3a(i)		
	(i) unrelated organizations							X
h	(ii) related organizations If "Yes" to 3a(ii), are the related or	rappizationa listad og	required on Schedul			3a(ii	,	X
						3b		
4	Describe in Part XIII the intended u		tion's endowment fu	nas.				
Par	t VI Land, Buildings, and Equ Complete if the organiza	ation answered "Ye	s" to Form 990, P	art IV, line 1	1a. See Form 9	90, Part X, lin	e 10.	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumulated	(d) Book		
1a	Land	(inves	, , ,	897,977.	depreciation	33	397,9	77
b	Buildings				18,244,784.	181,1		
	Leasehold improvements				43,798,768.		427,4	
d	Equipment				<u>43,798,788.</u> 54,013,751.		446,9	
					57,528,057.		540,5 544,5	
	Other I. Add lines 1a through 1e. (Columr	. (d) must equal Form				261,4		
1010		i (a) musi eyuai i 0m	1 330, 1 art A, COIUIII				100,5	

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014			Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered		, Part IV, line 11b. See Form 990, F	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 marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year marke	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" to Form 990	Part IV line 11d See Form 990 I	Part X line 15
· · · · ·	scription		(b) Book value
(1) DUE FROM AFFILIATES			1,845,351.
(2) PLANNED GIVING ASSETS			68,041,631.
(3) BENEFICIAL INTERESTS IN TRUSTS			315,822,803.
(4) COLLATERAL REC UNDER SEC. LNDG			2,786,320.
(5) OTHER RECEIVABLES			9,222,635.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u>	397,718,740.
Part X Other Liabilities.			
Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
line 25.			
1. (a) Description of liability	(b) Book valu		
(1) Federal income taxes		0.76	
(2) INVESTMENTS HELD FOR AFFILIATES (3) PAYABLE UNDER SECURITIES LNDNG PRG	24,517,		
() FAIADLE UNDER SECURITES LINDIG PRG			

22,959,087.

13,798,126.

1,829,356.

2,792,911

(8) (9)

(4) GIFT ANNUITY LIABILITY

(6) CAPITAL LEASE OBLIGATIONS

(5) DEFERRED RENT PAYABLE

(7) DUE TO AFFILIATES

-	e D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	885,574,382.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -4, 382, 206.		
b	Donated services and use of facilities 2b 25, 299, 354.		
с	Recoveries of prior year grants 2c -7,852,095.		
d	Other (Describe in Part XIII.) 2d 29,090,349.		
е	Add lines 2a through 2d	2e	42,155,402.
3	Subtract line 2e from line 1	3	843,418,980.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, - ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,872,953.		
b	Other (Describe in Part XIII.)		
c		4c	4,442,550.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	847,861,530.
Part		-	017700170001
T art	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	857,325,302.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 25,014,738.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other losses 2c Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	26,757,028.
3	Subtract line 2e from line 1	3	830,568,274.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,872,953.		
b	Other (Describe in Part XIII.) 4b 8,852,095.		
c	Add lines to and the	4c	12,725,048.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	843,293,322.
_	XIII Supplemental Information.	<u> </u>	010720070221
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. I	ine 4: Part X. line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

JSA

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 5

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

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990 SCHEDULE D, PART XI, LINE 2D

REVENUE OF AFFILIATES: \$18,676,081 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$10,414,268 TOTAL: \$29,090,349

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990 SCHEDULE D, PART XI, LINE 4B

BAD DEBT EXPENSE: \$1,000,000 RENTAL EXPENSES: \$(430,403) TOTAL: \$569,597

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990 SCHEDULE D, PART XII, LINE 2D

EXPENSES OF AFFILIATES: \$1,311,887

RENTAL EXPENSES: \$430,403

TOTAL: \$1,742,290

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 4B

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

BAD DEBT EXPENSE: \$1,000,000

TOTAL: \$8,852,095

Schedule D (Form 990) 2014

(Form 990) ■ Complete if the organization answered "Yes" on Form 990, Part IV, ine tab, 15, or it. ■ Complete if the organization answered "Yes" on Form 990, Part IV, ine tab, 15, or it. ■ Complete if the organization about Schedule F form 1900, Part IV, ine tab, 15, or it. ■ Complete if the organization about Schedule F form 1900, Part IV, ine tab, 15, or it. ■ Complete if the organization about Schedule F form 1900, Part IV, ine tab, 15, or it. ■ Complete if the organization about Schedule F form 1900, Part IV, ine tab, 15, or it. ■ Complete if the organization about Schedule F form 1900, Part IV, ine tab, 15, or it. ■ Complete if the organization about Schedule F form 1900, Part IV, ine tab, 15, or it. ■ Complete if the organization on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, ine 140. ■ Comparison on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, ine 140. ■ Comparison on Activities or Sectible in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. ■ Activities per Region. (The following Part II. Ine 3 table can be duplicated if additional space is needed.) (1) Control. Metricol. 1000 (Online III. Ine 3 table can be duplicated if additional space is needed.) (1) Control. Metricol. 1000 (Online III. Ine 3 table can be duplicated if additional space is needed.) (1) Control. Metricol. 1000 (Online III. Ine 3 table can be duplicated if additional space is needed.) (1) Control. Metricol. 1000 (Online III. Ine 3 table can be duplicated if additional space is needed.) (1) Control. Metricol. 1000 (Online III. Ine 3 table can be duplicated if additional space is needed.) (1) Control. Metricol. 1000 (Online III. Ine 1000 (Online III. Internet III. Internet III. Internet III. Internet III. Internet III. In			ment of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
Department addex Sources Information about Schedule F (Form 990) and its instructions is at www.fr.gov/omm30. Organized Transmission Name of expension Employed information Employed information Employed information about Schedule F (Form 990) and its instructions is at www.fr.gov/omm30. Employed information about Schedule F (Form 990) and its instructions is at www.fr.gov/omm30. Employed information about Schedule F (Form 990) and its instructions is at www.fr.gov/omm30. Employed information about Schedule F (Form 990) and its instructions is at www.fr.gov/omm30. Part ID General Information on Activities Outside the United States. Complete II the organization answered 'Ves' on Form 990. Part IV, line 04b. 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 PRegion. (The following Part I, line 3 table can be duplicated # additional space is needed.) (9) Paulo (Paulo ((Form		ete if the organiza	ation answered	"Yes" on Form 990, Part IV,	, line 14b, 15, or 16.	2014
Operating Server Display 100 AMERICAN CANCER SOCIETY, INC. Employer identification number 13-1786491 AMERICAN CANCER SOCIETY, INC. 13-1786491 AMERICAN CANCER SOCIETY, INC. 13-1786491 AMERICAN CANCER SOCIETY, INC. 13-1786491 AMERICAN CANCER SOCIETY, INC. INC. For grantmakers. Does the organization on Activities Outside the United States. Complete if the organization and other assistance, the 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) Region (c) Region (c) Region (d) Region (c) Region (d) Region (c) Region (d) Region (c) Region (d) Control complexity in region (c) Region (d) Control complexity in region (c) Region (d) Control complexity in region (c) Region (e) Region (c) Region (d) Control complexity in region (c) Region (e) Control complexity in region (c) Region (f) Control complexity in region	Departm	ent of the Treasury	tion about Cabad				Open to Public
AMERICAN CANCER BOTTEY, INC. 13-1788491 Part General Information on Activities Outside the United States. Complete if the organization answere? Yes' on Form 580, Part N, Ine 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance? Image: Complexity of the grantset indigibility for the granization maintain records to substantiate the amount of its grants and other assistance? Image: Complexity of the use of its grants and other assistance. Image: Complexity of the grantset indigibility for the granization's procedures for monitoring the use of its grants and other assistance outside the United States. Image: Complexity of the use of its grants and other assistance outside the United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Complexity outside to United States. Image: Compl	Internal R	Revenue Service	ition about Sched	uie F (Form 990) and its instructions is at wi		
Partil 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 grantese eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance. 2 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance austice 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) Region (b) Region (c) Notes in the region area in the region (c) contrast. America, castrastan (c) Notes in the region area in the regi		Ū.	TNC				
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? IX res No 2 For grantmakers. Does the in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. IX res No 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (0) Total encycle and the encycle and				Outside the	United States. Complete		
assistance, the grants or assistance, and the selection oriteria used to award the grants or assistance?							
3 Activities per Region. (The following Part I, Line 3 table can be duplicated if additional space is needed.) (e) Region (e) Number of region (e) Number of region (e) Activities conducted in the following program service. (e) If additional space is needed.) (ii) Contral, Automatical additional space is needed.) (ii) Activities conducted in the inspino (iii) Activities conducted in the inspino (iii) CONTRAL ANDRIGA/CARIBBEAN PROBAM SERVICES IBSET CANCER AMARDERSS 330. (ii) CONTRAL ANDRIGA/CARIBBEAN PROBAM SERVICES IBSET CANCER AMARDERSS 330. (ii) CONTRAL ANDRIGA/CARIBBEAN PROBAM SERVICES ISSET CANCER AMARDERSS 330. (iii) CONTRAL ANDRIGA/CARIBBEAN PROBAM SERVICES ISSET CANCER AMARDERSS 2.401. (iii) CONTRAL ANDRIGA/CARIBBEAN PROBAM SERVICES ISSET CANCER AMARDERSS 2.393. (iii) CONTRAL ANDRIGA/CARIBBEAN PROBAM SERVICES IOUTIC CANCER AMARDERSS 2.393. (iii) CONTRAL ANDRIGA/CARIBBEAN PROBAM SERVICES IOUTIC CANCER AMARDERSS 2.393. (iii) CONTRAL ANDRIGA/CARIBBEAN PROBAM SERVICES IOUTIC CAN	as	ssistance, the grantees' eligib	ility for the gran	ts or assistanc		•	X Yes No
(a) Region (b) Number of englosis and ingents and	assistance outside the United States.Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is		the use of its grants	s and other			
Offices in the region imployees, and control offices, and control office, and control and c	3 A	ctivities per Region. (The foll	owing Part I, line	3 table can be	e duplicated if additional sp	bace is needed.)	
(2) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES CAPACITY BUILDING 4,347. (3) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES GLOBAL CANERE ADVOCACY 2,461. (4) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES GLOBAL CANERE ADVOCACY 2,461. (4) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES PAIN MANAGEMENT 533. (5) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES TOBACCO CONTROL 4,213. (6) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES WOMEN CANCER AMARENESS 2,393. (7) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES WOMEN CANCER AMARENESS 1,136. (8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES REST CANCER AMARENESS 2,055. (9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADAGEMEES 1,26,440. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADAGEMEES 3,760. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) MAST ASIA AND THE PACIFIC PROGRAM SERVICES MOMEN CANCER ADAGEMEES 3,760. (13) EUROPE PROGRAM SERVICES DEST CANCER ADAGEMEES 3,760. (14) EUROPE		(a) Region	offices in the	employees, agents, and independent contractors	region (by type) (e.g., fundraising, program services, investments, grants to recipients	a program service, describe specific type of	expenditures for and investments
(2) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES CAPACITY BUILDING 4,347. (3) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES GLOBAL CANERE ADVOCACY 2,461. (4) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES GLOBAL CANERE ADVOCACY 2,461. (4) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES PAIN MANAGEMENT 533. (5) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES TOBACCO CONTROL 4,213. (6) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES WOMEN CANCER AMARENESS 2,393. (7) CENTRAL AMERICA/CASTEBBEAN PROGRAM SERVICES WOMEN CANCER AMARENESS 1,136. (8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES REST CANCER AMARENESS 2,055. (9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADAGEMEES 1,26,440. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADAGEMEES 3,760. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) MAST ASIA AND THE PACIFIC PROGRAM SERVICES MOMEN CANCER ADAGEMEES 3,760. (13) EUROPE PROGRAM SERVICES DEST CANCER ADAGEMEES 3,760. (14) EUROPE	(1)				DDOGDAM CEDUICEC	DDCT CANCED AMADENIECO	
(3) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES GLOBAL CANCER ADVOCACY 2,401. (4) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES PAIN MANAGEMENT 533. (5) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES TORACCO CONTROL 4,213. (6) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES TORACCO CONTROL 4,213. (6) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES WOMEN CANCER AMARENESS 2,393. (7) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES WOMEN CANCER AMARENESS 2,136. (8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES BEST CANCER AMARENESS 2,055. (9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER AMARENESS 2,056. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER AMARENESS 3,056. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES CANCER AMARENESS 3,760. (13) EUROPE PROGRAM SERVICES CANCER AMARENESS 1,307. (14) EUROPE PROGRAM SERVICES <td>_(י) e</td> <td>ENIRAL AMERICA/CARIBBEAN</td> <td></td> <td></td> <td>PROGRAM SERVICES</td> <td>BRST CANCER AWARENESS</td> <td>320.</td>	_ (י) e	ENIRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	BRST CANCER AWARENESS	320.
(4) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES PAIN MANAGEMENT 533. (5) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES TOBACCO CONTROL 4,213. (6) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES TOBACCO CONTROL 4,213. (6) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES WOMEN CANCER AMARENESS 2,393. (7) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES WOMEN CANCER AMARENESS 1,136. (8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES BEST CANCER AMARENESS 2,055. (9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER AMARENESS 2,056. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER AMARENESS 3,760. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES HOMEN CANCER AMARENESS 3,760. (13) EUROPE PROGRAM SERVICES BEST CANCER AMARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108.000. (15) EUROPE PROGRAM SERVICES CLACTA LONCE AMARENESS 1,567. (16) EUROPE PROGRAM SERVICES CLACTA LONCE AMARENESS 1,567. (17) EUROPE PROGRAM SERVICES CLACTA LONCE AMARENESS <td>(2) C</td> <td>ENTRAL AMERICA/CARIBBEAN</td> <td></td> <td></td> <td>PROGRAM SERVICES</td> <td>CAPACITY BUILDING</td> <td>4,367.</td>	(2) C	ENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	CAPACITY BUILDING	4,367.
(5) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES TOBACCO CONTROL 4.213. (6) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES WOMEN CANCER AWARENESS 2.393. (7) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES WOMEN CANCER AWARENESS 1.136. (8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES ERST CANCER AWARENESS 2.055. (9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES ERST CANCER AWARENESS 2.056. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES CAPACITY BUILDING 126.440. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER AWARENESS 3.760. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13.911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13.911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13.911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13.911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13.911. <	(3) c	ENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	GLOBAL CANCER ADVOCAC	2,401.
(6) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES WOMEN CANCER AWARENESS 2,393. (7) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES YOUTH CANCER AWARENESS 1,136. (8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES DEST CANCER AWARENESS 2,055. (9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES DEST CANCER AWARENESS 2,055. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER AWARENESS 2,056. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER AWARENESS 3,911. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES WOMEN CANCER AWARENESS 3,760. (13) EUROPE PROGRAM SERVICES WOMEN CANCER AWARENESS 3,760. (13) EUROPE PROGRAM SERVICES CANCER AWARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CLARCER AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES CLARCER ADVOCACY 17,283. 3a Sub-total from continuation sheets to Part I 1. 828,	(4) c	ENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	PAIN MANAGEMENT	533.
(7) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES YOUTH CANCER ANARENESS 1,136. (8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES BRST CANCER ANARENESS 2,055. (9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES CAPACITY BUILDING 126,440. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADVOCACY 118,696. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES NOMEN CANCER ANARENESS 3,760. (13) EUROPE PROGRAM SERVICES BRST CANCER AWARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CAPACITY BUILDING 23,019. (16) EUROPE PROGRAM SERVICES CLARCAL CNCE AMARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total, 1. 828,877. 828,87	(5) c	ENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	TOBACCO CONTROL	4,213.
(8) EAST ASIA AND THE PACIFIC PROGRAM SERVICES BRST CANCER AWARENESS 2,055. (9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES CAPACITY BUILDING 126,440. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADVOCACY 118,696. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADVOCACY 118,696. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES WOMEN CANCER AWARENESS 3,760. (13) EUROPE PROGRAM SERVICES BRST CANCER AWARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CAPACITY BUILDING 23,019. (16) EUROPE PROGRAM SERVICES CLOCAL AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total, 1. 828,877. 431,401. <td>(6) c</td> <td>ENTRAL AMERICA/CARIBBEAN</td> <td></td> <td></td> <td>PROGRAM SERVICES</td> <td>WOMEN CANCER AWARENES</td> <td><u>ss</u>2,393.</td>	(6) c	ENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	WOMEN CANCER AWARENES	<u>ss</u> 2,393.
(9) EAST ASIA AND THE PACIFIC PROGRAM SERVICES CAPACITY BUILDING 126,440. (10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADVOCACY 118,696. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES WOMEN CANCER AWARENESS 3,760. (13) EUROPE PROGRAM SERVICES BRST CANCER AWARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CAPACITY BUILDING 23,019. (16) EUROPE PROGRAM SERVICES CLECTAL CNCE AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total,	(7) c	ENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	YOUTH CANCER AWARENES	<u>s</u> 1,136.
(10) EAST ASIA AND THE PACIFIC PROGRAM SERVICES GLOBAL CANCER ADVOCACY 118,696. (11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES MOMEN CANCER AWARENESS 3,760. (13) EUROPE PROGRAM SERVICES BRST CANCER AWARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (16) EUROPE PROGRAM SERVICES CLACTAL CNCR AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES CLACTAL CNCR AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES CLACTAL CNCR AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total 1. 828,877. 431,401. b Total from continuation sheets to Part I 1. 828,877. 828,877.	(8) E	AST ASIA AND THE PACIFIC			PROGRAM SERVICES	BRST CANCER AWARENESS	2,055.
(11) EAST ASIA AND THE PACIFIC PROGRAM SERVICES TOBACCO CONTROL 13,911. (12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES WOMEN CANCER AWARENESS 3,760. (13) EUROPE PROGRAM SERVICES BEST CANCER AWARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (16) EUROPE PROGRAM SERVICES CLECTAL CINCE AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES CLECTAL CINCE AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total	(9) E	AST ASIA AND THE PACIFIC			PROGRAM SERVICES	CAPACITY BUILDING	126,440.
(12) EAST ASIA AND THE PACIFIC PROGRAM SERVICES WOMEN CANCER AWARENESS 3,760. (13) EUROPE PROGRAM SERVICES BRST CANCER AWARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (16) EUROPE PROGRAM SERVICES CLECTAL CNCR AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES CLECTAL CNCR AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total 1. 828,877. 828,877.	<u>(10)</u> _⋿	AST ASIA AND THE PACIFIC			PROGRAM SERVICES	GLOBAL CANCER ADVOCAC	Y 118,696.
(13) EUROPE PROGRAM SERVICES BRST CANCER AWARENESS 1,307. (14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CAPACITY BUILDING 23,019. (16) EUROPE PROGRAM SERVICES CLECTAL CNCE AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total	<u>(11)</u> _E	AST ASIA AND THE PACIFIC			PROGRAM SERVICES	TOBACCO CONTROL	13,911.
(14) EUROPE PROGRAM SERVICES CANCER RESEARCH 108,000. (15) EUROPE PROGRAM SERVICES CAPACITY BUILDING 23,019. (16) EUROPE PROGRAM SERVICES CLRCTAL CNCR AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total 1. 828,877. b Total from continuation sheets to Part I 1. 828,877.	(12) E	AST ASIA AND THE PACIFIC			PROGRAM SERVICES	WOMEN CANCER AWARENES	s 3,760.
(15) EUROPE PROGRAM SERVICES CAPACITY BUILDING 23,019. (16) EUROPE PROGRAM SERVICES CLRCTAL CNCR AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total 431,401. 431,401. 431,401. b Total from continuation sheets to Part I 1. 828,877. 828,877.	<u>(13)</u> _E	UROPE			PROGRAM SERVICES	BRST CANCER AWARENESS	1,307.
(16) EUROPE PROGRAM SERVICES CLRCTAL CNCR AWARENESS 1,567. (17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total 431,401. 431,401. b Total from continuation sheets to Part I 1. 828,877.	<u>(</u> 14) _⋿	UROPE			PROGRAM SERVICES	CANCER RESEARCH	108,000.
(17) EUROPE PROGRAM SERVICES GLOBAL CANCER ADVOCACY 17,283. 3a Sub-total 431,401. 431,401. b Total from continuation sheets to Part I 1. 828,877.	<u>(15)</u> _E	UROPE			PROGRAM SERVICES	CAPACITY BUILDING	23,019.
3a Sub-total 431,401. b Total from continuation sheets to Part I 1.	(16) _E	UROPE			PROGRAM SERVICES	CLRCTAL CNCR AWARENES	s 1,567.
3a Sub-total 431,401. b Total from continuation sheets to Part I 1.	(17) R	UROPE			PROGRAM SERVICES	GLOBAL CANCER ADVOCAC	y 17.283
sheets to Part I1. 828,877.							
			1				

SCHEDULE F	Stater	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(Form 990)	► Complet	te if the organiza	ation answered	"Yes" on Form 990, Part IV,	, line 14b, 15, or 16.	2014
Department of the Treasury	y ► Informati	on about Sched		to Form 990.)) and its instructions is at <i>w</i> i		Open to Public
Internal Revenue Service Name of the organization				,	Employer identifie	Inspection
AMERICAN CANCE	ER SOCIETY.	INC.			13-178849	
			Outside the l	Jnited States. Complete		
	90, Part IV, line 1				-	
assistance, the	grantees' eligibil	ity for the gran	ts or assistance	substantiate the amount or e, and the selection criter		X Yes No
grants or assist	ance?					
-	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.		and other			
3 Activities per R	egion. (The follow	wing Part I, line	3 table can be	e duplicated if additional sp	bace is needed.)	
(a) Reg	lion	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE						2.40
(1) EUROPE				PROGRAM SERVICES	PAIN MANAGEMENT	342.
(2) EUROPE				PROGRAM SERVICES	PATIENT SUPPORT	3,439.
(3) EUROPE				PROGRAM OFFICIA		24 500
(3) EUROPE				PROGRAM SERVICES	RESEARCH FELLOWSHIP	34,586.
(4) EUROPE				PROGRAM SERVICES	TOBACCO CONTROL	36,851.
(5) EUROPE				PROGRAM SERVICES	WOMEN CANCER AWARENESS	3,221.
(6) MIDDLE EAST AN	D NORTH AFRICA			PROGRAM SERVICES	TOBACCO CONTROL	13,936.
(7) NORTH AMERICA				PROGRAM SERVICES	CANCER PREVENTION	644.
(8) NORTH AMERICA				PROGRAM SERVICES	CAPACITY BUILDING	73,201.
(9) NORTH AMERICA				PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	3,514.
						5,511.
(10) NORTH AMERICA				PROGRAM SERVICES	PALLIATIVE CARE	698.
(11) NORTH AMERICA				PROGRAM SERVICES	RESEARCH FELLOWSHIP	335.
(12) NORTH AMERICA				PROGRAM SERVICES	TOBACCO CONTROL	36,015.
(13) NORTH AMERICA				PROGRAM SERVICES	WOMEN CANCER AWARENESS	801.
(14) RUSSIA/INDEPEN	DENT STATES			PROGRAM SERVICES	TOBACCO CONTROL	2,796.
(15) SOUTH AMERICA				PROGRAM SERVICES	BRST CANCER AWARENESS	45,150.
(16) SOUTH AMERICA				PROGRAM SERVICES	CAPACITY BUILDING	9,344.
interest in the content of the						
(17) SOUTH AMERICA				PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	9,558.
3a Sub-total						
b Total from						
	t I ines 3a and 3b)					
		1	1			

SCH	IEDULE F	Stater	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(Foi	rm 990)	Complet	e if the organiza	tion answered	"Yes" on Form 990, Part IV,	, line 14b, 15, or 16.	2014
Depar	tment of the Treasury	► Informati	on about Sched		to Form 990.)) and its instructions is at <i>w</i> i		Open to Public
Interna	al Revenue Service					Employer identifi	Inspection
	RICAN CANCER	SOCIETY,	INC.			13-178849	
Par	General I		on Activities	Outside the I	Jnited States. Complete	if the organization answ	vered "Yes" on
1	assistance, the gra	antees' eligibili	ty for the grant	ts or assistance	substantiate the amount o e, and the selection criter	ia used to award the	X Yes No
2	For grantmakers. assistance outside			ganization's p	rocedures for monitoring	the use of its grants	and other
3	Activities per Regi	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	SOUTH AMERICA				PROGRAM SERVICES	TOBACCO CONTROL	9,536.
(2)	SOUTH AMERICA				PROGRAM SERVICES	WOMEN CANCER AWARENESS	4,862.
(3)	SOUTH ASIA				PROGRAM SERVICES	BRST CANCER AWARENESS	1,646.
(4)	SOUTH ASIA				PROGRAM SERVICES	CAPACITY BUILDING	54,227.
(5)	SOUTH ASIA				PROGRAM SERVICES	CRVCAL CNCR AWARENESS	7,382.
(6)	SOUTH ASIA				PROGRAM SERVICES	RESEARCH FELLOWSHIP	6,059.
(7)	SOUTH ASIA				PROGRAM SERVICES	TOBACCO CONTROL	14,798.
(8)	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	CAPACITY BUILDING	42,367.
(9)	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	CERVICAL & BRST CANCER	9,459.
<u>(10)</u>	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	CRVCAL CNCR AWARENESS	5,099.
<u>(11)</u>	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	6,946.
<u>(12)</u>	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	GLOBAL CANCER TREATMN	6,424.
<u>(13)</u>	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	PAIN MANAGEMENT	156,467.
<u>(14)</u>	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	PALLIATIVE CARE	7,841.
<u>(15)</u>	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	RESEARCH FELLOWSHIP	1,111.
<u>(16)</u>	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	TOBACCO CONTROL	112,713.
<u>(17)</u> 3a b	Sub-total	continuation			PROGRAM SERVICES	WOMEN CANCER AWARENESS	5 11,812.
c	Totals (add lines						

SCH	EDULE F	Stater	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(For	m 990)	Complet	e if the organiza	ation answered	"Yes" on Form 990, Part IV	, line 14b, 15, or 16.	2014
	ment of the Treasury	Information	on about Sched		to Form 990.)) and its instructions is at <i>w</i> i	ww.irs.gov/form990.	Open to Public
	I Revenue Service of the organization			,	,	_	Inspection ntification number
	RICAN CANCER	SOCIETY,	INC.			13-1788	
Part		nformation of Part IV, line 14		Outside the I	Jnited States. Complete	e if the organization ar	nswered "Yes" on
	assistance, the gra	antees' eligibili	ty for the grant	ts or assistance	substantiate the amount o e, and the selection criter	ia used to award the	X Yes No
2		Describe in	Part V the or		rocedures for monitoring		nts and other
3		on. (The follow	_		e duplicated if additional sp		
	(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) a program service, describe specific type service(s) in region	expenditures for
(1)	SUB-SAHARAN AFRIC	A		1.	PROGRAM SERVICES	PAIN MANAGEMENT	95,697.
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
(14)							
(15)							
<u>(16)</u>							
<u>(17)</u>	Cub total						
3a b	Sub-total Total from	continuation					
c	sheets to Part I Totals (add lines						

Page 2

Schedule F (Form 990) 2014

Part II			tions or Entities Outsid ved more than \$5,000. F					ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				TOBACCO					
(1)			SUB-SAHARAN AFRICA	CONTROL	239,609.	WIRE			
				PAIN					
(2)			SUB-SAHARAN AFRICA	MANAGEMENT	376,713.	WIRE			
				CAPACITY					
(3)			SUB-SAHARAN AFRICA	BUILDING	8,132.	WIRE			
				BREAST CNCR					
(4)			SUB-SAHARAN AFRICA	AWARENESS	1,076,148.	WIRE			
				CAPACITY					
(5)			SOUTH ASIA	BUILDING	15,000.	WIRE			
				BREAST CNCR					
(6)			SOUTH ASIA	AWARENESS	29,888.	WIRE			
				TOBACCO					
(7)			SOUTH AMERICA	CONTROL	45,268.	CHECK			
. /				CAPACITY	15/2001	Childen			
(8)			SOUTH AMERICA	BUILDING	15,000.	CHECK			
(-)			BOOTH AMARICA	BREAST CNCR	15,000.	Childen			
(9)			SOUTH AMERICA	AWARENESS	192,448.	WIRE			
(0)			SOUTH AMERICA	BREAST CNCR	172,110.	WIRE			
(10)			SOUTH AMERICA	AWARENESS	12,000.	CHECK			
()			SOUTH AMERICA	TOBACCO	12,000.	CHECK			
(11)			NORTH AMERICA	CONTROL	15,684.	WIRE			
(11)			NORTH AMERICA		15,004.	WIRE			
(12)			NODELL AMEDICA	TOBACCO	77 071	aun au			
(12)			NORTH AMERICA	CONTROL	77,871.	CHECK			
(13)				CAPACITY	15 000				
(13)			NORTH AMERICA	BUILDING	15,000.	WIRE			
(14)				BREAST CNCR	10.055				
(14)			NORTH AMERICA	AWARENESS	40,000.	WIRE			
(4 5)				TOBACCO					
(15)			EUROPE/ICELAND/GREENLAND	CONTROL	150,000.	WIRE			
(4.0)				BREAST CNCR					
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	178,535.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶_____ 3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2014

Page 2

Schedule F (Form 990) 2014 Do

Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				BREAST CNCR					
(1)			EUROPE/ICELAND/GREENLAND	AWARENESS	537,080.	WIRE			
				GLOBAL CNCR					
(2)			EAST ASIA/PACIFIC	ADVOCACY	300,000.	WIRE			
				CAPACITY					
(3)			EAST ASIA/PACIFIC	BUILDING	70,000.	WIRE			
				BREAST CNCR					
(4)			EAST ASIA/PACIFIC	AWARENESS	20,000.	WIRE			
				BREAST CNCR					
(5)			CENT. AMERICA/CARIBBEAN	AWARENESS	40,000.	WIRE			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014

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

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.

Schedule F (Form 990) 2014

AMERICAN CANCER SOCIETY, INC.

Page	4
1 aye	_

Schedu	ıle F (Form 990) 2014			Page 4
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)	X Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X	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	X	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	X	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	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X	No

Schedule F (Form 990) 2014

Page 5

Part V Supplemental Information

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

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

THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH GRANT. THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY RECEIVING BENCHMARKING GRANT REPORTS. THE SOCIETY ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES. GRANT AGREEMENTS REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES: (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT THE MIDPOINT OF THE GRANT; AND (2) FINAL NARRATIVE AND FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT. THE SECOND GRANT INSTALLMENT MAY NOT BE PAID UNTIL SATISFACTORY PROGRESS INTERIM REPORTS HAVE BEEN RECEIVED. ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR.

Supplemental Information Regarding Fundraising or Gaming Activities							
SCHEDULE G Form 990 or 990		e if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					
Department of the Trea nternal Revenue Servi	Sury	Attach to Form 990 or Form 990-EZ. ion about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the organizat	on		Employer identificat	ion number			
AMERICAN CAN	CER SOCIETY, INC.		13-178849	1			
	fraising Activities. Complete if the org n 990-EZ filers are not required to con		90, Part IV, line	17.			
1 Indicate wh	ether the organization raised funds throug	h any of the following activities. Check a	Il that apply.				
a X Mail s	olicitations	e X Solicitation of non-government g	rants				
h X Interne	t and email solicitations	f X Solicitation of government grants					

Х Phone solicitations С

1

d X In-person solicitations

- on of government grants
- X Special fundraising events g
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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

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

|--|

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN,

Total

KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,

OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WV, WI,

OMB No. 1545-0047

No

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

	gross receipts greater than \$5,0				
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RELAY FOR LIFE	MAKING STRIDES	1,062.	(aḋd col. (a) through
		(event type)	(event type)	(total number)	col. (c))
ne					
enue 1	Gross receipts	330,349,850.	62,334,929.	89,953,625.	482,638,404
Я Ч					
2	Less: Contributions	308,650,624.	57,170,733.	69,302,151.	435,123,508
3	Gross income (line 1 minus				
	line 2)	21,699,226.	5,164,196.	20,651,474.	47,514,896
4	Cash prizes	702.	3.	0	705
5	Noncash prizes	2,632,248.	62,040.	361,416.	3,055,704
~					
6 Fxpenses	Rent/facility costs	5,083,718.	1,813,741.	5,537,518.	12,434,977
۲ 1	Food and beverages	828,833.	115,567.	5,249,196.	6,193,596
ត្ត					
8 Direct	Entertainment	1,925,328.	249,570.	3,486,936.	5,661,834
_					
9	Other direct expenses	11,228,397.	2,923,275.	6,016,408.	20,168,080
10 Direct expense summary. Add lines 4 through 9 in column (d)					
11	Net income summary. Subtract line	10 from line 3, column (d			

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1 Gross revenue			4,879,431.	4,879,431.		
ses	2 Cash prizes			74,162.	74,162.		
Direct Expenses	3 Noncash prizes			18,559.	18,559.		
irect	4 Rent/facility costs			9,528.	9,528.		
	5 Other direct expenses			80,753. X Yes 95.0000%	80,753.		
	6 Volunteer labor						
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) 4,696,429.						
	 9 Enter the state(s) in which the organization conducts gaming activities: <u>SEE SUPPLEMENTAL PAGE</u> a Is the organization licensed to conduct gaming activities in each of these states? <u>Yes X No</u> b If "No," explain: <u>SOME STATES DO NOT REQUIRE LICENSES; HOWEVER WE ARE LICENSED WHERE</u> 						
	REQUIRED. Were any of the organization's gaming I If "Yes," explain:	icenses revoked, suspe	nded or terminated duri	ng the tax year?	Yes 🗶 No		

AMERICAN (CANCER	SOCIETY,	INC.
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	AMERICAN CANCER SOCLETY, INC.	3-1788491					
Sched	ule G (Form 990 or 990-EZ) 2014		Page 3				
11	Does the organization conduct gaming activities with nonmembers?	X Ye	s No				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
12			s 🛛 No				
	formed to administer charitable gaming?	Ye	S NO				
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility	3a	%				
b	An outside facility		.0000 %				
14	Enter the name and address of the person who prepares the organization's gaming/special events books						
••	records:						
	Name LORANCE HUI						
	Address 🕨 250 WILLIAMS STREET, NW 4TH FLOOR ATLANTA, GA 30303						
45 -	Deep the experiencies have a contract with a third party from whom the experiencies receives and						
15 a	Does the organization have a contract with a third party from whom the organization receives ga						
	revenue?	Ye	s 🔯 No				
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ are	nd the					
	amount of gaming revenue retained by the third party ► \$						
c	If "Yes," enter name and address of the third party:						
U							
	Name ►						
	Address ►						
16	Gaming manager information:						
10							
	Name CATHERINE E. MICKLE						
	Gaming manager compensation ► \$						
	Description of services provided > OVERSIGHT/MANAGEMENT						
	Description of services provided OVERSIGN1/MANAGEMENT						
	X Director/officer Employee Independent contractor						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proc	eeds to					
a		X Ye					
	retain the state gaming license?		s 🔄 No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organ	izations					
	or spent in the organization's own exempt activities during the tax year ▶ \$ 1,891,793.						
Part	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (i	ii) and (v), and	b				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	al information					
	(see instructions).						
CIID	PLEMENTAL INFORMATION REGARDING FUNDRAISING						
JUP.	L PRIMITING THE OVERTION VERMITING LONDIVERSING						
SCH	EDULE G, PART II						
MAK	ING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS						
-							
	AND DIGUNG DAGE AGAINGE DEBAGE GANGED DY.						
FOR	AND FIGHTS BACK AGAINST BREAST CANCER BY:						
-ਸਸ-	LPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE						
116.	DITES STAT WILL DI SUCWING WOMEN SITES INTI CAN TAKE IN KEDUCE						
THE	IR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH.						

AMERICAN	CANCER	SOCIETY	INC.

	AMERICAN CANCER SOCIETY, INC.	13-178849.	L	
Sched	lule G (Form 990 or 990-EZ) 2014		I	Page 3
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:			
		20		%
a	The organization's facility			
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and		
	records:			
	Name			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives ga	aming		_
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ a	nd the		
	amount of gaming revenue retained by the third party ► \$			
с				
-	······································			
	Name 🕨			
	Name			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation \blacktriangleright \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proc	eeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ	nizations		_
	or spent in the organization's own exempt activities during the tax year > \$			
Par		iii) and (v), a	nd	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			
WE I	HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING			
TES	TS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM.			
	, ,,, ,			
_ UF	תואג מופט עגמ-ייטראיט אויטער אפטטאר אייטאר אייט אייט אייט אייט אייט איי			
-ne.	LPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND			
FWO.	TIONAL SUPPORT. WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS			
_				
ABO	UT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE			
HER	E FOR THEM SO THEY CAN FOCUS ON FEELING BETTER.			

AMERICAN	CANCER	SOCIETY,	INC.

Sched	ule G (Form 990 or 990-EZ) 2014	15 17004) <u> </u>	Page 3
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 entit		л., г	—
40	formed to administer charitable gaming?	· · · · · L	Yes	No
13	Indicate the percentage of gaming activity conducted in:	120		%
a b	The organization's facilityAn outside facility			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events book			/0
	records:			
	Name ►			
	Address ►			
	Does the organization have a contract with a third party from whom the organization receives revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$	gaming]Yes [_
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro		э., г	٦
	retain the state gaming license?		Yes	No
a	Enter the amount of distributions required under state law to be distributed to other exempt orgation or spent in the organization's own exempt activities during the tax year > \$	anizations		
Part				
-FII	NDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER			
AND	BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE.			
WE 1	HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER			
RES	EARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE			
DEVI	ELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR			

BREAST CANCER.

AMERICAN	CANCER	SOCIETY,	INC.

	AMERICAN CANCER SOCIETY, INC.	13-17884	91
Sched	ule G (Form 990 or 990-EZ) 2014		Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit		Yes No
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	ks and	
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives		
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$		Yes No
с	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:		
-			
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming pro-		
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt orga		Yes No
D	or spent in the organization's own exempt activities during the tax year > \$	anizations	
Par			
	(see instructions).		
-FI	GHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO		
INC	REASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT, AND BY		
BRI	NGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST		
CAN	CER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE.		

RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE

AMERICAN	CANCER	SOCIETY,	INC.

Sched	ule G (Form 990 or 990-EZ) 2014	т Э т <i>і</i>	1001)1	Page 3
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 enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	is and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina		
	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 ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	ceeds	to	
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizatior	าร	
	or spent in the organization's own exempt activities during the tax year s			
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additic (see instructions).			
BAT'	TLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR			
SUP	PORT TO THOSE FIGHTING CANCER. IT HONORS THOSE WHO HAVE BEEN LOST TO			
THE	DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING			
THE	DISEASE. FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY			
PAR	TICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE			
FIG	HT AGAINST CANCER. THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS			
GET	TING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED			

AMERICAN CANCER SOCIETY, INC	AMERICAN	CANCER	SOCIETY,	INC.
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	AMERICAN CANCER SOCIETY, INC.	13-1788491	
Sched	ule G (Form 990 or 990-EZ) 2014		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit		
14			
4.0	formed to administer charitable gaming?	Yes	s 🔄 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and	
	Name		
	Address		
b	Does the organization have a contract with a third party from whom the organization receives or revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:	Yes	5 🗌 No
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming pro	coode to	
a			
h	retain the state gaming license?		
a	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations	
D	or spent in the organization's own exempt activities during the tax year s		
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio (see instructions).		
OFF	ICIALS ABOUT CANCER. BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING		
STEI	PS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE.		
MANI	DATORY DISTRIBUTIONS,		
FOR	M 990, SCHEDULE G, PART III, LINE 17		
- 010			

AZ - 13,450

AMERICAN CANCER SOCIE	ΤY,	INC.
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Sched	lule G (Form 990 or 990-EZ) 2014	,00171	Page 3
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:		0/
a L	The organization's facility 13a		<u>%</u> %
b 14	An outside facility [13b] Enter the name and address of the person who prepares the organization's gaming/special events books and		%
14	records:		
	Name		
	Address		
45 -	Deep the comparison have a contract with a third work, from when the complexities accelerate		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the		
-	amount of gaming revenue retained by the third party \triangleright \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds		No
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizatio	ns	
~	or spent in the organization's own exempt activities during the tax year > \$		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) an		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info	ormation	
<u></u>	(see instructions).		
ĊA	- 639,562		
CO	- 9,821		
GA	- 19,486		
ΗI	- 1,985		
TD	626		
ID	- 636		
IL	- 20,470		
IA	- 23,564		

AMERICAN CANCER SOCIE	ΤY,	INC.
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Sched	ule G (Form 990 or 990-EZ) 2014	10 17		Page 3
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 entited	ty		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool records:	(s and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming protain the state gaming license?			No
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt org	anization		
	or spent in the organization's own exempt activities during the tax year > \$	amzation	5	
Par		s (iii) and	(v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	onal infor	rmation	
	(see instructions).			
MA	- 20,109			
MD	77 150			
MD	- 77,152			
MI	- 142,851			
MN	- 25,359			
ΜT	- 25,503			
NC	- 38,160			
NJ	- 6,340			

AMERICAN CANCER SOCIE	ΤY,	INC.
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Sched	lule G (Form 990 or 990-EZ) 2014	10 1/0	.0191	Page 3
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 entit			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	ts and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming pro	oceeds to)	
	retain the state gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations		
	or spent in the organization's own exempt activities during the tax year s	()	<u></u> ;	
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).		mation	
NY				
OH	- 132,737			
OR	- 3,359			
PA	- 135,165			
ът	- 381			
RI	201			
ТΧ	- 218,853			
VA	- 130,076			

AMERICAN CANCER SOCIETY, INC	AMERICAN	CANCER	SOCIETY,	INC.
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	AMERICAN CANCER SOCIETY, INC.	13-1788491	
Sched	ule G (Form 990 or 990-EZ) 2014		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit		
	formed to administer charitable gaming?		es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	139	%
b	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events book		/0
14	records:	s anu	
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives	naming	
IJa	revenue?		es No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the	
D	amount of gaming revenue retained by the third party \blacktriangleright \$		
с	If "Yes," enter name and address of the third party:		
U	in res, enter name and address of the third party.		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming pro		
	retain the state gaming license?	Y	es 🔄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations	
	or spent in the organization's own exempt activities during the tax year s	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>.</u>
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio	nal information	ו
	(see instructions).		
WA	- 35,046		
	100, 100		
WT ·	- 108,133		

AMERICAN CANCER SOCIETY, INC	AMERICAN	CANCER	SOCIETY,	INC.
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	AMERICAN CANCER SOCIETY, INC.	13-17884	491	
Sched	ule G (Form 990 or 990-EZ) 2014			Page 3
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 end			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			,,,
	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives		—. г	_
	revenue?	L	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 ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pl	roceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt or			
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Par		s (iii) and (v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additi (see instructions).			

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

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

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	overnme plete if the o	nts, and Ir rganization ans ► At	Assistance to Individuals in Swered "Yes" to F tach to Form 990. In 990) and its instr	n the United orm 990, Part IV,	d States line 21 or 22.		OMB No. 1545-0047 2014 Open to Public Inspection
Name of the organization							Employer identificat	ion number
AMERICAN CANCER	SOCIETY, INC.						13-1788493	L
Part I General I	nformation on Grants ar	d Assistanc	е					
the selection crit	zation maintain records to s eria used to award the gran IV the organization's proce	ts or assistand	ce?					X Yes No
	nd Other Assistance to I the 21, for any recipient t							es" to Form 990,
	address of organization jovernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE JACKSON LABOR	ATORY							EXTRAMURAL RESEARCH
600 MAIN STREET B	AR HARBOR, ME 04609-1523	01-0211513	501(C)(3)	163,500.				GRANT
(2) MANCHESTER COMMUN	ITY HLTH CTR							COLORECTAL EDUCATION

28,500.

433,500.

10,000.

10,000.

896,000.

122,984.

438,500.

955,500.

40,000.

173,500.

25,000

02-0458174 501(C)(3)

03-0179440 501(C)(3)

03-0367185 501(C)(3)

03-0445789 501(C)(3)

04-2103547 501(C)(3)

04-2103580 501(C)(3)

04-2103634 501(C)(3)

04-2263040 501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

04-2103580

04-2103594

04-2103629

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

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

2

3

145 HOLLIS ST MANCHESTER, NH 03101

(4) GROUNDS FOR HEALTH

(6) BOSTON UNIVERSITY

(10) <u>SIMMONS</u> COLLEGE

(11) TUFTS UNIVERSITY

(5) NATIVE AMERICAN COMM CLINIC

(3) UNI OF VT AND STATE AGRICULTURAL COLLEGE

92 S MAIN ST #2 WATERBURY, VT 05676

85 S PROSPECT STREET BURLINGTON, VT 05405

1213 E FRANKLIN AVE MINNEAPOLIS, MN 55404

881 COMMONWEALTH AVENUE BOSTON, MA 02215

(7) HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02115

(8) HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH

677 HUNTINGTON AVENUE BOSTON, MA 02115

77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139

51 GREENLEAF CIRCLE FRAMINGHAM, MA 01701

450 BROOKLINE AVENUE BOSTON, MA 02215-5450

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

136 HARRISON AVENUE BOSTON, MA 02111

(12) DANA-FARBER CANCER INSTITUTE

(9) MASSACHUSETTS INSTITUTE OF TECHNOLOGY

AND HEALTH

GRANT

SYSTEMS

GRANT

GRANT

GRANT

GRANT

GRANT

►

EXTRAMURAL RESEARCH

CANCER CONTROL

CANCER CONTROL

IMPROVE HEALTHCARE

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

BREAST EDUCATION

Schedule I (Form 990) (2014)

AND HEALTH

SCHEDULE I	Grante a	ad Othor /	Nacistanaa t	o Organi z a	tions	I	OMB No. 1545-0047
(Form 990) GC	overnme	nts, and li	Assistance t ndividuals ir swered "Yes" to F	n the United	d States		2014
Department of the Treasury	piece ir the o	-	tach to Form 990.	01111 990, Fait IV,	111 0 21 01 22.		Open to Public
	tion about So	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identifica	tion number
AMERICAN CANCER SOCIETY, INC.						13-178849	1
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's process 	ts or assistand	æ?	-		eligibility for the grants		X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t					(f) Method of valuation		(h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) DANA-FARBER CANCER INSTITUTE							EXTRAMURAL RESEARCH
450 BROOKLINE AVENUE BOSTON, MA 02215-5450	04-2263040	501(C)(3)	4,581,500.				GRANT
(2) BRIGHAM AND WOMEN'S HOSPITAL, INC.							EXTRAMURAL RESEARCH
75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,584,000.				GRANT
(3) MA LEAGUE OF COMMUNITY HEALTH							
40 COURT ST #10 BOSTON, MA 02108	04-2507409	501(C)(3)	7,000.				CANCER CONTROL
(4) MANET COMMUNITY HEALTH CENTER							COLORECTAL EDUCATION
110 WEST SQUANTUM ST NORTH QUINCY, MA 02171	04-2646695	501(C)(3)	37,500.				AND HEALTH
(5) MASSACHUSETTS GENERAL HOSPITAL							EXTRAMURAL RESEARCH
101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2697983	501(C)(3)	1,525,000.				GRANT
(6) CHILDREN'S HOSPITAL, BOSTON							EXTRAMURAL RESEARCH
300 LONGWOOD BOSTON, MA 02115	04-2774441	501(C)(3)	400,000.				GRANT
(7) UNI OF MASSACHUSETTS MEDICAL SCHOOL							EXTRAMURAL RESEARCH
55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	OTHER	1,067,000.				GRANT
(8) COMM HEALTH CTR OF FRANKLIN CTY INC							BREAST EDUCATION
489 BRNRDSTN RD #108 GREENFIELD, MA 01301	04-3312968	501(C)(3)	46,250.				AND HEALTH
(9) BOSTON MEDICAL CENTER							EXTRAMURAL RESEARCH
801 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3314093	501(C)(3)	792,000.				GRANT
10) THE TOMORROW FUND							
593 EDDY STREET PROVIDENCE, RI 02903	05-0450569	501(C)(3)	136,220.				CAMP PROGRAM
11) YALE UNIVERSITY							EXTRAMURAL RESEARCH
47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	2,369,500.				GRANT

 (12) UNITED COMMUNITY & FAMILY SVCS
 COLORECTAL EDUCATION

 34 E TOWN ST NORWICH, CT 06360
 06-0653142
 501(C)(3)
 28,500.
 AND HEALTH

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

 3
 Enter total number of other organizations listed in the line 1 table
 Image: Colorectal education
 Image: Colorectal education

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

Schedule I (Form 990) (2014)

JSA

SCHEDULE I (Form 990) G Cor Department of the Treasury Internal Revenue Service Inform		OMB No. 1545-0047 20 14 Open to Public Inspection					
Name of the organization						Employer identificat	ion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	1
Part I General Information on Grants a	nd Assistanc	е					
the selection criteria used to award the gra 2 Describe in Part IV the organization's proce Part II Grants and Other Assistance to Part IV, line 21, for any recipient	edures for mor Domestic Or	nitoring the use	of grant funds in the nd Domestic Gov	e United States. /ernments. Com	plete if the organization	ation answered "Y	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH SERVICES INC							BREAST EDUCATION
500 ALBANY AVE HARTFORD, CT 06120	06-0863942	501(C)(3)	49,000.				AND HEALTH
(2) FAIR HAVEN COMMUNITY HEALTH							COLORECTAL EDUCATION
374 grand ave new haven, ct 06513	06-0883545	501(C)(3)	50,000.				AND HEALTH
(3) COMMUNITY HEALTH CENTER INC							BREAST EDUCATION
675 MAIN STREET MIDDLETOWN, CT 06457	06-0897105	501(C)(3)	37,500.				AND HEALTH
(4) CHARTER OAK HEALTH CENTER							BREAST EDUCATION
21 GRAND ST HARTFORD, CT 06106	06-0986747	501(C)(3)	37,500.				AND HEALTH
(5) SHALOM HEALTH CARE CENTER INC	_						COLORECTAL EDUCATION
3400 LAFAYETTE #200 INDIANAPOLIS, IN 46222	06-1645027	501(C)(3)	58,500.				AND HEALTH

20,000.

5,500.

37,500.

792,000.

982,141

57,500.

80,000.

2

(12) ROCKEFELLER UNIVERSITY

(6) WOMENS BASKETBALL CLUB OF SEATTLE

(7) PHI BETA SIGMA FRATERNITY INC

(8) LUTHERAN FAMILY HEALTH CENTERS

(9) COLD SPRING HARBOR LABORATORY

(10) PERSONAL CARE PRODUCTS COUNCIL FDN

3421 THORNDYKE AVE W SEATTLE, WA 98119

150 - 55T<u>H ST BROOKLYN, NY 11220-2559</u>

P.O. BOX 100 COLD SPRING HARBOR, NY 11724

1101 NW 17TH ST #300 WASHINGTON, DC 20036

1300 YORK AVENUE, BOX 89 NEW YORK, NY 10021

1230 YORK AVENUE, BOX 82 NEW YORK, NY 10065 13-1624158 501(C)(3)

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

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

(11) JOAN&SANFORD I. WEILL MED COLL OF CRNLL UNI

NATIONAL CONCLAVE 2001 WASHINGTON, DC 20011

06-1694851 OTHER

501(C)(10)

501(C)(3)

501(C)(3)

501(C)(6)

11-1709989

11-1839567

11-2013303

13-1390920

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

13-1623978 OTHER

CANCER CONTROL

SYSTEMS

GRANT

GRANT

GRANT

►

CANCER EDUCATION

IMPROVE HEALTHCARE

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

Schedule I (Form 990) (2014)

PATIENT SUPPORT

SCHEDULE I	Grants a	nd Other /	Assistance t	o Organiza	tions.		OMB No. 1545-0047
			ndividuals in				2014
			swered "Yes" to F				
		-	tach to Form 990.	· · · · , · · · ,			Open to Public
Department of the Treasury nternal Revenue Service	tion about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization					_	Employer identificati	ion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	-
Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	he amount of th	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the gran				-		,	X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to D			5		nloto if the organiz	ation answordd "V	os" to Form 000
Part IV, line 21, for any recipient t	hat received	more than \$5	000 Part II can h	be duplicated if a	additional space is r	needed	es to i onn 330,
			,000.1 art i barr				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALBERT EINSTEIN COLL OF MED, YESHIVA UNI							EXTRAMURAL RESEARCH
1300 MORRIS PARK AVENUE BRONX, NY 10461	13-1624225	501(C)(3)	10,000.				GRANT
(2) FORDHAM UNIVERSITY							EXTRAMURAL RESEARCH
441 EAST FORDHAM ROAD NEW YORK, NY 10025	13-1740451	501(C)(3)	40,000.				GRANT
(3) SLOAN KETTERING INSTITUTE FOR CANCER RSRCH							EXTRAMURAL RESEARCH
1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501(C)(3)	2,024,500.				GRANT
(4) PROJECT RENEWAL							IMPROVE HEALTHCARE
200 VARICK ST 9TH FLOOR NEW YORK, NY 10014	13-2602882	501(C)(3)	23,750.				SYSTEMS
(5) ACTION ON SMOKING & HEALTH							
2013 H STREET NW WASHINGTON, DC 20006-4207	13-2603590	501(C)(3)	10,000.				CANCER CONTROL
(6) OPEN DOOR FAMILY MEDICAL CTRS							IMPROVE HEALTHCARE
165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	38,900.				SYSTEMS
(7) HUDSON RIVER HEALTH CARE							IMPROVE HEALTHCARE
1037 MAIN ST PEEKSKILL, NY 10566	13-2828349	501(C)(3)	27,000.				SYSTEMS
(8) METRO NY HLTH CARE FOR ALL CAMPAIGN							IMPROVE HEALTHCARE
40 WORTH ST STE 802 NEW YORK, NY 10013	13-3870324	OTHER	15,000.				SYSTEMS
(9) BREAST TREATMENT TASK FORCE							
150 W 25TH ST #900 NEW YORK, NY 10001	13-4018407	501(C)(3)	15,000.				CANCER CONTROL
10) COMMUNITY SERVICE SOCIETY OF NY							IMPROVE HEALTHCARE
105 EAST 22ND STREET NEW YORK, NY 10010	13-5562202	501(C)(3)	58,876.				SYSTEMS
11) NEW YORK UNIVERSITY SCHOOL OF MEDICINE							
ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	15,000.				CANCER CONTROL
12) NEW YORK UNIVERSITY SCHOOL OF MEDICINE							EXTRAMURAL RESEARCH
ONE DADK AMENITE NEW YORK NY 10016	12 5562200	E01(0)(2)	1 501 000				

Schedule I (Form 990) (2014)

2

SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions.		OMB No. 1545-0047
			ndividuals in				ର୍ଲ ଏ ଏ
		•	swered "Yes" to F				2014
		-	tach to Form 990.	orini ooo, r urt iv,			Open to Public
Department of the Treasury nternal Revenue Service	tion about So	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.aov/form990.		Inspection
Name of the organization			,			Employer identificat	ion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	
Part I General Information on Grants and	d Assistanc	e				10 1/00 1/1	-
1 Does the organization maintain records to su		-	e grants or assista	nce the grantees	eligibility for the grap	ts or assistance and	
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed							
		-			plata if the organiz	votion answardd "V	oo" to Form 000
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th							es to Form 990,
· · · · · · · · · · · · · · · · · · ·			,				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA UNIVERSITY MEDICAL CENTER							EXTRAMURAL RESEARCH
630 W 168TH ST, BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	769,000.				GRANT
(2) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI							EXTRAMURAL RESEARCH
ONE GSTV L LEVY PL #1075 NEW YORK, NY 10029	13-6171197	501(C)(3)	2,221,000.				GRANT
(3) RSRCH FDN FOR THE SUNY OBO UNI AT BUFFALO							EXTRAMURAL RESEARCH
402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	892,000.				GRANT
(4) HLTH RSRCH INC, ROSWELL PRK CANCER INST DIV							EXTRAMURAL RESEARCH
ELM AND CARLTON STREETS BUFFALO, NY 14263	14-1402155	501(C)(3)	1,062,000.				GRANT
(5) FDN FOR VASSAR BROTHERS MEDICAL CTR							
45 READE PLACE POUGHKEEPSIE, NY 12601	14-1736429	501(C)(3)	15,000.				CANCER CONTROL
(6) ST THOMAS COMMUNITY HEALTH CTR							BREAST EDUCATION
1986 MAGAZINE STREET NEW ORLEANS, LA 70130	14-1958494	501(C)(3)	48,688.				AND HEALTH
(7) N TEXAS AREA COMM HEALTH CENTERS INC	_						BREAST & COLORECTAL
2106 N MAIN ST FORT WORTH, TX 76164	15-4211798	501(C)(3)	47,500.				EDUCATION & HEALTH
(8) COMM HEALTH CENTER OF BUFFALO INC	_						IMPROVE HEALTHCARE
34 BENWOOD AVE BUFFALO, NY 14214	16-1566929	501(C)(3)	37,500.				SYSTEMS
(9) C-CHANGE	_						
1634 EYE ST NW STE 800 WASHINGTON, DC 20006	16-1641769	501(C)(3)	500,000.				CANCER CONTROL
10) ALLY'S HOUSE	_						
PO BOX 722767 NORMAN, OK 73070	20-0726554	501(C)(3)	12,447.				CAMP PROGRAM
11) LINN COMMUNITY CARE	4						IMPROVE HEALTHCARE
1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	8,750.				SYSTEMS
12) WORLD LUNG FOUNDATON	_						
61 BROADWAY STE 2800 NEW YORK, NY 10006	20-2432410	E01(C)(2)	200,000.	1		1	TOBACCO CONTROL

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

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

Schedule I (Form 990) (2014)

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	990) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.					
Name of the organization		Employer identification numb	er			
AMERICAN CANCER	SOCIETY, INC.	13-1788491	13-1788491			
Part I General Ir	formation on Grants and Assistance					
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 						

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR CHANGE							COLORECTAL EDUCATION
2817 BELCO DR UNIT 9 ORLANDO, FL 32808	20-3062727	501(C)(3)	9,500.				AND HEALTH
(2) BOB PERKS CANCER ASSISTANCE							
PO BOX 313 STATE COLLEGE, PA 16804	20-4220990	501(C)(3)	34,952.				CANCER CONTROL
(3) CAMP RISING SUN CHARITABLE FDN							
PO BOX 472 BRANFORD, CT 06405	20-4853548	501(C)(3)	348,237.				CAMP PROGRAM
(4) WINN COMMUNITY HEALTH CENTER							BREAST EDUCATION
431 W LAFAYETTE ST WINNFIELD, LA 71483	20-5823527	501(C)(3)	37,500.				AND HEALTH
(5) PRINCETON UNIVERSITY							EXTRAMURAL RESEARCH
P.O. BOX 36 PRINCETON, NJ 08544-0036	21-0634501	501(C)(3)	327,000.				GRANT
(6) NORTH HUDSON COMM ACTION CORP							IMPROVE HEALTHCARE
5301 BROADWAY WEST NEW YORK, NJ 07093-2622	22-1818699	501(C)(3)	37,500.				SYSTEMS
(7) CAMCARE HEALTH CORPORATION							IMPROVE HEALTHCARE
817 FEDERAL STREET CAMDEN, NJ 08103	22-2192716	501(C)(3)	45,000.				SYSTEMS
(8) WESTSIDE FAMILY HEALTHCARE							COLORECTAL EDUCATION
300 WATER ST STE 200 WILMINGTON, DE 19801	22-2488654	501(C)(3)	12,500.				AND HEALTH
(9) MAINE PRIMARY CARE ASSOCIATION							COLORECTAL EDUCATION
73 WINTHROP STREET AUGUSTA, ME 04330	22-2630127	501(C)(3)	44,875.				AND HEALTH
(10) NEWARK COMMUNITY HEALTH CTRS							IMPROVE HEALTHCARE
741 BROADWAY NEWARK, NJ 07104	22-2747589	501(C)(3)	26,250.				SYSTEMS
(11) ZUFALL HEALTH CENTER							IMPROVE HEALTHCARE
18 W BLACKWELL ST DOVER, NJ 07801	22-3125397	501(C)(3)	12,500.				SYSTEMS
(12) THE CHILDREN'S HOSPITAL OF PHILADELPHIA	_						EXTRAMURAL RESEARCH
3501 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166		612,000.				GRANT
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	nd governmen listed in the li	t organizations ne 1 table	listed in the line 1 t	able		· · · · · · · · · · · · ▶	

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

JSA

SCHEDULE I GC (Form 990) GC Department of the Treasury ► Informa Internal Revenue Service ► Informa Name of the organization AMERICAN CANCER SOCIETY, INC. Part I General Information on Grants and the selection criteria used to award the grant	Employer identificat	1					
2 Describe in Part IV the organization's proce Part II Grants and Other Assistance to D		nitoring the use	of grant funds in the	e United States.			es" to Form 990.
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is i	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3501 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	55,819.				IMPROVE HEALTHCARE
(2) THOMAS JEFFERSON UNIVERSITY							EXTRAMURAL RESEARCH
125 S 9TH ST, 2ND FL PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	849,000.				GRANT
(3) THE TRUSTEES OF THE UNI OF PENNSYLVANIA							EXTRAMURAL RESEARCH
3451 WALNUT ST P-221 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,519,500.				GRANT
(4) FOX CHASE CANCER CENTER							EXTRAMURAL RESEARCH
333 COTTMAN AVE PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	1,839,000.				GRANT
(5) CONGRESO DE LATINOS UNIDOS INC							BREAST EDUCATION
216 WEST SOMERSET ST PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	50,000.				AND HEALTH
(6) PA ACADEMY OF FAMILY PHYSICIANS							COLORECTAL EDUCATION
2704 COMMERCE DR HARRISBURG, PA 17110	23-2340801	501(C)(3)	80,000.				AND HEALTH
(7) AMERICAN ASSOC FOR CANCER RSRC							
PO BOX 8500-1916 PHILADELPHIA, PA 19178	23-6251648	501(C)(3)	9,948.				CANCER CONTROL
(8) WISTAR INSTITUTE							EXTRAMURAL RESEARCH
3601 SPRUCE STREET PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	40,000.				GRANT
(9) EAST VALLEY COMMUNITY HLTH CTR							BREAST EDUCATION
420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501(C)(3)	12,500.				AND HEALTH
(10) FAMILY CARE HEALTH CENTERS							BREAST EDUCATION
401 HOLLY HILLS AVE ST LOUIS, MO 63111	23-7076112	501(C)(3)	51,434.				AND HEALTH
(11) NORTHEAST VALLEY HEALTH CORP							COLORECTAL EDUCATION
531 5TH ST UNIT A SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	57,500.				AND HEALTH
(12) DORCHESTER HOUSE MULTI SERVICE CTR							BREAST EDUCATION
1353 DORCHESTER AVE DORCHESTER, MA 02122	23-7125970	501(C)(3)	15,875.				AND HEALTH
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able			
3 Enter total number of other organizations	listed in the li	ne 1 table			<u></u>	<u> </u>	
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 9	90.				Sc	hedule I (Form 990) (2014)
JSA							

SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions.		OMB No. 1545-0047
Form 990) GC	overnme	nts, and li	ndividuals in swered "Yes" to F	n the United	d States		2014
Department of the Treasury		► At	tach to Form 990.				Open to Public
nternal Revenue Service Informa	tion about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
lame of the organization						Employer identificat	ion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	-
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant	ts or assistand	e?					X Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	United States.			
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t	hat received				additional space is r		es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FRED HUTCHINSON CANCER RESEARCH CENTER							EXTRAMURAL RESEARCH
1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	975,500.				GRANT
(2) WEST SIDE COMMUNITY HLTH SVCS							IMPROVE HEALTHCARE
153 CESAR CHAVEZ ST ST PAUL, MN 55107	23-7156236	501(C)(3)	50,000.				SYSTEMS
(3) ACCESS COMM HEALTH & RESRCH CTR							BREAST EDUCATION
6450 MAPLE ST DEARBORN, MI 48126	23-7444497	501(C)(3)	37,500.				AND HEALTH
(4) THE PSU COLLEGE OF MEDICINE							BREAST EDUCATION
H138 500 UNIVERSITY DR HERSHEY, PA 17033	24-6000376	501(C)(3)	5,432.				AND HEALTH
(5) THE PSU COLLEGE OF MEDICINE							EXTRAMURAL RESEARCH
H138 500 UNIVERSITY DR HERSHEY, PA 17033	24-6000376	501(C)(3)	320,000.				GRANT
(6) UNIVERSITY OF PITTSBURGH							EXTRAMURAL RESEARCH
123 UNIVERSITY PLACE PITTSBURGH, PA 15261	25-0965591	501(C)(3)	893,500.				GRANT
(7) PRIMARY CARE HLTH SVCS ALMA ILLERY MED CTR							BREAST EDUCATION
7227 HAMILTON AVE PITTSBURGH, PA 15208	25-1300356	501(C)(3)	10,000.				AND HEALTH
(8) CORNERSTONE CARE							BREAST EDUCATION
501 W HIGH ST WAYNESBURG, PA 15370	25-1346194	501(C)(3)	12,500.				AND HEALTH
(9) PRIMARY HEALTH NETWORK							COLORECTAL EDUCATION
100 SHENANGO AVE SHARON, PA 16146	25-1381800	501(C)(3)	31,250.				AND HEALTH
10) COMM HEALTH CTR OF GREATER DAYTON							BREAST EDUCATION
1323 WEST THIRD ST DAYTON, OH 45402	26-1253235	501(C)(3)	37,500.				AND HEALTH
11) GRACE COMMUNITY HEALTH CENTER	_						COLORECTAL EDUCATION
39 CUMBERLAND GAP DR GRAY, KY 40734	26-1779437	501(C)(3)	37,500.				AND HEALTH
12) WI PINK SHAWL INITIATIVE	_						
PO BOX 14778 WEST ALLIS, WI 53214-0778	26-4247458	501(0)(3)	15,000.				CANCER CONTROL

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

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

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	orm 990) Governments, and Individuals in the United States complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Partment of the Treasury ernal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								
Name of the organization		Employer identification number							
AMERICAN CANCER SOCIETY, INC. 13-1788491									
Part I General I	nformation on Grants and Assistance								
the selection crit	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? In No								
Part II Grants an Part IV, lir	d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizations are 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	on answered "Yes" to Form 990, eded.							

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED FAMILY MEDICINE							BREAST EDUCATION
1026 w 7th St SAINT PAUL, MN 55102	27-0052697	501(C)(3)	39,375.				AND HEALTH
(2) AROGYA WORLD							
23W651 HOBSON ROAD NAPERVILLE, IL 60540	27-2091051	501(C)(3)	10,000.				CANCER CONTROL
(3) SPRING BRANCH COMM HLTH CTR							COLORECTAL EDUCATION
1615 HILLENDAHL BLVD #100 HOUSTON, TX 77055	30-0198705	501(C)(3)	12,500.				AND HEALTH
(4) VITAL TALK							PERSONAL HEALTH
825 EASTLAKE AVE E. G4810 SEATTLE, WA 98109	30-0745689	501(C)(3)	23,000.				MANAGER
(5) CINCINNATI CHILDREN'S HOSPITAL MED. CTR							EXTRAMURAL RESEARCH
3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	30,000.				GRANT
(6) GETHSEMANE COMM FELLOWSHIP BAPTIST CHURCH							
1317 E BRAMBLETON AVE NORFOLK, VA 23504	31-1359290	501(C)(3)	6,000.				CANCER CONTROL
(7) SANFORD HEALTH							
1305 W 18TH ST SIOUX FALLS, SD 57117-5039	31-1527032	501(C)(3)	6,000.				PATIENT SUPPORT
(8) COLUMBUS NEIGHBORHOOD HEALTH CTR							BREAST EDUCATION
1800 WATERMARK DR #420 COLUMBUS, OH 43216	31-1533908	501(C)(3)	60,000.				AND HEALTH
(9) CONQUER CANCER FOUNDATION OF ASCO							
2318 MILL RD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000.				CANCER CONTROL
(10) ASIAN AMERICAN HLTH COALITION-HOPE CLINIC							BREAST EDUCATION
7001 CORPORATE DR STE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	20,000.				AND HEALTH
(11) OH ACADEMY OF FAMILY PHYSICIAN							COLORECTAL EDUCATION
4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	50,000.				AND HEALTH
(12) OHIO STATE UNIVERSITY							EXTRAMURAL RESEARCH
1960 KENNY ROAD COLUMBUS, OH 44406	31-6025986		20,000.				GRANT
 2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations I 	d governmen isted in the lir	t organizations ne 1 table	listed in the line 1 t	able		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	GO GO Comp ► Informat		OMB No. 1545-0047 20 14 Open to Public Inspection					
Name of the organization							Employer identificat	ion number
AMERICAN CANCER SOCIETY, INC. 13-1788491								
Part I General I	nformation on Grants and	Assistance	9				·	
the selection crit	ation maintain records to su eria used to award the grants IV the organization's proced	or assistance	e?					X Yes No
Part II Grants an Part IV, lin	d Other Assistance to Do the 21, for any recipient th	omestic Org at received	ganizations an more than \$5,	d Domestic Gov 000. Part II can b	vernments. Com be duplicated if a	plete if the organiza additional space is n	ation answered "Y eeded.	es" to Form 990,
								(h) Purpose of grant or assistance

1,584,000.

15,000.

6,250.

940,500.

37,500.

15,000.

5,372.

400,000.

37,500.

50,000

24,000.

6,250

31-6025986 501(C)(3)

32-0026050 501(C)(3)

33-0435954 501(C)(3)

33-0664371 501(C)(3)

33-1143366 501(C)(3)

34-0714538 501(C)(3)

34-1567805 501(C)(3)

34-1609341 501(C)(3)

34-0714585

34-1014291

34-1300581

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

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

32-0020270

For Paperwork Reduction Act Notice, see the In	nstructions for Form 990.
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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

EXTRAMURAL RESEARCH

CANCER CONTROL

AND HEALTH

AND HEALTH

CANCER CONTROL

CANCER CONTROL

EXTRAMURAL RESEARCH

COLORECTAL EDUCATION

EXTRAMURAL RESEARCH

BREAST EDUCATION

BREAST EDUCATION

BREAST EDUCATION

EXTRAMURAL RESEARCH

COLORECTAL EDUCATION

GRANT

GRANT

GRANT

GRANT

►

AND HEALTH

AND HEALTH

AND HEALTH

2

3

(1) OHIO STATE UNIVERSITY

(2) PINK RIBBON GIRLS

(3) CCPRO FOUNDATION

(6) THE GREEN FOUNDATION

(7) AULTMAN HOSPITAL

1960 KENNY ROAD COLUMBUS, OH 44406

5400 KENNEDY AVE CINCINNATI, OH 45213

(5) SOCIAL ACTION COMM HEALTH SACHS CLINIC

2600 SIXTH ST SW CANTON, OH 44710

(9) NE OHIO NEIGHBORHOOD HEALTH SVCS INC

8300 HOUGH AVE CLEVELAND, OH 44103

726 WICK AVE YOUNGSTOWN, OH 44505

9500 EUCLID AVENUE CLEVELAND, OH 44195

3569 RIDGE ROAD CLEVELAND, OH 44102-5443

SEIDMAN CANCER CTR 1105 CLEVELAND, OH 44106

10550 N TORREY PINES RD LA JOLLA, CA 92037

1454 E SECOND ST SAN BERNARDINO, CA 92410

PO BOX 224 TIPP CITY, OH 45371

(4) THE SCRIPPS RESEARCH INSTITUTE

PO BOX 82 BREA, CA 92821

(8) CLEVELAND CLINIC FOUNDATION

(10) NEIGHBORHOOD FAMILY PRACTICE

(11) UNIVERSITY HOSPITALS OF CLEVELAND

(12) OHIO NORTH EAST HEALTH SYSTEMS

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	GO GO Comp ► Informat		OMB No. 1545-0047					
Name of the organization							Employer identifica	ation number
AMERICAN CANCER	AMERICAN CANCER SOCIETY, INC. 13-1788491							
Part I General I	nformation on Grants and	Assistanc	e					
the selection crit	zation maintain records to su eria used to award the grants IV the organization's proced	s or assistanc	e?					X Yes No
Part II Grants an Part IV, lir	d Other Assistance to Do ne 21, for any recipient th	omestic Or at received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Com be duplicated if a	nplete if the organiza additional space is ne	tion answered " eeded.	Yes" to Form 990,
	address of organization povernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CARE ALLIANCE HEA	LTH CENTER							BREAST EDUCATION

38,938

10,000.

37,500.

37,500.

30,000.

180,000.

872,000.

1,604,000.

22,500

27,500.

1,495,000.

1,092,000.

34-1748776 501(C)(3)

35-0868188 501(C)(3)

35-2048141 501(C)(3)

35-6001673 501(C)(3)

35-6002041 501(C)(3)

36-2177139 501(C)(3)

36-2177139 501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

34-6607695

35-1948768

36-1408475

36-2167817

36-2174823

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

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

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

1530 ST CLAIR AVE NE CLEVELAND, OH 44114

2500 METROHEALTH DRIVE CLEVELAND, OH 44109

940 GRACE HALL NOTRE DAME, IN 46556-5612

980 INDIANA AVENUE INDIANAPOLIS, IN 46202

155 S. GRANT ST WEST LAFAYETTE, IN 47907

750 NORTH LAKE SHORE DR CHICAGO, IL 60611

5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637

5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637

(8) LOYOLA UNI CHICAGO, NIEHOFF SCH OF NURSING

2160 SOUTH FIRST AVE MAYWOOD, IL 60153

(9) NORTHWESTERN UNIVERSITY - CHICAGO CAMPUS

1700 W VAN BUREN CHICAGO, IL 60612

401 E 34TH ST INDIANAPOLIS, IN 46205

1021 W 5TH AVE GARY, IN 46402

(6) INDIANA UNIVERSITY, INDIANAPOLIS

(2) THE METROHEALTH FOUNDATION

(3) UNIVERSITY OF NOTRE DAME

(4) RAPHAEL HEALTH CENTER

(7) PURDUE UNIVERSITY

(5) COMMUNITY HEALTHNET INC

(10) RUSH UNIVERSITY MED CENTER

(11) THE UNIVERSITY OF CHICAGO

(12) THE UNIVERSITY OF CHICAGO

Schedule I (Form 990) (2014)

AND HEALTH

AND HEALTH

AND HEALTH

AND HEALTH

GRANT

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GRANT

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AND HEALTH

AND HEALTH

BREAST EDUCATION

BREAST EDUCATION

EXTRAMURAL RESEARCH

COLORECTAL EDUCATION

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

COLORECTAL EDUCATION

COLORECTAL EDUCATION

EXTRAMURAL RESEARCH

2

3

SCHEDULE I	Grants a	nd Other /	Assistance t	o Organiza	tions.		OMB No. 1545-0047
			ndividuals in				@@◀◢
	line 21 or 22.		2014				
Com		-	tach to Form 990.	0111 990, Fait IV			Open to Public
Department of the Treasury Internal Revenue Service	tion about S		n 990) and its instr	uctions is at www	v.irs.gov/form990		Inspection
Name of the organization						Employer identificat	
AMERICAN CANCER SOCIETY, INC.						13-1788492	
Part I General Information on Grants and	d Assistanc	e				10 170017	-
1 Does the organization maintain records to su			e grants or assista	nce the grantees	' eligibility for the grants	or assistance and	
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed							
		-	-		plata if the organize	tion on worod "V	an" to Form 000
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th							es lo ronn 990,
			,000.1 art il oart i				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANN&ROBERT H. LURIE CHILDREN'S HOSP OF CHIC							EXTRAMURAL RESEARCH
225 E. CHICAGO AVENUE CHICAGO, IL 60611	36-2178033	501(C)(3)	142,000.				GRANT
(2) VNA HEALTH CARE							BREAST EDUCATION
400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	37,500.				AND HEALTH
(3) AMERICAN COLLEGE OF SURGEONS							INTRAMURAL RESEARCH
PO BOX 92425 CHICAGO, IL 60675-2425	36-2192800	501(C)(3)	70,180.				GRANT
(4) HEKTOEN INST FOR MED RESEARCH							BREAST EDUCATION
2240 W OGDEN AVE FL 2 CHICAGO, IL 60612	36-2244897	501(C)(3)	31,215.				AND HEALTH
(5) ADVOCATE CHARITABLE FOUNDATION							COLORECTAL EDUCATION
3075 HIGHLAND PKWY DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	19,500.				AND HEALTH
(6) OPEN CITIES HEALTH CENTER							IMPROVE HEALTHCARE
409 N DUNLAP ST ST PAUL, MN 55104	36-3381598	501(C)(3)	10,000.				SYSTEMS
(7) COMMUNITY HEALTH PARTNERSHIP							COLORECTAL EDUCATION
205 W RANDOLPH STE 2222 CHICAGO, IL 60606	36-3798678	501(C)(3)	37,500.				AND HEALTH
(8) NORTHWESTERN MEMORIAL HOSPITAL							COLORECTAL EDUCATION
541 N FAIRBANKS STE 1651 CHICAGO, IL 60611	37-0960170	501(C)(3)	76,000.				AND HEALTH
(9) CHRISTOPHER GREATER AREA RURAL HLTH PLNG CO							COLORECTAL EDUCATION
4241 STATE HIGHWAY 14 CHRISTOPHER, IL 62822	37-1041283	501(C)(3)	37,500.				AND HEALTH
(10) RURAL HEALTH INC							COLORECTAL EDUCATION
513 N MAIN ST ANNA, IL 62906	37-1056692	501(C)(3)	37,500.				AND HEALTH
(11) UNIVERSITY OF ILLINOIS, CHICAGO							EXTRAMURAL RESEARCH
809 S MARSHFIELD AVE. CHICAGO, IL 60608	37-6000051	501(C)(3)	683,000.				GRANT

 MC-685 1901 S FIRST ST CHAMPAIGN, IL 61820
 37-6000511
 501(C)(3)
 37,500.

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

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

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

Schedule I (Form 990) (2014)

AND HEALTH

COLORECTAL EDUCATION

(12) THE BOARD OF TRUSTEES OF THE UIUC

SCHEDULE I (Form 990)			Assistance t	-	•	-	омв №. 1545-0047 20 14	
	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.							
			tach to Form 990.				Open to Public	
Department of the Treasury Internal Revenue Service	w.irs.gov/form990.		Inspection					
Name of the organization						Employer identificat	tion number	
AMERICAN CANCER SOCIETY, INC.		13-178849	1					
Part I General Information on Grants a	nd Assistanc	e						
 Does the organization maintain records to the selection criteria used to award the gran Describe in Part IV the organization's proce Part II Grants and Other Assistance to Part IV, line 21, for any recipient 	nts or assistand edures for mor Domestic Or	ce? nitoring the use ganizations a l	of grant funds in the	e United States. /ernments. Con	nplete if the organiza	tion answered "\	X Yes No	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) THE BOARD OF TRUSTEES OF THE UIUC							EXTRAMURAL RESEARCH	
MC-685 1901 S FIRST ST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	163,500.				GRANT	
(2) HEALTH DELIVERY INC							BREAST EDUCATION	
501 LAPEER SAGINAW, MI 48607	38-1908328	501(C)(3)	37,500.				AND HEALTH	
(3) FAMILY HEALTH CENTER OF BATTLE CREEK	_						COLORECTAL EDUCATION	
181 W EMMETT ST BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	37,500.				AND HEALTH	
(4) DETROIT COMM HLTH CONNECTION	_						BREAST EDUCATION	
13901 E JEFFERSON AVE DETROIT, MI 48215	38-2824772	501(C)(3)	12,000.				AND HEALTH	
(5) CHERRY STREET HEALTH SERVICES	_						COLORECTAL EDUCATION	
100 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	37,500.				AND HEALTH	
(6) COMMUNITY HEALTH & SOCIAL SRVC CTR	_						COLORECTAL EDUCATION	
5635 W FORT ST DETROIT, MI 48209	38-3094394	501(C)(3)	10,000.				AND HEALTH	
(7) HEART OF OH FAMILY HEALTH CTRS	_						BREAST EDUCATION	
882 S HAMILTON RD COLUMBUS, OH 43213	38-3765547	501(C)(3)	51,875.				AND HEALTH	
(8) THE REGENTS OF THE UNIVERSITY OF MICHIGAN	_						EXTRAMURAL RESEARCH	
3003 STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	2,176,500.				GRANT	
(9) WAYNE STATE UNIVERSITY	_						EXTRAMURAL RESEARCH	
5057 WOODWARD, STE 13202 DETROIT, MI 48202	38-6028429	501(C)(3)	201,500.	1			GRANT	

240,000.

150,000.

36,000.

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

39-0806261 501(C)(3)

39-0807235 501(C)(3)

39-1353282 501(C)(3)

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

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

Schedule I (Form 990) (2014)

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

IMPROVE HEALTHCARE

GRANT

GRANT

SYSTEMS

2

(10) MEDICAL COLLEGE OF WISCONSIN, INC.

(11) BLOOD CENTER OF WISCONSIN, INC.

(12) OUTREACH COMM HEALTH CENTERS

8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226

8727 WATERTOWN PLANK RD MILWAUKEE, WI 53213

210 W CAPITOL DR MILWAUKEE, WI 53212

JSA

			Assistance t ndividuals i				омв №. 1545-0047 201 14	
	m 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.							
	► Attach to Form 990							
Department of the Treasury Internal Revenue Service								
Name of the organization		•	,			Employer identifica	tion number	
AMERICAN CANCER SOCIETY, INC.						13-178849	1	
Part I General Information on Grants an	d Assistanc	e						
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No	
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I			eded.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) COMM FNDTN OF FOX VALLEY REGION INC								
5355 SCHROTH LANE APPLETON, WI 54913	39-1548450	501(C)(3)	123,870.				CANCER CONTROL	
(2) MILWAUKEE HEALTH CARE SERVICES							IMPROVE HEALTHCARE	
2555 NORTH DR MLK JR DR MILWAUKEE, WI 53212	39-1664109	501(C)(3)	11,500.				SYSTEMS	
(3) UNIVERSITY OF WISCONSIN MADISON							BREAST EDUCATION	
1300 UNIV AVE, RM 4720 MADISON, WI 53706	39-1805963	501(C)(3)	187,468.				AND HEALTH	
(4) COMM HEALTH CTRS OF SOUTHERN IOWA							IMPROVE HEALTHCARE	
302 NE 14TH ST LEON, IA 50144	39-1908462	501(C)(3)	37,500.				SYSTEMS	
(5) PROGRESSIVE COMM HEALTH CENTER							IMPROVE HEALTHCARE	
3522 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	37,500.				SYSTEMS	
(6) UNI OF WI-MADISON							EXTRAMURAL RESEARCH	
21 NORTH PARK ST, #6401 MADISON, WI 53715	39-6006492	501(C)(3)	277,000.				GRANT	
(7) INDIAN HEALTH BOARD OF MINNEAPOLIS INC							BREAST EDUCATION	
1315 E 24TH ST MINNEAPOLIS, MN 55404	41-0977740	501(C)(3)	12,500.				AND HEALTH	
(8) NEIGHBORHOOD HEALTHSOURCE							BREAST EDUCATION	
	41-1235064	501(C)(3)	50,000.				AND HEALTH	
(9) NORTHPOINT HEALTH & WELLNESS CENTER							BREAST EDUCATION	
1315 PENN AVE NORTH MINNEAPOLIS, MN 55411	41-6005801	OTHER	50,000.				AND HEALTH	

3,160,000.

37,500.

120,000.

41-6007513 GOVT.

42-6004813 OTHER

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

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

42-1058629 501(C)(3)

Schedule I (Form 990) (2014)

EXTRAMURAL RESEARCH

IMPROVE HEALTHCARE

EXTRAMURAL RESEARCH

GRANT

SYSTEMS

GRANT

2

(12) UNIVERSITY OF IOWA

(10) REGENTS OF THE UMNN - TWIN CITIES

(11) PEOPLES COMMUNITY HEALTH CLINIC INC

200 OAK STREET S.E. MINNEAPOLIS, MN 55455

905 FRANKLIN ST WATERLOO, IA 50703-4407

2 GILMORE HALL IOWA CITY, IA 52242

nount of the gr	rants or assistan	uctions is at www	v.irs.gov/form990.	Employer identificati	Inspection
nount of the gr	rants or assistan			Employer identificati	
				13-1788491	
ng the use of g	grant funds in the Domestic Gove	United States. ernments. Com	eligibility for the grants	tion answered "Ye	X Yes No
	00. Part II can be	e duplicated if a	(f) Method of valuation (book, FMV, appraisal, other)	eeded. (g) Description of non-cash assistance	(h) Purpose of grant or assistance
applicable	gran	cash assistance	other)	non-cash assistance	
					EXTRAMURAL RESEARCH
(C)(3)	1,801,500.				GRANT
					BREAST EDUCATION
(C)(3)	30,000.				AND HEALTH
					COLORECTAL EDUCATIO
(C)(3)	37,500.				AND HEALTH
(C)(3)	44,671.				TOBACCO CONTROL
					COLORECTAL EDUCATIO
(C)(3)	9,825.				AND HEALTH
					IMPROVE HEALTHCARE
(C)(3)	37,500.				SYSTEMS
(C)(3)	6,000.				PATIENT SUPPORT
(C)(3)	21,868.				SUPPORT GROUPS
(C)(3)	79,298.				CAMP PROGRAM
(C)(3)	398,749.				CAMP PROGRAM
(C)(6)	10,000.				CANCER CONTROL
	131,313.				CAMP PROGRAM
	C)(6) C)(3)	C)(6) 10,000. C)(3) 131,313.	C) (6) 10,000. C) (3) 131,313. anizations listed in the line 1 table	C) (6) 10,000. C) (3) 131,313. anizations listed in the line 1 table	C)(6) 10,000. C)(3) 131,313.

EDULE I m 990) ment of the Treasury I Revenue Service BODIE I ment of the Treasury I Revenue Service EDULE I Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								
						Employer identificat	ion number	
SOCIETY, INC.						13-1788493	L	
nformation on Grants and	Assistance	e						
 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 								
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (b) Purpose of grant								
		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance	
	Go Comp ► Informat SOCIETY, INC. formation on Grants and ation maintain records to su eria used to award the grants IV the organization's proced to Other Assistance to Do the 21, for any recipient th	Complete if the or Complete if the or ► Information about So SOCIETY, INC. The society of the second s	Governments, and In Complete if the organization ans Att Information about Schedule I (Form SOCIETY, INC. Mormation on Grants and Assistance ration maintain records to substantiate the amount of the eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of d Other Assistance to Domestic Organizations and the 21, for any recipient that received more than \$5, address of organization	Governments, and Individuals in Complete if the organization answered "Yes" to F ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instr SOCIETY, INC. Information on Grants and Assistance cation maintain records to substantiate the amount of the grants or assistance eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of grant funds in the Id Other Assistance to Domestic Organizations and Domestic Gov address of organization (b) EIN (c) IRC section (d) Amount of cash	Governments, and Individuals in the United Complete if the organization answered "Yes" to Form 990, Part IV, ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www SOCIETY, INC. The organization on Grants and Assistance tation maintain records to substantiate the amount of the grants or assistance, the grantees tation maintain records to substantiate the amount of the grants or assistance, the grantees total colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2"	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. SOCIETY, INC. Mormation on Grants and Assistance cation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of grant funds in the United States. d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization e 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is not address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, for the granisal, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is not address of organization	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identificat 13-1788491 ★ SOCIETY, INC. Imployer identificat 13-1788491 ■ formation on Grants and Assistance Imployer identificat 13-1788491 Tation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and eria used to award the grants or assistance? Imployer identificat 13-1788491 IV the organization's procedures for monitoring the use of grant funds in the United States. Imployer identificat 13-1788491 IV the organization answered "Ye are 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Imployer identificat 13 (9) Description of 1000K, FMV, appraisal, (9) Description of 1000K, FMV	

or government		if applicable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) UNIVERSITY OF OREGON	_						EXTRAMURAL RESEARCH
5219 UNIV OF OREGON EUGENE, OR 97403-5219	46-4727800	501(C)(3)	163,500.				GRANT
(2) ONEWORLD COMMUNITY HEALTH CTR	_						BREAST EDUCATION
4920 S 30TH ST STE 107 OMAHA, NE 68107	47-0548990	501(C)(3)	37,500.				AND HEALTH
(3) KU ENDOWMENT ASSOCIATION	_						BREAST EDUCATION
3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)(3)	12,500.				AND HEALTH
(4) KANSAS STATE UNIVERSITY							EXTRAMURAL RESEARCH
2 FAIRCHILD HALL MANHATTAN, KS 66506-1103	48-0771751	501(C)(3)	760,000.				GRANT
(5) UNIVERSITY OF KANSAS MEDICAL CENTER							EXTRAMURAL RESEARCH
WAHL HALL EAST, 2020B KANSAS CITY, KS 66160	48-1108830	501(C)(3)	787,000.				GRANT
(6) RACE AGAINST BREAST CANCER							
PO BOX 4458 TOPEKA, KS 66604	48-1154057	501(C)(3)	9,375.				CANCER CONTROL
(7) BEN ARCHER HEALTH CENTER							
PO BOX 370 HATCH, NM 87937	51-0158976	501(C)(3)	37,500.				CANCER CONTROL
(8) UNIVERSITY OF DELAWARE							EXTRAMURAL RESEARCH
210 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	792,000.				GRANT
(9) MERCY MEDICAL CENTER							EXTRAMURAL RESEARCH
227 ST. PAUL PLACE BALTIMORE, MD 21202	52-0591658	501(C)(3)	24,000.				GRANT
(10) JOHNS HOPKINS UNIVERSITY							
733 N BROADWAY, STE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	13,098.				CAMP PROGRAM
(11) JOHNS HOPKINS UNIVERSITY							EXTRAMURAL RESEARCH
733 N BROADWAY, STE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	836,500.				GRANT
(12) NATIONAL CANCER INSTITUTE							IMPROVE HEALTHCARE
9000 ROCKVILLE PK #11A16 BETHESDA, MD 20892	52-0858115	OTHER	100,000.				SYSTEMS
2 Enter total number of section 501(c)(3) an	d governmen	t organizations li	isted in the line 1 ta	able			
3 Enter total number of other organizations I	isted in the lir	ne 1 table		<u></u>		<u></u> • •	

SCHEDULE I (Form 990)	OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service	Inspection					
Name of the organization	Employer identification number					
AMERICAN CANCER SOCIETY, INC. 13-17884						
Part I General I	nformation on Grants and Assistance					
the selection crit	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of grant funds in the United States.					
Part II Grants an Part IV, lin	d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization of the 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ion answered "Yes" to Form 990, eded.				

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL CANCER INSTITUTE							INTRAMURAL RESEARCH
9000 ROCKVILLE PK #11A16 BETHESDA, MD 20892	52-0858115	OTHER	25,000.				GRANT
(2) GREATER BADEN MEDICAL SERVICES							BREAST EDUCATION
7450 ALBERT RD 3-322 BRANDYWINE, MD 20613	52-0961414	501(C)(3)	51,875.				AND HEALTH
(3) FAMILY HEALTH CENTERS OF BALTIMORE							BREAST EDUCATION
631 CHERRY HILL ROAD BALTIMORE, MD 21225	52-1118424	501(C)(3)	46,875.				AND HEALTH
(4) SENTARA HEALTHCARE SYSTEMS							BREAST EDUCATION
600 GRESHAM DRIVE NORFOLK, VA 23507	52-1271901	501(C)(3)	10,000.				AND HEALTH
(5) MEDSTAR HARBOR HOSPITAL							BREAST EDUCATION
3001 S HANOVER ST #104 BALTIMORE, MD 21225	52-1284532	501(C)(3)	12,500.				AND HEALTH
(6) RESEARCH AMERICA							
PO BOX 222451 CHANTILLY, VA 20153-2451	52-1609875	501(C)(3)	7,500.				CANCER RESEARCH
(7) ASPEN CANCER CONFERENCE INC							
4383 MEDICAL DRIVE SAN ANTONIO, TX 78229	52-1746776	501(C)(3)	16,000.				CANCER CONTROL
(8) NATIONAL HISPANIC MEDICAL ASSN							
1920 L ST NW STE 725 WASHINGTON, DC 20036	52-1884446	501(C)(6)	10,000.				CANCER CONTROL
(9) SOCIETY FOR RSRCH ON NICOTINE&TOBACCO							
7600 TERRACE AVE #203 MIDDLETON, WI 53562	52-1906424	501(C)(3)	20,000.				CANCER CONTROL
(10) CAMPAIGN FOR TOBACCO-FREE KIDS	1						
1917 W 103RD ST UNIT 5 CHICAGO, IL 60643	52-1969967	501(C)(3)	340,000.				TOBACCO CONTROL
(11) TOBACCO FREE KIDS ACTION FUND							
1400 I ST NW STE 1200 WASHINGTON, DC 20005	52-1974904	501(C)(4)	200,000.				TOBACCO CONTROL
(12) FRIENDS OF CANCER RESEARCH	4						
1001 G ST NW, STE 900E WASHINGTON, DC 20001			50,000.				CANCER EDUCATION
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 ta	able			
3 Enter total number of other organizations listed in the line 1 table							

JSA

SCHEDULE I (Form 990)			Assistance t			-	омв No. 1545-0047 20 14			
· · ·	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.									
		-	tach to Form 990.	onn 990, Fait IV,			Open to Public			
Department of the Treasury nternal Revenue Service	rmation about S		990) and its instr	uctions is at www	v.irs.gov/form990		Inspection			
Name of the organization					in algo who move.	Employer identificat	-			
AMERICAN CANCER SOCIETY, INC.						13-1788491				
Part I General Information on Grants	and Assistanc	e				15 1700191	L			
1 Does the organization maintain records			arants or assistar	nce the grantees	' eligibility for the grap	ts or assistance and				
the selection criteria used to award the			-	-			X Yes No			
2 Describe in Part IV the organization's pr										
Part II Grants and Other Assistance Part IV, line 21, for any recipie	to Domestic Or	ganizations a	nd Domestic Gov	ernments. Com	plete if the organiz additional space is i	ation answered "Y needed.	es" to Form 990,			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) UNIVERSITY OF MARYLAND, BALTIMORE							EXTRAMURAL RESEARCH			
620 LEXINGTON ST. BALTIMORE, MD 21201	52-6002033	OTHER	912,000.				GRANT			
(2) THE CATHOLIC UNIVERSITY OF AMERICA			,				EXTRAMURAL RESEARCH			
620 MICHIGAN AVE. WASHINGTON, DC 20064	53-0196583	501(C)(3)	80,000.				GRANT			
(3) GEORGE WASHINGTON UNIVERSITY										
2150 PA AVE NW WASHINGTON, DC 20037	53-0196584	501(C)(3)	59,552.				CANCER EDUCATION			
(4) GEORGETOWN UNIVERSITY							EXTRAMURAL RESEARCH			
40000 RESERVOIR RD. WASHINGTON, DC 20007	53-0196603	501(C)(3)	728,000.				GRANT			
(5) GEORGETOWN UNIVERSITY										
40000 RESERVOIR RD. WASHINGTON, DC 20007	53-0196603	501(C)(3)	32,685.				TOBACCO CONTROL			
(6) NATIONAL ACADEMY OF SCIENCES										
500 5TH ST NW RM T433C WASHINGTON, DC 20	001 53-0196932	501(C)(3)	243,810.				CANCER EDUCATION			
(7) FIRST BAPTIST CHURCH										
418 EAST BUTE STREET NORFOLK, VA 23510	54-0567801	501(C)(3)	6,000.				CANCER CONTROL			
(8) SOUTHEASTERN VA HEALTH SYSTEM							COLORECTAL EDUCATIO			
1033 28TH ST 2ND FL NEWPORT NEWS, VA 236	07 54-1083954	501(C)(3)	37,500.				AND HEALTH			
(9) IVY BAPTIST CHURCH										
50 MAPLE AVE NEWPORT NEWS, VA 23607	54-1109914	OTHER	5,850.				CANCER CONTROL			
10) EAST END BAPTIST CHURCH										
523 E WASHINGTON ST SUFFOLK, VA 23434	54-1186578	501(C)(3)	6,000.				CANCER CONTROL			
11) SECOND CALVARY BAPTIST CHURCH										
2940 CORPREW AVE NORFOLK, VA 23504	54-1245514	501(C)(3)	6,000.				CANCER CONTROL			
2940 CORPREW AVE NORFOLK, VA 25504		1				1				
12) FOURTH BAPTIST CHURCH										

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	G(Com ► Informa		OMB No. 1545-0047 20 14 Open to Public Inspection					
Name of the organization							Employer identificat	ion number
AMERICAN CANCER	R SOCIETY, INC.						13-1788491	L
Part I General I	nformation on Grants ar	d Assistanc	e					
Part II Grants an Part IV, lin 1 (a) Name and	IV the organization's proce nd Other Assistance to I ne 21, for any recipient the address of organization	Domestic Or	ganizations and former than \$5	(d) Amount of cash	vernments. Com De duplicated if a	(f) Method of valuation (book, FMV, appraisal,	eeded. (g) Description of	(h) Purpose of grant
Or	government		if applicable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) PATIENT ADVOCATE	FOUNDATION	_						
421 BUTLER FARM F	RD HAMPTON, VA 23666	54-1806317	501(C)(3)	800,000.				CANCER EDUCATION
(2) ALEXANDRIA NEIGHE	BORHOOD HLTH SVCS INC	_						COLORECTAL EDUCATION
2445 ARMY NAVY DF	R ARLINGTON, VA 22206	54-1849891	501(C)(3)	40,000.				AND HEALTH
(3) VERNON J HARRIS E	E & COMM HEALTH CTR							BREAST EDUCATION
2025 E MAIN ST ST	TE 105 RICHMOND, VA 23233	54-1884190	501(C)(3)	37,500.				AND HEALTH
(4) VIRGINIA COMMONWE	EALTH UNIVERSITY							EXTRAMURAL RESEARCH
					1			

2025 E MAIN ST STE 105 RICHMOND, VA 23233	54-1884190	501(C)(3)	37,500.	AND HEALTH
(4) VIRGINIA COMMONWEALTH UNIVERSITY				EXTRAMURAL RESEARCH
PO BOX 980568 RICHMOND, VA 23298-0568	54-6001758	501(C)(3)	1,217,000.	GRANT
(5) UNIVERSITY OF VIRGINIA				EXTRAMURAL RESEARCH
PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	912,000.	GRANT
(6) WEST VIRGINIA UNIVERSITY				EXTRAMURAL RESEARCH
886 CHESNUT RIDGE ROAD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	60,000.	GRANT
(7) ETSU RESEARCH FOUNDATION				COLORECTAL EDUCATION
405 ROSS HALL JOHNSON CITY, TN 37614	55-0788917	501(C)(3)	12,500.	AND HEALTH
(8) DUKE UNIVERSITY				EXTRAMURAL RESEARCH
2200 W. MAIN ST, STE 710 DURHAM, NC 27705	56-0532129	501(C)(3)	845,500.	GRANT
(9) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL				EXTRAMURAL RESEARCH
104 AIRPORT DR, #2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	4,611,500.	GRANT
(10) CAROLINAS HEALTHCARE FDN				BREAST EDUCATION
PO BOX 32861 CHARLOTTE, NC 28232-2861	56-6060481	501(C)(3)	51,875.	AND HEALTH
(11) BEAUFORT JASPER HAMPTON COMP HLTH SRVS INC				COLORECTAL EDUCATION
1320 RIBAUT RD PORT ROYAL, SC 29935	57-0523586	501(C)(3)	50,000.	AND HEALTH
(12) LITTLE RIVER MEDICAL CENTER				BREAST EDUCATION
	57-0672117		50,000.	AND HEALTH
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 table	
3 Enter total number of other organizations I	isted in the li	ne 1 table	<u> </u>	

Schedule I (Form 990) (2014)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	GO GO Comp ► Informat		OMB No. 1545-0047 20 14 Open to Public Inspection							
Name of the organization							Employer identificati	on number		
AMERICAN CANCER	SOCIETY, INC.						13-1788491			
Part I General Ir	Part I General Information on Grants and Assistance									
the selection crite 2 Describe in Part Part II Grants an										
	address of organization overnment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) SPARTANBURG REGIO	NAL HEALTH									
	EET SPARTANBURG, SC 29303	57-0937166	501(C)(3)	15,000.				CANCER CONTROL		
(2) EAU CLAIRE COOPER	ATIVE HEALTH CTRS INC							COLORECTAL EDUCATION		
1800 ST JULIAN PL	#308 COLUMBIA, SC 29204	57-0965445	501(C)(3)	12,500.				AND HEALTH		
(3) MEDICAL UNIVERSIT	Y OF SOUTH CAROLINA	-						EXTRAMURAL RESEARCH		

I800 ST JULIAN PL #308 COLUMBIA, SC 29204	57-0965445	501(C)(3)	12,500.	AND HEALTH			
(3) MEDICAL UNIVERSITY OF SOUTH CAROLINA				EXTRAMURAL RESEARCH			
19 HAGOOD AVE #606 CHARLESTON, SC 29425	57-6000722	501(C)(3)	1,584,000.	GRANT			
(4) EMORY UNIVERSITY				EXTRAMURAL RESEARCH			
1599 CLIFTON RD NE 4TH FL ATLANTA, GA 30322	58-0566256	501(C)(3)	360,000.	GRANT			
(5) FAMILY HEALTH CENTERS OF GA				COLORECTAL EDUCATION			
868 YORK AVE SW ATLANTA, GA 30310	58-1233448	501(C)(3)	40,000.	AND HEALTH			
(6) SOUTHWEST GEORGIA HEALTH CARE				COLORECTAL EDUCATION			
804 E 16TH AVE CORDELE, GA 31015	58-1335405	501(C)(3)	37,500.	AND HEALTH			
(7) ALBANY AREA PRIMARY HEALTHCARE				COLORECTAL EDUCATION			
204 NORTH WESTOVER BLVD ALBANY, GA 31707	58-1344015	501(C)(3)	37,500.	AND HEALTH			
(8) UNIVERSITY OF GEORGIA				EXTRAMURAL RESEARCH			
617 BOYD GSRC ATHENS, GA 30602-7411	58-1353149	501(C)(3)	1,550,000.	GRANT			
(9) GEORGIA REGENTS RESEARCH INSTITUTE INC				EXTRAMURAL RESEARCH			
1120 15TH STREET AUGUSTA, GA 30912	58-1418202	501(C)(3)	270,000.	GRANT			
(10) ST JOSEPH'S MERCY FOUNDATION				BREAST EDUCATION			
1100 JOHNSON FERRY ROAD ATLANTA, GA 30342	58-1448522	501(C)(3)	46,325.	AND HEALTH			
(11) RURAL HEALTH GROUP				BREAST EDUCATION			
PO BOX 640 ROANOKE RAPIDS, NC 27870	58-1640184	501(C)(3)	37,500.	AND HEALTH			
(12) UNIVERSITY OF GEORGIA				BREAST AND CERVICAL			
1095 COLLEGE STATION RD ATHENS, GA 30602	58-6001998		15,000.	EDUCATION			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations	listed in the li	ne 1 table	<u></u>				

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

Schedule I (Form 990) (2014)

JSA

SCHEDULE I (Form 990)				Assistance t	-	•		OMB No. 1545-0047
			•	ndividuals in				2014
	Com	plete if the o	-	swered "Yes" to F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury	.		,	tach to Form 990. n 990) and its instr				Open to Public
Internal Revenue Service		Inspection						
Name of the organization							Employer identificat	
AMERICAN CANCER S							13-178849	1
Part I General Info	ormation on Grants and	d Assistanc	е					
	ion maintain records to s			•	•	• • •		
	a used to award the grant							X Yes No
2 Describe in Part IV	the organization's procee	dures for mor	nitoring the use	of grant funds in the	e United States.			
1 (a) Name and add or gov	dress of organization ernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JESSIE TRICE COMMUN	ITY HEALTH CENTER							BREAST EDUCATION
5607 NW 27TH AVE MI	AMI, FL 33142	59-1235617	501(C)(3)	37,500.				AND HEALTH
(2) COMMUNITY HEALTH OF	SOUTH FL	_						BREAST EDUCATION
10300 SW 216 STREET	MIAMI, FL 33190	59-1372690	501(C)(3)	47,999.				AND HEALTH
(3) CENTRAL FL HEALTH C	ARE INC	_						COLORECTAL EDUCATION
950 COUNTY RD 17A W	EST AVON PARK, FL 33825	59-1404594	501(C)(3)	10,500.				AND HEALTH
(4) BORINQUEN MEDICAL C	ENTERS	_						COLORECTAL EDUCATION
3601 FEDERAL HIGHWAY	Y MIAMI, FL 33161	59-1417397	501(C)(3)	32,500.				AND HEALTH
(5) COMMUNITY HEALTH CE	NTERS INC	_						BREAST EDUCATION
110 S WOODLAND ST W	INTER GARDEN, FL 34787	59-1480970	501(C)(3)	32,500.				AND HEALTH
(6) PROJECT HEALTH INC								COLORECTAL EDUCATION
1425 S US HIGHWAY 3	01 SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	10,500.				AND HEALTH
(7) FLORIDA COMMUNITY H	EALTH CENTE							COLORECTAL EDUCATION

10,500.

(8) HEALTH CARE NETWORK OF SW FL						COLORECTAL E
1454 MADISON AVE IMMOKALEE, FL 34142	59-1741277	501(C)(3)	10,500.			AND HEALTH
(9) CENTRAL FLORIDA FAMILY HEALTH CENTER INC						COLORECTAL E
2400 STATE ROAD 415 SANFORD, FL 32771-6012	59-1741286	501(C)(3)	10,500.			AND HEALTH
(10) MANATEE CTY RURAL HEALTH SRVCS INC						COLORECTAL E
700 8TH AVE W STE 101 PALMETTO, FL 34221	59-1773262	501(C)(3)	32,500.			AND HEALTH
(11) RURAL HEALTH CARE INC DBA AZALEA HEALTH						COLORECTAL E
613 ST JOHNS AVE PALATKA, FL 32177	59-1792958	501(C)(3)	10,500.			AND HEALTH
(12) MIAMI BEACH COMMUNITY HEALTH						COLORECTAL E
11645 BISCAYNE BLVD NORTH MIAMI, FL 33181	59-1829984	501(C)(3)	37,500.			AND HEALTH
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 ta	able	 	
3 Enter total number of other organizations li	sted in the li	ne 1 table			 · · · · · · · · · · · · · · · · · · ·	

59-1671640 501(C)(3)

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

4450 S TIFFANY DR WEST PALM BEACH, FL 33407

Schedule I (Form 990) (2014)

AND HEALTH

EDUCATION

EDUCATION

EDUCATION

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EDUCATION

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Form 990) Governments, and Individuals in the United States repartment of the Treasury Iternal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		OMB No. 1545-0047
Name of the organization		Employer identif	fication number
AMERICAN CANCER	SOCIETY, INC.	13-17884	491
Part I General I	nformation on Grants and Assistance		
	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o eria used to award the grants or assistance?		and X 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITRUS HEALTH NETWORK							COLORECTAL EDUCATION
4125 WEST 20TH AVE HIALEAH, FL 33012	59-1865751	501(C)(3)	37,500.				AND HEALTH
(2) NORTH FLORIDA MEDICAL CENTERS							COLORECTAL EDUCATION
2804 REMINGTON GRN CIR TALLAHASEE, FL 32308	59-1915144	501(C)(3)	37,500.				AND HEALT
(3) COMM HEALTH CENTERS OF PINELLAS							COLORECTAL EDUCATION
1344 22ND ST S ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	32,500.				AND HEALTH
(4) TAMPA FAMILY HEALTH CENTERS							COLORECTAL EDUCATION
PO BOX 82969 TAMPA, FL 33682	59-2420282	501(C)(3)	37,500.				AND HEALTH
(5) HEART OF FLORIDA HEALTH CENTER							COLORECTAL EDUCATION
1025 SW 1ST AVE OCALA, FL 34471	59-3060378	501(C)(3)	32,500.				AND HEALTH
(6) TREASURE COAST COMMUNITY HEALT							COLORECTAL EDUCATION
12196 CR 512 FELLSMERE, FL 32948	59-3219191	501(C)(3)	10,500.				AND HEALTH
(7) I M SULZBACHER CTR FOR THE HOMELESS	_						BREAST EDUCATION
611 E ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	38,343.				AND HEALTH
(8) H LEE MOFFITT CANCER CENTER	_						BREAST EDUCATION
12902 MAGNOLIA DR TAMPA, FL 33612-9497	59-3238634	501(C)(3)	18,502.				AND HEALTH
(9) H LEE MOFFITT CANCER CENTER	_						EXTRAMURAL RESEARCH
12902 MAGNOLIA DR TAMPA, FL 33612-9497	59-3238634	501(C)(3)	2,124,750.				GRANT
(10) BROWARD COMM & FAM HEALTH CTRS INC	_						COLORECTAL EDUCATION
5010 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	10,500.				AND HEALTH
(11) MIAMI-DADE CO DEPT OF HEALTH							BREAST EDUCATION
8600 NW 17 ST STE 200 DORAL, FL 33126	59-3502843	OTHER	12,500.				AND HEALTH
(12) UNIVERSITY OF FLORIDA							EXTRAMURAL RESEARCH
219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052		120,000.				GRANT
 2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations I 	d governmen isted in the li	t organizations ne 1 table	listed in the line 1 t	able		· · · · · · · · · · · · · · · · · · ·	

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

Schedule I (Form 990) (2014)

Department Charter No. Control Schedule 1 (Form 990). Control No. Control No. Name of the organization Information about Schedule 1 (Form 990). Employer identification number 13-1788491 Part I Ceneral Information of Crants and Assistance 13-1788491 Image data Post I Ceneral Information of Crants and Assistance Image data Image data 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EN (c) Received (l) Answer drame (b) Answer drame (c) Description drame (c) Partice drame (1) page torganization (b) EN (c) Received (l) Answer drame (c) Answer drame (c) Description drame (c) Descript	SCHEDULE I (Form 990)	Go	vernme	nts, and Ir	Assistance t ndividuals in swered "Yes" to F	n the United	d States		OMB No. 1545-0047		
Nume of the organization Employee identification number AMERICAN CANCER SOCIETY, INC. 13-1783491 Part General Information on Grants and Assistance 13-1783491 American Concernation maintain records to substantiate the amount of the grants or assistance, and the selection oriteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No 2 Describe in Part IV. In 24, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Part IV. In 24, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) Part prote of grant and other Assistance to Domestic Organization and proteins of an organization manwered "Yes" to Form 990, Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EN (c) EN (c) Recent (c) Part Part Part Part Part Part Part Part		► Informa	tion about S			uctions is at www	wirs gov/form000		Open to Public Inspection		
AMERICAN CANCER SOCIETY, INC. 13-1788491 Part General Information on Crants and Assistance No 1 Does the organization maintain received to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?,		F IIIOIIIa		chequie i (Forn	1 990) and its insti		w.ii's.gov/ioi111990.	Employer identificat			
Part I General Information 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?,	Ū	COCTETY INC									
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?. X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes (P) 1 (a) Name and address of organization's procedures for monitoring the use of grant funds in the United States. (f) Amount of call additional space is needed. (f) Purpose of grant of additional space is needed. 1 (a) Name and address of organization (b) EN (e) Sectore (f) (f) address of organization and the call additional space is needed. (f) Purpose of grant organization and the call additional space is needed. (f) Purpose of grant organization and the call additional space is needed. (f) Purpose of grant organization and the call additional space is needed. (f) Purpose of grant organization and neurophysical address of organization		•	d Assistanc	ρ				13-170049.			
the selection criteria used to award the grants or assistance?, X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Construction of power and the assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (a) Received (a) Amount of can sequence (b) Amount of can grant (b) Amount of can the abadance (b) Purpose of grant or cash abadance (b) Purpose of grant organization. (b) Purpose of grant organization. (c) Purpose of grant organization. (c) Description of read meating of the organization. (c) Purpose of grant organization. (1) East protein form (c) Purpose of grant sequence (c) Purpose of grant sequence (c) Purpose of grant organization. (c) Purpose of grant organization. (c) Purpose of grant organization. (c) Purpose of grant organization. (c) Purpose of grant 					a grante or assista	nce the grantees	e' eligibility for the grant	te or assistance and			
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part III can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) Execution (d) Particle and (d) Parti									X Yes No		
Part IV Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of each duplicated if additional space is needed. 1 (a) Name and address of organization of governments (b) EN (c) RC section grant of each duplicated if additional space is needed. (f) Purposed of grant or government (g) Description of organization of governments. Complete if the organization answered "Yes" to Form 990, organization of government (1) PARK DVALLE COM IEALTH CENTER INC (g) EN (g) RC section grant or governments. Complete if the organization of governments. Complete if the organization answered "Yes" to Form 990, organization of governments. Complete if the organization answered "Yes" to Form 990, organization of governments. Complete if the organization answered "Yes" to Form 990, organization of governments. Complete if the organization answered "Yes" to Form 990, organization answered "Yes" to Form 990, organization of governments. Complete if the organization answered "Yes" to Form 990, organization of governments. Complete integration of governments. Complete integrated integrated integovernments. Complete integration of governmen											
(4) Name and address of ugan kallori (b) Pail (c) (c) (c) (c) And a data (c)	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
3015 WILSON AVE LOUISVILLE, KY 40211 61-0666209 S01(C)(3) 36,000. AND HEALTH (2) HOSPARUS, INC. EXTRAURAL RESEARCH EXTRAURAL RESEARCH EXTRAURAL RESEARCH 3030 E MARKET ST 4300 LOUISVILLE, KY 40202 61-022718 S01(C)(3) 24,000. SEABT 300 E MARKET ST 4300 LOUISVILLE, KY 40202 61-022626 S01(C)(3) 822,000. SEABT 300 E MARKET ST 4300 LOUISVILLE, KY 40202 61-022626 S01(C)(3) 722,000. SEABT (4) UNIVERSITY OF LOUISVILLE, KY 40202 61-022626 S01(C)(3) 722,000. SEART (5) VANDERBILT UNIVERSITY MEDICAL CENTER EXTRAURAL RESEARCH SEART SEART (6) CHERCHE BERLIN STYREMS S01(C)(3) 722,000. SEART (6) CHERCHE BERLIN STREMS S01(C)(3) 37,500. SEART (7) SAINT JUDE CHILDERN'S RESEARCH HOSPITAL S01(C)(3) 37,500. SEART (8) MEMMIN S HALTE CHERE S01(C)(3) 37,500. SEART (9) MANTHEN MALTER COMPENSIS, TN 38105 S2-0646012 S01(C)(3) 79,750. SEART (10) UNIVERSITY OF TENNESSEE S01(C)(3			(b) EIN				(book, FMV, appraisal,				
3015 WILSON AVE LOUISVILLE, KY 40211 61-0666209 S01(C)(3) 36,000. AND HEALTH (2) HOSPARUS, INC. EXTRAURAL RESEARCH EXTRAURAL RESEARCH EXTRAURAL RESEARCH 3030 E MARKET ST 4300 LOUISVILLE, KY 40202 61-022718 S01(C)(3) 24,000. SEABT 300 E MARKET ST 4300 LOUISVILLE, KY 40202 61-022626 S01(C)(3) 822,000. SEABT 300 E MARKET ST 4300 LOUISVILLE, KY 40202 61-022626 S01(C)(3) 722,000. SEABT (4) UNIVERSITY OF LOUISVILLE, KY 40202 61-022626 S01(C)(3) 722,000. SEART (5) VANDERBILT UNIVERSITY MEDICAL CENTER EXTRAURAL RESEARCH SEART SEART (6) CHERCHE BERLIN STYREMS S01(C)(3) 722,000. SEART (6) CHERCHE BERLIN STREMS S01(C)(3) 37,500. SEART (7) SAINT JUDE CHILDERN'S RESEARCH HOSPITAL S01(C)(3) 37,500. SEART (8) MEMMIN S HALTE CHERE S01(C)(3) 37,500. SEART (9) MANTHEN MALTER COMPENSIS, TN 38105 S2-0646012 S01(C)(3) 79,750. SEART (10) UNIVERSITY OF TENNESSEE S01(C)(3	(1) PARK DUVALLE COMM	1 HEALTH CENTER INC							COLORECTAL EDUCATION		
(2) HOSPARUS, INC. EXTRAMURAL RESEARCH 3552 EPHRAIM WCIMEL DE LOUISVILLE, KY 40205 61-0921718 501(c) (3) 24,000. GRANT (3) UNIVERSITY OF LOUISVILLE, KY 40205 61-0921718 501(c) (3) 822,000. GRANT (4) UNIVERSITY OF LOUISVILLE, KY 40206 61-032656 501(c) (3) 822,000. GRANT (4) UNIVERSITY OF KENTUCKY RESEARCH FDN EXTRAMURAL RESEARCH EXTRAMURAL RESEARCH 500 SOUTH LINESTONE LEXINTON, KY 40526 61-603693 501(c) (3) 792,000. GRANT (5) VANDERBILT UNIVERSITY MEDICAL CENTER EXTRAMURAL RESEARCH EXTRAMURAL RESEARCH GRANT 1400 18TH AVE SOUTH NASKVILLE, N 37212 62-0476822 501(c) (3) 653,500. GRANT (6) CHEROKRE HEALTH SYSTEMS COLORECTAL EDUCATION KXTRAMURAL RESEARCH GRANT (7) SAINT JUDE CHILDEN'S RESEARCH HOSPITAL 62-0646012 501(c) (3) 37,500. RANT (8) MEMPHIS HEALTH CENTER 1035 14TH AVE NORTH NASRVILLE, IN 37208 62-016365 501(c) (3) 37,500. RANT (10) UNIVERSITY MARKER CENTER 501(c) (3) 37,500. RANT RESEARCH HOSPITAL<			61-0666209	501(C)(3)	36,000.						
3532 EPHRAIM MCDWLL DR LOUISVILLE, KY 40205 61-0921718 501(C)(3) 24,000. SRANT (3) DUIVERSITY OF LOUISVILLE, KY 40202 61-0921718 501(C)(3) 822,000. GRANT 300 E MARKET ST #300 LOUISVILLE, KY 40202 61-1029626 501(C)(3) 822,000. GRANT 4(1) DUIVERSITY OF KENTICKY RESEARCH FDN 501(C)(3) 792,000. GRANT 500 SOUTH LIMESTONE LEXINGTON, KY 40526 61-6033693 501(C)(3) 792,000. GRANT (6) VANDERBILT UNIVERSITY MEDICAL CENTER 62-0476822 501(C)(3) 653,500. GRANT (6) CHEROKEE HEALTH SYSTEMS 62-0476822 501(C)(3) 37,500. AND HEALTH (7) SAINT JUDE CHILDREN'S RESEARCH HOSPITAL 62-064012 501(C)(3) 37,500. AND HEALTH (6) MEMPHIS, HEALTH CENTER 62-064012 501(C)(3) 37,500. AND HEALTH (10) INIVERSITY OF TEMPERSER 62-061356 501(C)(3) 37,500. AND HEALTH (2) MATTHEW MALKER COMPERMENSING HUT CTX INC 1035 62-061636 501(C)(3) 37,500. AND HEALTH (3) MATHEW MALKER COMPERMENSING HUT CTX INC											
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(4) UNIVERSITY OF KENTUCKY RESEARCH FDN EXTRAMURAL RESEARCH 500 SOUTH LIMESTONE LEXINGTON, KY 40526 61-6033693 501(C)(3) 792,000. GRANT (5) VANDERBILT UNIVERSITY MEDICAL CENTER EXTRAMURAL RESEARCH STRAMURAL RESEARCH GRANT 1400 18TH AVE SOUTH NASHVILLE, TN 37212 62-0476822 501(C)(3) 653,500. GRANT (6) CHERCKEE HEALTH SYSTEMS COLORECTAL EDUCATION GRANT COLORECTAL EDUCATION 6350 W ANDREW JOHNSON HWY TALBOTT, TN 37877 62-0646012 501(C)(3) 37,500. AND HEALTH (7) SAINT JUDE CHILDREN'S RESEARCH HOSPITAL 62-0646012 501(C)(3) 1,006,000. GRANT (8) MEMPHIS HEALTH CENTER 62-0646012 501(C)(3) 37,500. AND HEALTH (9) MATTHEW WALKER COMPREHENSIVE HLTH CTR INC 52-0046012 501(C)(3) 79,375. AND HEALTH (10) UNIVERSITY OF TENNESSEE 1534 WHITE AVE. NROWYLLE, TN 37208 62-1035426 501(C)(3) 792,000. GRANT (11) FRANKLIN PRIMARY HEALTH CENTER 1534 WHITE AVE. NROWYLLE, TN 37996-0845 62-6001636 501(C)(3) 792,000. GRANT (11) FRANKLIN PRIMARY HEALTH CENTER 1534 WHITE AVE. NROWYLLE, TN 37996-0845 62-6001636	(3) UNIVERSITY OF LOU	JISVILLE RESEARCH FDN, INC.							EXTRAMURAL RESEARCH		
Sol South Limestone Lexington, ky 40526 61-6033693 501(C)(3) 792,000. GRANT (5) VANDERBILT UNIVERSITY MEDICAL CENTER EXTRAMURAL RESEARCH EXTRAMURAL RESEARCH 1400 187H AVE SOUTH NASHVILLE, TN 37212 62-0476822 501(C)(3) 653,500. GRANT (6) CHEROKEE HEALTH SYSTEMS COLORECTAL EDUCATION ANDREW JOHNSON HWY TALBOTT, TN 37877 62-0637925 501(C)(3) 37,500. AND HEALTH (7) SAINT JUDE CHLIDERN'S RESEARCH HOSPITAL EXTRAMURAL RESEARCH EXTRAMURAL RESEARCH SAINT 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 62-0646012 501(C)(3) 1,006,000. GRANT (6) MEMPHIS HEALTH CENTER COLORECTAL EDUCATION 360 ER CRUMP BLVD MEMPHIS, TN 38126 62-0818892 501(C)(3) 37,500. AND HEALTH (10) MATHEW WALKER COMPREHENSIVE HLTH CTX INC BREAST EDUCATION AND HEALTH BREAST EDUCATION AND HEALTH (10) UNIVERSITY OF TENNESSEE COLORECTAL EDUCATION BREAST EDUCATION AND HEALTH (11) FRANKLIN PRIMARY HEALTH CENTER S14(C)(3) 792,000. SRANT (11) FRANKLIN PRIMARY HEALTH CENTER S130 G(C)(3) 792,000. <td< td=""><td>300 E MARKET ST #</td><td>300 LOUISVILLE, KY 40202</td><td>61-1029626</td><td>501(C)(3)</td><td>822,000.</td><td></td><td></td><td></td><td>GRANT</td></td<>	300 E MARKET ST #	300 LOUISVILLE, KY 40202	61-1029626	501(C)(3)	822,000.				GRANT		
(5) VANDERBILT UNIVERSITY MEDICAL CENTER EXTRAMURAL RESEARCH 1400 18TH AVE SOUTH NASHVILLE, TN 37212 62-0476822 501(C)(3) 653,500. GRANT (6) CHEROKEE HEALTH SYSTEMS COLORECTAL EDUCATION AND HEALTH COLORECTAL EDUCATION 635.0 W ANDREW JOHNSON HWY TALBOTT, TN 37877 62-0637925 501(C)(3) 37,500. AND HEALTH (7) SAINT JUDE CHILDREN'S RESEARCH HOSPITAL COLORECTAL EDUCATION BXTRAMURAL RESEARCH 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 62-0646012 501(C)(3) 1,006,000. GRANT (8) MEMPHIS HEALTH CENTER COLORECTAL EDUCATION AND HEALTH EXTRAMURAL RESEARCH 360 EH CRUMP BLVD MEMPHIS, TN 38126 62-0818892 501(C)(3) 37,500. AND HEALTH (9) MATTHEW WALKER COMPREHENSIVE HITH CTR INC BREAST EDUCATION BREAST EDUCATION AND HEALTH 1035 14TH AVE NORTH NASHVILLE, TN 37996-0845 62-001636 501(C)(3) 79,375. BREAST EDUCATION 103 UNIVERSITY OF TENNESSEE S01(C)(3) 792,000. GRANT BREAST EDUCATION 1334 WHITE AVE. ROXVILLE, TN 37996-0845 </td <td>(4) UNIVERSITY OF KEN</td> <td>ITUCKY RESEARCH FDN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>EXTRAMURAL RESEARCH</td>	(4) UNIVERSITY OF KEN	ITUCKY RESEARCH FDN							EXTRAMURAL RESEARCH		
1400 18TH AVE SOUTH NASHVILLE, TN 37212 62-0476822 501(C)(3) 653,500. GRANT (6) CHEROKEE HEALTH SYSTEMS COLORECTAL EDUCATION AND HEALTH COLORECTAL EDUCATION 6350 W ANDREW JOHNSON HWY TALBOTT, TN 37877 62-0637925 501(C)(3) 37,500. AND HEALTH (7) SAINT JUDE CHILDREN'S RESEARCH HOSPITAL EXTRAMURAL RESEARCH EXTRAMURAL RESEARCH EXTRAMURAL RESEARCH 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 62-0646012 501(C)(3) 1,006,000. GRANT (8) MEMPHIS HEALTH CENTER 0 COLORECTAL EDUCATION AND HEALTH 360 EH CRUMP BLVD MEMPHIS, TN 38126 62-0818892 501(C)(3) 37,500. AND HEALTH (10) UNIVERSITY OF TENNESSEE BREAST EDUCATION BREAST EDUCATION BREAST EDUCATION 1331 HHITE AVE. KNOXVILLE, TN 37996-0845 62-6001636 501(C)(3) 792,000. GRANT (11) FRANKLIN PRIMARY HEALTH CENTER 0 BREAST EDUCATION BREAST EDUCATION BREAST EDUCATION 1303 DR MLK JR MOBILE, AL 36603 63-0695975 501(C)(3) 37,500. AND HEALTH COLORECTAL EDUCATION 1303 DR MLK JR MOBILE, AL 36603 63-1276483 501(C)(3) 37,500. AND HE	500 SOUTH LIMESTO	DNE LEXINGTON, KY 40526	61-6033693	501(C)(3)	792,000.				GRANT		
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(7) SAINT JUDE CHILDREN'S RESEARCH HOSPITAL EXTRAMURAL RESEARCH 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 62-0646012 501(C)(3) 1,006,000. GRANT (8) MEMPHIS HEALTH CENTER 0 0 0 0 0 0 360 EH CRUNP BLVD MEMPHIS, TN 38126 62-0818892 501(C)(3) 37,500. 0 0 0 0 1035 14TH AVE NORTH NASHVILLE, TN 37208 62-1035426 501(C)(3) 79,375. 0<	(6) CHEROKEE HEALTH S	SYSTEMS							COLORECTAL EDUCATION		
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(9) MATTHEW WALKER COMPREHENSIVE HLTH CTR INC 1035 14TH AVE NORTH NASHVILLE, TN 3720862-1035426501(C)(3)79,375.BREAST EDUCATION AND HEALTH(10) UNIVERSITY OF TENNESSEE 1534 WHITE AVE. KNOXVILLE, TN 37996-084562-6001636501(C)(3)792,000.GRANT(11) FRANKLIN PRIMARY HEALTH CENTER 1303 DR MLK JR MOBILE, AL 3660363-0695975501(C)(3)37,500.BREAST EDUCATION BREAST EDUCATION AND HEALTH(12) CAPSTONE RURAL HEALTH CLINIC 5947 ALABAMA 269 PARRISH, AL 3558063-1276483501(C)(3)37,500.AND HEALTH2Enter total number of section 501(C)(3) and government organizations listed in the line 1 tableLabel	(8) MEMPHIS HEALTH CE	INTER	_						COLORECTAL EDUCATION		
1035 14TH AVE NORTH NASHVILLE, TN 37208 62-1035426 501(C)(3) 79,375. AND HEALTH (10) UNIVERSITY OF TENNESSEE EXTRAMURAL RESEARCH EXTRAMURAL RESEARCH 1534 WHITE AVE. KNOXVILLE, TN 37996-0845 62-6001636 501(C)(3) 792,000. GRANT (11) FRANKLIN PRIMARY HEALTH CENTER BREAST EDUCATION BREAST EDUCATION AND HEALTH 1303 DR MLK JR MOBILE, AL 36603 63-0695975 501(C)(3) 37,500. AND HEALTH (12) CAPSTONE RURAL HEALTH CLINIC COLORECTAL EDUCATION AND HEALTH 5947 ALABAMA 269 PARRISH, AL 35580 63-1276483 501(C)(3) 37,500. AND HEALTH 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table Extended Enter	360 EH CRUMP BLVD	MEMPHIS, TN 38126	62-0818892	501(C)(3)	37,500.				AND HEALTH		
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(11) FRANKLIN PRIMARY HEALTH CENTER BREAST EDUCATION 1303 DR MLK JR MOBILE, AL 36603 63-0695975 501(C)(3) 37,500. AND HEALTH (12) CAPSTONE RURAL HEALTH CLINIC 63-1276483 501(C)(3) 37,500. COLORECTAL EDUCATION 5947 ALABAMA 269 PARRISH, AL 35580 63-1276483 501(C)(3) 37,500. AND HEALTH 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter table Enter	(10) UNIVERSITY OF TEN	INESSEE	_						EXTRAMURAL RESEARCH		
1303 DR MLK JR MOBILE, AL 36603 63-0695975 501(C)(3) 37,500. AND HEALTH (12) CAPSTONE RURAL HEALTH CLINIC 5947 ALABAMA 269 PARRISH, AL 35580 63-1276483 501(C)(3) 37,500. AND HEALTH 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Image: Colorect and C	1534 WHITE AVE. K	NOXVILLE, TN 37996-0845	62-6001636	501(C)(3)	792,000.				GRANT		
(12) CAPSTONE RURAL HEALTH CLINIC COLORECTAL EDUCATION 5947 ALABAMA 269 PARRISH, AL 35580 63-1276483 501(C)(3) 37,500. and health 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table >	(11) FRANKLIN PRIMARY	HEALTH CENTER	_						BREAST EDUCATION		
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) CAPSTONE RURAL HE	CALTH CLINIC	4						COLORECTAL EDUCATION		
3 Enter total number of other organizations listed in the line 1 table											
	3 Enter total nun	nber of other organizations I	isted in the li	ne 1 table	<u></u>		<u></u>	<u></u>			

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

Schedule I (Form 990) (2014)

SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990) Go	vernmei	nts, and Ir	ndividuals in swered "Yes" to F	n the United	d States		2014
		-	tach to Form 990.	onn 000, r art rr,			Open to Public
Department of the Treasury Internal Revenue Service	tion about So	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identificat	ion number
AMERICAN CANCER SOCIETY, INC.						13-1788491	L
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grants	or assistance, and	
the selection criteria used to award the grant2 Describe in Part IV the organization's process	s or assistanc	e?					X Yes No
			<u> </u>				
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th							es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF ALABAMA AT BIRMINGHAM							BREAST EDUCATION
1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	OTHER	25,000.				AND HEALTH
(2) UNIVERSITY OF ALABAMA AT BIRMINGHAM							EXTRAMURAL RESEARCH
1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	OTHER	2,060,000.				GRANT
(3) CENTRAL MS HEALTH SERVICES							BREAST EDUCATION
1134 WINTER ST JACKSON, MS 39204	64-0426295	501(C)(3)	7,500.				AND HEALTH
(4) JACKSON HINDS COMP HEALTH CTR							BREAST EDUCATION
3502 W NORTHSIDE DR JACKSON, MS 39213	64-0506107	501(C)(3)	7,500.				AND HEALTH
(5) CAMILLUS HEALTH CONCERN INC							COLORECTAL EDUCATION
336 NW 5TH ST MIAMI, FL 33136	65-0063921	501(C)(3)	10,500.				AND HEALTH
(6) DPT OF HEALTH, SARASOTA COUNTY							COLORECTAL EDUCATION
2200 RINGLING BLVD SARASOTA, FL 34237	65-0478868	OTHER	10,500.				AND HEALTH
(7) TULANE UNIVERSITY							EXTRAMURAL RESEARCH
1430 TULANE AVENUE NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	791,000.				GRANT
(8) EXCELTH INC							BREAST EDUCATION
1515 POYDRAS #1070 NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	10,000.				AND HEALTH
(9) DAUGHTERS OF CHARITY SVCS OF NEW ORLEANS							BREAST EDUCATION
3201 S CARROLTON AVE NEWE ORLEANS, LA 70118	72-1332678	501(C)(3)	37,500.				AND HEALTH
(10) INDIAN HEALTH CARE RESOURCE CTR OF TULSA	_						COLORECTAL EDUCATION

550 S PEORIA AVE TULSA, OK 74120 73-1042545 501(C)(3) 37,500. AND HEALTH (11) VARIETY CARE COLORECTAL EDUCATION 3000 N GRAND AVE OKLAHOMA CITY, OK 73107 73-1088577 501(C)(3) 37,500. AND HEALTH (12) UNI OF TEXAS MEDICAL BRANCH AT GALVESTON EXTRAMURAL RESEARCH 301 UNIVERSITY BLVD GALVESTON, TX 77550 74-1343044 501(C)(3) 712,000. AND HEALTH 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

JSA

(Form 990) Ge Com	rm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Intervenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.									
Name of the organization						Employer identificat	tion number			
AMERICAN CANCER SOCIETY, INC.						13-1788493	1			
Part I General Information on Grants ar	d Assistanc	е								
 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? 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 I Part IV, line 21, for any recipient to 1 (a) Name and address of organization or government					(f) Method of valuation (book, FMV, appraisal,		(h) Purpose of grant or assistance			
			3		other)	non-cash assistance				
(1) HARRIS CO HOSPITAL DIST FND	-						BREAST & COLORECTAL			
2525 HOLLY HALL STE 292 HOUSTON, TX 77054	74-1536936	OTHER	45,000.				EDUCATION & HEALTH			
(2) COMM HEALTH CTRS OF S CENTRAL TEXAS	-	501(0)(2)	27 500				COLORECTAL EDUCATION			
228 ST GEORGE ST GONZALES, TX 78629 (3) BAYLOR COLLEGE OF MEDICINE	74-1548089	501(C)(3)	37,500.				AND HEALTH COLORECTAL EDUCATION			
ONE BAYLOR COLLEGE OF MEDICINE	74-1613878	501(C)(3)	10,000.				AND HEALTH			
(4) BAYLOR COLLEGE OF MEDICINE	/4 10150/0	501(0)(3)	10,000.				EXTRAMURAL RESEARCH			
ONE BAYLOR PLAZA BCM 310 HOUSTON, TX 77030										
(5) BRAZOS VALLEY COMM ACTION AGENCY INC			_,501,000.				GRANT COLORECTAL EDUCATION			
3370 S TEXAS AVE BRYAN, TX 77802	74-1715140	501(C)(3)	37,500.				AND HEALTH			
(6) BARRIO COMPREHENSIVE FAM HLTH CTRS INC							COLORECTAL EDUCATION			

3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	37,500.	AND HEALTH				
(7) ATASCOSA HEALTH CENTER INC				COLORECTAL EDUCATION				
310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	12,500.	AND HEALTH				
(8) MIGRANT CLINICIANS NETWORK				COLORECTAL EDUCATION				
PO BOX 164285 AUSTIN, TX 78716	74-2662919	501(C)(3)	10,000.	AND HEALTH				
(9) THE UNIVERSITY OF TEXAS AT AUSTIN				EXTRAMURAL RESEARCH				
101 E 27TH ST, STE 5.300 AUSTIN, TX 78712	74-6000203	501(C)(3)	1,314,500.	GRANT				
(10) UNI OF TEXAS M.D. ANDERSON CANCER CENTER				EXTRAMURAL RESEARCH				
1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	2,209,500.	GRANT				
(11) COMMUNITY HEALTH SERVICES AGEN				COLORECTAL EDUCATION				
PO BOX 1908 GREENVILLE, TX 75402	75-1528614	501(C)(3)	12,500.	AND HEALTH				
(12) INTERAMERICAN HEART FOUNDATION								
7272 GREENVILLE AVE DALLAS, TX 75231-4596	75-2605363	501(C)(3)	20,000.	CANCER CONTROL				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
3 Enter total number of other organizations listed in the line 1 table								

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

Schedule I (Form 990) (2014)

(Form 990) Go	overnme	nd Other A nts, and Ir rganization ans		OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	tion about S		tach to Form 990. n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identificat	-
AMERICAN CANCER SOCIETY, INC.						13-1788491	L
Part I General Information on Grants an	d Assistanc	e					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's procession 	ts or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t							es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNI OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390-9020	75-6002868	501(C)(3)	1,052,000.				EXTRAMURAL RESEARCH GRANT
(2) LEGACY COMMUNITY HEALTH SVCS							COLORECTAL EDUCATION
PO BOX 66308 HOUSTON, TX 77266-6308	76-0009637	501(C)(3)	37,500.				AND HEALTH
(3) METHODIST HOSPITAL FOUNDATION							BREAST EDUCATION
1707 SUNSET BLVD HOUSTON, TX 77005	76-0094743	501(C)(3)	24,989.				AND HEALTH
(4) THE ROSE							CANCER CONTROL &
12700 FEATHERWOOD STE 260 HOUSTON, TX 77034	76-0193812	501(C)(3)	40,000.				BREAST EDUCATION
(5) GULF COAST HEALTH CENTER INC							COLORECTAL EDUCATION
2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	37,500.				AND HEALTH
(6) EL CENTRO DE CORAZON							BREAST EDUCATION
PO BOX 230209 HOUSTON, TX 77233	76-0442781	501(C)(3)	10,000.				AND HEALTH
(7) CENTRAL CARE COMMUNITY HEALTH							BREAST EDUCATION
8610 MLK JR BLV HOUSTON, TX 77033	76-0444982	501(C)(3)	37,500.				AND HEALTH
(8) N AMERICAN ASSO. OF CTRL CANCER REGISTRIES							INTRAMURAL RESEARCH
32960 ALVARADO-NLS RD UNION CITY, CA 94587	77-0324654	501(C)(3)	62,923.				GRANT
(9) GENESIS COMMUNITY HEALTH INC							COLORECTAL EDUCATION
564 E WOOLBRIGHT RD BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	10,500.				AND HEALTH
(10) TERRY REILLY HEALTH SERVICES							IMPROVE HEALTHCARE
223 16TH AVE N NAMPA, ID 83653	82-0300537	501(C)(3)	37,500.				SYSTEMS
(11) ERIE COUNTY MEDICAL CENTER							IMPROVE HEALTHCARE
462 GRIDER ST ST2 G-1 BUFFALO, NY 14215	83-0382654	OTHER	10,000.				SYSTEMS
(12) SALUD FAMILY HEALTH CENTERS							COLORECTAL EDUCATION
220 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	37,500.				AND HEALTH
2 Enter total number of section 501(c)(3) an	d governmen	t organizations	listed in the line 1 t	able			
3 Enter total number of other organizations I	isted in the li	ne 1 table	<u></u>	<u></u>	<u> </u>	<u> </u>	
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 9	990.				Sci	hedule I (Form 990) (2014)
JSA							

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.									
Department of the Treasury Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								Inspection		
Name of the organization							Employer identificat	ion number		
AMERICAN CANCER SOCIETY	, INC.						13-1788492	L		
Part I General Information	on Grants and As	ssistance	9				•			
2 Describe in Part IV the organ Part II Grants and Other As Part IV, line 21, for a 1 (a) Name and address of org or government	ssistance to Dom iny recipient that	estic Org	ganizations a	nd Domestic Gov	ernments. Com			(h) Purpose of grant or assistance		
	_					otiler)				
(1) PUEBLO COMMUNITY HEALTH CENTE		0001501	501 (0) (0)	0.550				IMPROVE HEALTHCARE		
(2) CLINICA TEPEYAC	4 84-	-0921521	501(C)(3)	8,750.				SYSTEMS BRST EDCTN & HLTH;		
5075 LINCOLN ST DENVER, CO 80	216 84-	-1285505	501(C)(3)	16,908.				IMPROVE HLTHCRE SYS		
(3) UNIVERSITY OF COLORADO DENVER		1205505	501(0)(5)	10,500.				EXTRAMURAL RESEARCH		
500 13001 E 17TH PL AURORA, C		-6000555	501(C)(3)	636,500.				GRANT		
(4) PRESBYTERIAN MEDICAL SERVICES								COLORECTAL EDUCATION		
1422 PASEO DE PERALTA SANTA F		-0206810	501(C)(3)	12,500.				AND HEALTH		
(5) UNIVERSITY OF NEW MEXICO FND										

13,402.

300,000.

790,000.

10,000.

37,500.

12,500.

24,000.

7,500

85-0275408 501(C)(3)

85-6000642 501(C)(3)

94-1196203 501(C)(3)

86-0663432 501(C)(3)

86-0800150 501(C)(3)

86-0816675 501(C)(3)

501(C)(3)

501(C)(3)

86-0296211

86-0498020

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

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

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

700 LOMAS BLVD NE ALBUQUERQUE, NM 87102

HSC MSC09 5220 ALBUQUERQUE, NM 87131-0001

(7) ST. JOSEPH'S HOSPITAL&MEDICAL CTR, PHOENIX

350 WEST THOMAS ROAD PHOENIX, AZ 85013

865 N ARIZOLA RD CASA GRANDE, AZ 85122

PO BOX 3630 FLAGSTAFF, AZ 86003-3630

839 W CONGRESS ST TUCSON, AZ 85745

2702 N THIRD ST STE 4020 PHOENIX, AZ 85004

200 FIRST STREET, S.W. ROCHESTER, MN 55905

(6) UNIVERSITY OF NEW MEXICO HSC

(8) SUN LIFE FAMILY HEALTH CENTER

(9) MOUNTAIN PARK HEALTH CENTER

(10) NORTH COUNTRY HEALTHCARE

(11) MAYO CLINIC CANCER CENTER

(12) EL RIO HEALTH CTR FOUNDATION

Schedule I (Form 990) (2014)

CAMP PROGRAM

GRANT

GRANT

SYSTEMS

SYSTEMS

SYSTEMS

GRANT

SYSTEMS

►

EXTRAMURAL RESEARCH

EXTRAMURAL RESEARCH

IMPROVE HEALTHCARE

IMPROVE HEALTHCARE

IMPROVE HEALTHCARE

EXTRAMURAL RESEARCH

IMPROVE HEALTHCARE

2 3

SCHEDULE I (Form 990)	Go	vernme	nts, and li	Assistance t ndividuals in swered "Yes" to F tach to Form 990.	n the United	d States		OMB No. 1545-0047
Internal Revenue Service	Information	tion about S	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identification	
AMERICAN CANCER	,						13-178849	1
Part I General In	formation on Grants and	d Assistanc	е					
2 Describe in Part I	ria used to award the grant V the organization's procec d Other Assistance to D	dures for mo	nitoring the use	of grant funds in the	e United States.			X Yes No
Part IV, lin 	e 21, for any recipient th	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or go	overnment		if applicable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) UTAH NAVAJO HEALTH	SYSTEM							
PO BOX 130 MONTEZU	MA CREEK, UT 84534	87-0560763	501(C)(3)	37,500.				CANCER CONTROL
(2) UNIVERSITY OF UTAH								EXTRAMURAL RESEARCH
75 S 2000 E RM 111	SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	1,737,100.				GRANT
(3) BREVARD HEALTH ALL	IANCE INC							COLORECTAL EDUCATION
2120 SARNO ROAD ME	LBOURNE, FL 32935	90-0068515	501(C)(3)	10,500.				AND HEALTH
(4) CAMP RAINBOW GOLD	INC							
216 WEST JEFFERSON	BOISE, ID 83702	90-0961926	501(C)(3)	1,153,893.				CAMP PROGRAM
(5) GONZAGA UNIVERSITY		4						EXTRAMURAL RESEARCH
605 JEFFERSON STRE	ET RICHLAND, WA 99352	91-0236600	501(C)(3)	20,000.				GRANT
(6) GROUP HEALTH COOPE	RATIVE							BREAST EDUCATION

					THUR TOTALD TODODITION
605 JEFFERSON STREET RICHLAND, WA 99352	91-0236600	501(C)(3)	20,000.	GF	RANT
(6) GROUP HEALTH COOPERATIVE				BF	REAST EDUCATION
PO BOX 34587 SEATTLE, WA 98124-9990	91-0511770	501(C)(3)	191,777.	ла	ND HEALTH
(7) YMCA OF THE INLAND NORTHWEST					
1126 N MONROE ST SPOKANE, WA 99201	91-0827958	501(C)(3)	293,675.	C2	AMP PROGRAM
(8) HEALTHPOINT				BF	REAST EDUCATION
955 POWELL AVE SW RENTON, WA 98057	91-0884412	501(C)(3)	39,375.	ла	ND HEALTH
(9) SEA MAR COMMUNITY HEALTH CTR				a	OLORECTAL EDUCATION
1112 SOUTH CUSHMAN TACOMA, WA 98405	91-1020139	501(C)(3)	52,500.	ла	ND HEALTH
(10) TRI-CITIES COMMUNITY HEALTH				a	OLORECTAL EDUCATION
PO BOX 1452 PASCO, WA 99301	91-1138675	501(C)(3)	37,500.	ла	ND HEALTH
(11) LYMPHOLOGY ASSOCIATION OF N AMERICA				BF	REAST EDUCATION
PO BOX 466 WILMETTE, IL 60091-0466	91-2052404	OTHER	50,000.	А	ND HEALTH
(12) WASHINGTON STATE UNIVERSITY				E2	XTRAMURAL RESEARCH
423 NEILL HALL PULLMAN, WA 99164	91-6001108	OTHER	30,000.	GF	RANT

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

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

Schedule I (Form 990) (2014)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	ОМВ No. 1545-0047 20 14 Ореп to Public
Department of the Treasury Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of the organization		Employer identification number
AMERICAN CANCER	R SOCIETY, INC.	13-1788491
Part I General I	nformation on Grants and Assistance	
the selection crit	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants an Part IV, lin	d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizations are 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	on answered "Yes" to Form 990, eded.

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

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

Schedule I (Form 990) (2014)

SCHEDULE I (Form 990) 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" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	OMB No. 1545-0047 20 14 Open to Public Inspection
Name of the organization		Employer identification number
AMERICAN CANCER	SOCIETY, INC.	13-1788491
Part I General I	nformation on Grants and Assistance	
the selection crite	ation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants of eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants an Part IV, lir	d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	on answered "Yes" to Form 990, eded.

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

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

Schedule I (Form 990) (2014)

SCHEDULE I	Grants ai	nd Other	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
Form 990) GC	vernme	nts, and li	ndividuals in swered "Yes" to F	n the United	d States		20 14 Open to Public
Department of the Treasury	tion about Se		tach to Form 990. n 990) and its instr	uctions is at www	v.irs.gov/form990		Inspection
Vame of the organization						Employer identificat	
AMERICAN CANCER SOCIETY, INC.						13-1788493	L
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to se	ubstantiate th	e amount of the	e grants or assistar	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D		-	-		plete if the organiz	ation answered "Y	es" to Form 990
Part IV, line 21, for any recipient the							
	1	1					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE REGENTS OF THE UNI OF CALIFORNIA, LA							EXTRAMURAL RESEARCH
11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	1,144,500.				GRANT
(2) REGENTS OF THE UNI OF CALIFORNIA, SAN DIEGO							EXTRAMURAL RESEARCH
9500 GILMAN DR DEPT 0934 LA JOLLA, CA 92093	95-6006144	501(C)(3)	310,000.				GRANT
(3) CHILDREN'S HOSPITAL OF LOS ANGELES							EXTRAMURAL RESEARCH
4650 SUNSET BLVD LOS ANGELES, CA 90027	95-6121916	OTHER	30,000.				GRANT
(4) WEST HAWAII CANCER SYMPOSIUM	_						
PO BOX 107 KEALAKEKUA, HI 96750	99-0262290	OTHER	10,000.				CANCER CONTROL
(5) CAMP MOKULE'IA	_						
68-729 FARRINGTON HWY WAIALUA, HI 96791	99-0275250	501(C)(3)	13,281.				CAMP PROGRAM
(6) AMIGA PROMOTORAS DE SALUD	_						BREAST EDUCATION
4125 RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830	501(C)(3)	10,000.				AND HEALTH
(7) AURORA WAKLERS POINT COMM CLINIC	_						BREAST EDUCATION
130 W BRUCE ST #200 MILWAUKEE, WI 53204	39-1442285	501(C)(3)	50,625.				AND HEALTH
(8) BASILICA OF ST MARY OF NORFOLK VIRGINIA	_						
232 CHAPEL ST NORFOLK, VA 23504	54-0538214	OTHER	5,902.				CANCER CONTROL
(9) BLUE RIDGE COMM HEALTH SVCS	_						COLORECTAL EDUCATION
2579 CHIMNEY RCK HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	12,500.				AND HEALTH
10) DISTRICT CLINIC HOLDINGS INC	_						COLORECTAL EDUCATION
2601 10TH AVE N #100 PALM SPRINGS, FL 33461	45-5591655	GOVT.	37,500.				AND HEALTH
11) DOCTOR'S MEDICAL CENTER INC	4						COLORECTAL EDUCATION
1200 NE 125TH ST NORTH MIAMI, FL 33161	65-0208889	OTHER	10,500.				AND HEALTH
12) FAMILY HEALTH CENTER OF SW FL	-						COLORECTAL EDUCATION
2258 HELTMAN ST FORT MYERS, FL 33901 2 Enter total number of section 501(c)(3) an	59-1741273		37,500.				AND HEALTH

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

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

Schedule I (Form 990) (2014)

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Cor Department of the Treasury	overnme	nts, and li rganization ans ► At	Assistance to ndividuals in swered "Yes" to F tach to Form 990. n 990) and its insti	n the Unite	d States line 21 or 22.		OMB No. 1545-0047 2014 Open to Public Inspection
Name of the organization						Employer identifica	tion number
AMERICAN CANCER SOCIETY, INC.						13-178849	1
Part I General Information on Grants a	nd Assistanc	е					
the selection criteria used to award the gra 2 Describe in Part IV the organization's proce Part II Grants and Other Assistance to Part IV, line 21, for any recipient	edures for mor Domestic Or	nitoring the use	of grant funds in the	e United States. /ernments. Con	plete if the organiza	ation answered "	x Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLORIDA DEPARTMENT OF HEALTH							COLORECTAL EDUCATION
1801 NORTH TEMPLE AVE STARKE, FL 32091	59-3502843	OTHER	31,500.				AND HEALTH
(2) HLTH ANNEX OF THE FAM PRACTICE & CNSLNG NET							BREAST EDUCATION
4700 WISSAHICKON AVE PHILADELPHIA, PA 19144	23-1727133	501(C)(3)	36,075.				AND HEALTH
(3) HOPE HEALTH INC							
765 ATTUCKS LANE HYANNIS, MA 02601	04-2681561	501(C)(3)	21,784.				CANCER CONTROL
(4) HUBERT H HUMPHREY COMP. HEALTH							IMPROVE HEALTHCARE
5850 SOUTH MAIN ST LOS ANGELES, CA 90003	95-6000927	OTHER	8,722.				SYSTEMS
(5) MT GILEAD MISSIONARY BAPTIST CHURCH							
1057 KENNEDY ST NORFOLK, VA 23513	54-1256529	OTHER	6,000.				CANCER CONTROL
(6) NEW VOICE CLUB							
1405 SE FLAVEL ST PORTLAND, OR 97202	47-2397295	501(C)(3)	25,244.				CANCER CONTROL
(7) PALMS MEDICAL GROUP							COLORECTAL EDUCATION
23343 NW CR 236 HIGH SPRNGS, FL 32643	59-2871302	501(C)(3)	10,500.				AND HEALTH
(8) SAN YSIDRO HEALTH CENTER							COLORECTAL EDUCATION
1275 30TH ST SAN DIEGO, CA 92154	95-2801772	501(C)(3)	37,500.				AND HEALTH

 (12)
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

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Schedule I (Form 990) (2014)

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

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

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF

GRANTS

FORM 990, SCHEDULE I, PART I, LINE 2

IN ORDER TO MONITOR THE USE OF GRANTS, REPORTING IS REQUIRED BY THE

RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD. ANY REPORTING

IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE.

THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH

GRANTS:

Page 2

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

PROGRESS REPORTS

PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH

YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE

START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER

THE GRANT HAS TERMINATED. THE SCIENTIFIC REPORT INCLUDES (A)

OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD

SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS

TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS

SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE. NON-TECHNICAL

13-1788491

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

REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR

VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND. ANNUAL REPORTS

AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY

STAFF.

FINANCIAL REPORTS

FOLLOWING THE TERMINATION DATE OF THE GRANT, INSTITUTIONS ARE REQUIRED TO

FILE A FINAL REPORT OF EXPENDITURES. BOTH THE PRINCIPAL INVESTIGATOR AS

WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS.

IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE

Schedule I (Form 990) (2014)

Page 2

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

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

GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY. THE

REPORT OF EXPENDITURES INCLUDES THE FOLLOWING:

- SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS,

SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS

- INDIRECT COSTS
- SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR
- SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER

REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING

JSA 4E1504 1.000 13-1788491

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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

GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS

ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND

VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A

GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES

HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY

UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE.

SCH	EDULE J	Compen	nsat	ion Information		OMB No.	1545-0	047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				തര	4 4			
			20	14				
Departm	nent of the Treasury		Attach	to Form 990.		Open t	o Puk	olic
Internal	Revenue Service	Information about Schedule J (Fo	orm 99	0) and its instructions is at www.irs.gov			ectio	n
Name	of the organization				Employer identificati	on numbe	r	
-		ER SOCIETY, INC.			13-17884	91		
Part	Question	ns Regarding Compensation						
4			م : ما م .		een lieted in Ferr		Yes	No
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				n		
		iss or charter travel		Housing allowance or residence for	•			
		or companions		Payments for business use of perso Health or social club dues or initiation				
		emnification and gross-up payments onary spending account		Personal services (e.g., maid, chauff				
		onary spending account		reisonal services (e.g., maid, chadh	eur, cher)			
b	If any of the	boxes on line 1a are checked, did the ment or provision of all of the ex	he org	ganization follow a written policy re	egarding paymer	nt		
	explain		xpense	es described above? If NO, Con	ipiele Fait III li	1b		
2	Did the orga	anization require substantiation prior	r to	reimbursing or allowing expenses	incurred by a	11		
	directors, trus	stees, and officers, including the CEC	O/Exe	cutive Director, regarding the item	s checked in line	e		
	1a?					2		
3	Indicate which	h, if any, of the following the filing orgar	nizatio	on used to establish the compensation	on of the			
		s CEO/Executive Director. Check all that						
		ization to establish compensation of the			art III.			
	· ·	nsation committee		Written employment contract				
		ident compensation consultant		Compensation survey or study				
	Form 99	90 of other organizations	X	Approval by the board or compensation	ation committee			
4	During the ye organization of	ar, did any person listed in Form 990, I or a related organization:	Part \	/II, Section A, line 1a, with respect to	the filing			
а	•	verance payment or change-of-control pa	aymei	nt?		4a	X	
b	Participate in	, or receive payment from, a suppleme	ental n	onqualified retirement plan?		4b	X	
С	Participate in	, or receive payment from, an equity-ba	ased c	compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
_	-	501(c)(3), 501(c)(4), and 501(c)(29) or	-	-				
5	-	isted in Form 990, Part VII, Section A,	line 1	a, did the organization pay or accrue	any			
_		n contingent on the revenues of:				5.	v	
-						5a	X X	
b		rganization? e 5a or 5b, describe in Part III.				5b		
6		isted in Form 990, Part VII, Section A,	lino 1	a did the organization pay or accrue	201/			
U	-	n contingent on the net earnings of:		a, and the organization pay of accide a	ану			
а		ion?				6a		x
b		rganization?				6b		X
-	-	e 6a or 6b, describe in Part III.						
7		listed in Form 990, Part VII, Sectior	n A,	line 1a, did the organization prov	ide any non-fixe	d		
		t described in lines 5 and 6? If "Yes," de			-			х
8		ounts reported in Form 990, Part VII, p						
		I contract exception described in I		•	•	e		
			-					Х
9	If "Yes" to li	ine 8, did the organization also foll	low t	he rebuttable presumption proced	lure described in	n		
	Regulations s	ection 53.4958-6(c)?				9		

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

Schedule J (Form 990) 2014

Page 2

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
JOHN R. SEFFRIN	(i)	639,402.	57,527.	166,375.	412,970.	10,973.	1,287,247.	
1 CHIEF EXECUTIVE OFFICER	(ii)	58,127.	5,230.	15,125.	37,543.	997.	117,022.	
CATHERINE E. MICKLE	(i)	318,718.	19,257.	25,442.	186,540.	13,089.	563,046.	
2 CHIEF FINANCIAL OFFICER	(ii)	40,564.	2,451.	3,238.	23,741.	1,666.	71,660.	
OTIS W. BRAWLEY	(i)	437,311.	25,911.	50,463.	215,726.	1,206.	730,617.	
3 CHIEF MEDICAL OFFICER	(ii)	0	C	0	0	0	C	
GREGORY P. BONTRAGER	(i)	543,140.	40,330.	84,485.	460,738.	1,345.	1,130,038.	
4 CHIEF OPERATING OFFICER	(ii)	0	C	0	0	0	C	
JOSEPH C. CAHOON, JR.	(i)	422,043.	31,327.	33,073.	516,123.	6,365.	1,008,931.	
5 SENIOR EVP, FIELD OPERATIONS	(ii)	0	C	0	0	0	C	
LINDA MACMASTER	(i)	221,036.	C	205,347.	9,269.	5,484.	441,136.	
6 CHIEF REV. & MRKING, OUTGOING	(ii)	0	C	0	0	0	C	
RICHARD C. WENDER	(i)	401,692.	4,032.	13,795.	146,881.	14,811.	581,211.	
7 CHIEF CANCER CONTROL OFFICER	(ii)	0	C	0	0	0	C	
DAVID F. VENEZIANO	(i)	393,614.	29,262.	47,577.	632,456.	7,974.	1,110,883.	
8 EVP, CALIFORNIA DIVISION	(ii)	0	C	0	0	0	C	
NANCY C. YAW	(i)	338,798.	21,957.	49,259.	294,477.	17,342.	721,833.	
9 EVP, LAKESHORE DIVISION	(ii)	0	C	0	0	0	С	
LISA E. ROTH	(i)	303,408.	18,065.	61,887.	259,879.	9,999.	653,238.	
10 ^{SVP, PRODUCT & PROGRAM MGMT}	(ii)	0	C	0	0	0	C	
JUNG H. KIM	(i)	305,149.	18,060.	34,657.	127,675.	2,103.	487,644.	
11 ^{EVP, EASTERN DIVISION}	(ii)	0	C	0	0	0	C	
RALPH A. DEVITTO	(i)	283,094.	17,033.	10,854.	186,130.	11,886.	508,997.	
12 ^{EVP, FLORIDA DIVISION}	(ii)	0	C	0	0	0	C	
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

SCHEDULE J, PART I, LINE 4A

LINDA MACMASTER: OTHER REPORTABLE COMPENSATION OF \$205,347 (PART II, LINE

6B(III)) INCLUDES \$191,348 PAID IN ACCORDANCE WITH THE TERMS OF A

RETENTION AGREEMENT.

SCHEDULE J, PART I, LINE 4B

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

INCLUDED IN COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR

CHANGE IN ACTUARIAL VALUE OF BENEFITS. THESE AMOUNTS WERE NOT ACTUALLY

Page 3

Page 3

Schedule J (Form 990) 2014

Part III Supplemental Information

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

PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR.

THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SERP. THE AMOUNT OF THE

SERP BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL:

JOHN R. SEFFRIN: \$ 174,010

CATHERINE E. MICKLE: \$28,106

GREGORY P. BONTRAGER: \$83,119

OTIS W. BRAWLEY: \$48,450

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

DAVID F. VENEZIANO: \$44,837

NANCY C. YAW: \$46,883

LISA E. ROTH: \$61,178

JUNG H. KIM: \$34,193

RALPH A. DEVITTO: \$9,761

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

CERTAIN STAFF OFFICERS AND KEY EMPLOYEES OF THE AMERICAN CANCER SOCIETY

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

Schedule J (Form 990) 2014

Part III Supplemental Information

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

INCENTIVE PAYMENTS ARE BASED ON THE ACHIEVEMENT OF STRETCH GOALS IN

VARIOUS CATEGORIES INCLUDING MISSION OUTCOMES, STRATEGIC ALIGNMENT, AND

REVENUE.

SCHEDULE J, PART II, COLUMN C

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

Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public

Department of the Treasury	
Internal Revenue Service	

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

Inspection Employer identification number

Name of the organization

AMERICAN	CANCED	COCTETV	TNO
AMERICAN	CANCER	SOCIEII,	TINC .

13-1788491

Par	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.	х		21,157,221.	COST/SELLING PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous	X	503.	6,210,086.	FMV
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial		1.	2 250 000	
17	Real estate - Other		1.	3,250,000.	FMV
18	Collectibles				
19 20	Food inventory				
20 21	Drugs and medical supplies				
21	Taxidermy Historical artifacts				
22	Scientific specimens				
23	Archeological artifacts				
25	Other \blacktriangleright (<u>ATCH 1</u>)		80,289.	18,660,256.	
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for	
	which the organization completed I				29 4.
					Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least th	ree years fr	om the date of the initial c	contribution, and which is	not required
	to be used for exempt purposes for	the entire h	olding period?		30a X
b	If "Yes," describe the arrangement i	n Part II.			
31	Does the organization have a			-	
	contributions?				
32a	Does the organization hire or use		-	-	
	contributions?				32a X
	If "Yes," describe in Part II.				
33	If the organization did not report an	n amount in	column (c) for a type of pro	operty for which column (a) is checked,
	describe in Part II.				
⊢or Pa	aperwork Reduction Act Notice, see the Inst	ructions for For	m 990.		Schedule M (Form 990) (2014)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 32, and whather the organization is reporting in Part L column (b), the number of contributions, the

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CANCER SOCIETY, INC.

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

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

TOTAL EXPENSES: \$91,837,115

GRANTS TO AFFILIATES: \$4,845,802

PROCESS USED TO REVIEW 990 BY MANAGEMENT &/OR GOVERNING BODY FORM 990, PART VI, LINE 11B

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

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12C THE AMERICAN CANCER SOCIETY MAINTAINS A WRITTEN CONFLICT OF INTEREST

Schedule O (Form 990 or 990-EZ) 2014	Page
Name of the organization	Employer identification number
AMERICAN CANCER SOCIETY, INC.	13-1788491

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

COMPENSATION REVIEW PROCESS

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

THE AMERICAN CANCER SOCIETY USES AN INDEPENDENT COMPENSATION COMMITTEE ("THE COMMITTEE"), ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ("CEO") AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE "BOARD") IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE

Schedule O (Form 990 or 990-EZ) 2014				
Name of the organization	Employer identification number			
AMERICAN CANCER SOCIETY, INC.	13-1788491			

SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ("DISQUALIFIED PERSONS"). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL:

(A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS;

(B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA;

(C) REVISE IF NECESSARY THE CEO'S PERFORMANCE GOALS;

(D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS(INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR INHIS 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;

Schedule O (Form 990 or 990-EZ) 2014				
Name of the organization	Employer identification number			
AMERICAN CANCER SOCIETY, INC.	13-1788491			

(F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD;

(G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE;

(H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON;

(I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVES INCENTIVE PLAN;

(J) CONSIDER ALL BENEFITS PROVIDED BY THE AMERICAN CANCER SOCIETY TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS;

(K) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE BOARD;

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

AVAILABILITY OF FORM 990 TO GENERAL PUBLIC FORM 990, PART VI, LINE 18 THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC

BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG.

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

THE AMERICAN CANCER SOCIETY TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND OTHERWISE PROTECTED. THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES. THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.CANCER.ORG.

GRANTS TO AFFILIATES FORM 990, PART IX, LINE 24

GRANTS TO AFFILIATES ARE NOT ENTIRELY ALLOCABLE TO PROGRAM SERVICES. LISTED BELOW ARE RECIPIENTS OF GRANTS TO AFFILIATES THAT RECEIVED \$5,000 Page 2

Employer identification number

Page 2

OR MORE.

ORGANIZATION: AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.

EIN: 52-2340031

IRC SECTION: 501(C)(4)

AMOUNT OF GRANT: \$31,724,327

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: ACS CAPTIAL, INC.

EIN: 46-5429467

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$6,665,500

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: ACS DEVELOPMENT COMPANY I, INC.

EIN: 46-5439010

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$7,703,194

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

ORGANIZATION: AMERICAN CANCER SOCIETY INC, PUERTO RICO, INC

EIN: 66-0321594

IRC SECTION: 501(C)(3)

AMOUNT OF GRANT: \$61,500

PURPOSE: SUPPORT OVERALL MISSION OF THE AMERICAN CANCER SOCIETY

Dogo	2
Page	2

Employer identification number 13-1788491

Name of the organization

Schedule O (Form 990 or 990-EZ) 2014

AMERICAN CANCER SOCIETY, INC.

OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 9 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - \$10,414,268 NET CHANGE IN RETIREMENT PLAN LIABILITY - (\$137,954,468)

TOTAL - (\$127,540,200)

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES NAME AND ADDRESS COMPENSATION MERKLE INC. PROF. FUNDRAISER 3,790,252. PO BOX 64897 BALTIMORE, MD 21264-4897 CONNEXTIONS, INC. DVLPMNT CONSULTING 2,213,656. PO BOX 403706 ATLANTA, GA 30384-3706 MKTING CONSULTING 2,142,872. PENTON MEDIA, INC. 24652 NETWORK PLACE CHICAGO, IL 60673-1246 ADP, INC. PAYROLL SERVICES 1,334,025. ONE ADP DRIVE MS 100 AUGUSTA, GA 30909 FISHER BIOSERVICES, INC. LABORATORY SERVICES 1,260,551. PO BOX 418395 BOSTON, MA 02241-8395

ATTACHMENT 1

ATTACHMENT 2

13-1788491

SCHEDULE R (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CANCER SOCIETY, INC.

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

		-			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2014

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Employer identification number

13-1788491

OMB No. 1545-0047

Schedule R (Form 990) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								Yes N
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u> <u>(6)</u>								
<u>(6)</u> (7)								

AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule R (Form 990) 2014

Part	Transactions With Related Organizations Complete if the organization answered "Ye	s" 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
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)			L	1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)			L	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	_	X
k	Lease of facilities, equipment, or other assets from related organization(s)			· · · · ·	1k	Х	
I	Performance of services or membership or fundraising solicitations for related organization(s)			· · · · ·	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			· · · · ·	<u>1n</u>	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses.				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	_
r	Other transfer of cash or property to related organization(s)			• • • • •	<u>1r</u>		X
	Other transfer of cash or property from related organization(s).				1s		Х
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	, g	•			3.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o amoun			ıg
<u>(1)</u>	ACS CANCER ACTION NETWORK, INC	В	31,724,327.	FMV			
(2)	ACS DEVELOPMENT COMPANY I, INC.	В	7,703,194.	FMV			
(3)	AMERICAN CANCER SOCIETY, INC PUERTO RICO	В	61,500.	FMV			
(4)	THE JOSEPH AND JEANETTE SILBER FOUNDATION	С	202,970.	FMV			
(5)	ACS CANCER ACTION NETWORK, INC.	Q	119,905.	FMV			
(6)	ACS CANCER ACTION NETWORK, INC.	С	35,066.	FMV			
194			Sch	nedule R (Fo	orm 9	90) 2	2014

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Schedule R (Form 990) 2014

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	sec 501 organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	(j) eral or aging iner?	(k) Percentag ownershi
			sections 512-514)	Yes	No			Yes	No		Yes	No	
)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
0)													
1)													
12)													
3)													
14)													<u> </u>
15)													
	_												
16)													

JSA 4E1310 1.000 Schedule R (Form 990) 2014

Page 5

Schedule R (F	orm 990) 2014
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).