

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2016

Department of the Treasury Internal Revenue Service

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 Inspection

A For the 2016 calendar year, or tax year beginning, 2016, and ending, 20

Form 990 header section containing organization name (AMERICAN CANCER SOCIETY, INC.), EIN (13-1788491), address (250 WILLIAMS STREET NW, ATLANTA, GA 30303), and principal officer (GARY M. REEDY).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (824,703,280), expenses (916,010,809), and net assets (1,672,359,063).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Catherine E. Mickle, CFO, dated 08/17/2017.

Paid Preparer Use Only section for Laura Kielczewski, Ernst & Young U.S. LLP, New York, NY.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO SAVE LIVES, CELEBRATE LIVES, AND LEAD THE FIGHT FOR A WORLD WITHOUT CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 157,631,437. including grants of \$ 102,531,589.) (Revenue \$ 13,200.)

RESEARCH PROGRAMS PROVIDE FINANCIAL SUPPORT TO FUND AND CONDUCT RESEARCH 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 EXPENSES INCLUDED BOTH OUR EXTRAMURAL RESEARCH GRANTS AND INTRAMURAL PROGRAM, WHICH INCLUDED OUR COMPREHENSIVE CANCER PREVENTION STUDY (CPS-3).

GRANTS TO AFFILIATES: \$6,760,963

4b (Code:) (Expenses \$ 298,873,779. including grants of \$ 23,910,234.) (Revenue \$ 2,899,406.)

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: \$7,049,075

4c (Code:) (Expenses \$ 111,687,721. including grants of \$ 4,361,969.) (Revenue \$ 0.)

PREVENTION PROGRAMS PROVIDE THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION TO PREVENT CANCER OCCURRENCE AND TO REDUCE THE RISK OF DEVELOPING CANCER. PREVENTION EXPENSES INCLUDED ACTIVITIES SUCH AS OUR ONGOING ADVOCACY EFFORTS TO INCREASE CERTAIN STATE TOBACCO TAXES THROUGH OUR GRANTS TO AFFILIATES AND PROMOTING THE HUMAN PAPILLOMAVIRUS (HPV) VACCINATION IN ADDITION TO GENERAL PREVENTION WORK.

GRANTS TO AFFILIATES: \$15,759,558

4d Other program services (Describe in Schedule O.)

(Expenses \$ 79,503,129. including grants of \$ 5,693,346.) (Revenue \$ 0.)

4e Total program service expenses 647,696,066.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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? <i>If "Yes," complete Schedule J.</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (governing body/committees), 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a-15b (compensation review), 16a-16b (joint venture investments).

Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

CATHERINE E. MICKLE 250 WILLIAMS STREET, STE 400 ATLANTA, GA 30303 404-329-7934

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCARLOTT K. MUELLER, MPH, RN CHAIR	5.00 2.00	X		X				0.	0.	0.
(2) ARNOLD M. BASKIES, MD, FACS VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(3) KEVIN J. CULLEN, MD BOARD SCIENTIFIC OFFICER	5.00 0.	X		X				0.	0.	0.
(4) JEFFERY L. KEAN SECRETARY/TREASURER	5.00 0.	X		X				0.	0.	0.
(5) ROBERT E. YOULE IMMEDIATE PAST CHAIR	5.00 1.00	X		X				0.	0.	0.
(6) JOHN ALFONSO, CPA, CGMA DIRECTOR	3.00 0.	X						0.	0.	0.
(7) F. DANIEL ARMSTRONG, PHD DIRECTOR	3.00 0.	X						0.	0.	0.
(8) PATRICIA J. CROME, RN, MN, NE- DIRECTOR	3.00 0.	X						0.	0.	0.
(9) LEEANN CHAU DANG, MS DIRECTOR	3.00 0.	X						0.	0.	0.
(10) LEWIS E. FOXHALL, MD DIRECTOR	3.00 0.	X						0.	0.	0.
(11) CARMEN E. GUERRA, MD, MSCE, FA DIRECTOR	3.00 0.	X						0.	0.	0.
(12) JOHN W. HAMILTON, DDS DIRECTOR	3.00 3.00	X						0.	0.	0.
(13) DANIEL P. HEIST, CPA DIRECTOR	3.00 1.00	X						0.	0.	0.
(14) SUSAN D. HENRY, LCSW DIRECTOR	3.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CAROL JACKSON ----- DIRECTOR	3.00 0.	X					0.	0.	0.	
(16) GARETH T. JOYCE ----- DIRECTOR	3.00 0.	X					0.	0.	0.	
(17) JORGE LUIS LOPEZ, ESQ. ----- DIRECTOR	3.00 0.	X					0.	0.	0.	
(18) BRIAN A. MARLOW, CFA ----- DIRECTOR	3.00 0.	X					0.	0.	0.	
(19) GREGORY L. PEMBERTON, ESQ. ----- DIRECTOR	3.00 0.	X					0.	0.	0.	
(20) CAROLYN F. RHEE, FACHE ----- DIRECTOR	3.00 0.	X					0.	0.	0.	
(21) GIL WEST ----- DIRECTOR	3.00 0.	X					0.	0.	0.	
(22) GARY REEDY ----- CHIEF EXECUTIVE OFFICER	55.00 5.00			X			667,779.	60,707.	92,291.	
(23) CATHERINE E. MICKLE ----- CHIEF FINANCIAL OFFICER	55.00 7.00			X			507,532.	64,595.	103,643.	
(24) OTIS W. BRAWLEY ----- CHIEF MED AND SCI OFFICER	55.00 0.				X		695,059.	0.	102,270.	
(25) RICHARD C. WENDER ----- CHIEF CANCER CONTROL OFFICER	55.00 0.				X		632,897.	0.	73,555.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							7,170,713.	125,302.	2,243,538.	
d Total (add lines 1b and 1c)							7,170,713.	125,302.	2,243,538.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 368

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 those listed above) who received more than \$100,000 in compensation from the organization ► 73

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOSEPH C. CAHOON ----- SENIOR EVP, FIELD, OUTGOING	55.00 0.				X			700,238.	0.	275,689.
(27) SHARON BYERS ----- CHIEF DEV & MKTG OFFICER	55.00 0.				X			450,746.	0.	48,936.
(28) DAVID F. VENEZIANO ----- EVP, CALIFORNIA DIV, OUTGOING	55.00 0.					X		429,897.	0.	148,125.
(29) NANCY C. YAW ----- EVP, LAKESHORE DIV, OUTGOING	55.00 0.					X		351,578.	0.	175,328.
(30) LISA E. ROTH ----- SVP, PROD & PROG MGMT,OUTGOING	55.00 0.					X		333,037.	0.	292,233.
(31) JUNG H. KIM ----- EVP, EASTERN DIVISION	55.00 0.					X		356,736.	0.	95,552.
(32) SUSAN G. HERRINGTON ----- EVP, ENT GOV AND CORP SVCS	55.00 0.					X		366,088.	0.	171,050.
(33) GREGORY P. BONTRAGER ----- COO, FORMER	0. 0.						X	1,679,126.	0.	664,866.

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 368

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	7,068,855.				
	b	Membership dues	1b					
	c	Fundraising events	1c	384,464,835.				
	d	Related organizations	1d	20,000,250.				
	e	Government grants (contributions)	1e	5,642,013.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	361,582,237.				
	g	Noncash contributions included in lines 1a-1f: \$		48,485,580.				
	h	Total. Add lines 1a-1f ▶		778,758,190.				
	Program Service Revenue	2a	EDUCATION MAGAZINE ADVERTISING	Business Code	541800	13,200.	13,200.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		13,200.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶		27,418,227.		177,904.	27,240,323.
	4	Income from investment of tax-exempt bond proceeds ▶		0.				
	5	Royalties ▶		5,148,152.			5,148,152.	
	6a	Gross rents	(i) Real	1,293,309.				
			(ii) Personal					
			b	Less: rental expenses	431,905.			
			c	Rental income or (loss)	861,404.			
	d	Net rental income or (loss) ▶		861,404.		-344,405.	1,205,809.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	339,014,469.				
			(ii) Other	14,801,019.				
			b	Less: cost or other basis and sales expenses	346,369,647.		6,552,639.	
			c	Gain or (loss)	-7,355,178.		8,248,380.	
	d	Net gain or (loss) ▶		893,202.			893,202.	
	8a	Gross income from fundraising events (not including \$ 384,464,835. of contributions reported on line 1c). See Part IV, line 18	a	47,151,153.				
			b	Less: direct expenses	47,151,153.			
c			Net income or (loss) from fundraising events ▶		0.			
9a	Gross income from gaming activities. See Part IV, line 19	a	1,970,897.					
		b	Less: direct expenses	260,497.				
		c	Net income or (loss) from gaming activities ▶		1,710,400.		1,710,400.	
10a	Gross sales of inventory, less returns and allowances	a	23,595,994.					
		b	Less: cost of goods sold	35,817,880.				
		c	Net income or (loss) from sales of inventory ▶		-12,221,886.		2,300.	-12,224,186.
Miscellaneous Revenue			Business Code					
11a	GRANT REFUND/RESIGNATION		900099	7,067,769.			7,067,769.	
		b	OTHER GAINS (LOSSES)		900099	3,550,821.	2,899,406.	651,415.
e	Total. Add lines 11a-11d ▶		10,618,590.					
12	Total revenue. See instructions. ▶		813,199,479.	2,899,406.	-151,001.	31,692,884.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	148,545,339.	148,545,339.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,538,611.	20,538,611.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,320,251.	2,320,251.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,592,667.	3,070,153.	919,443.	603,071.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,139,867.	2,809,868.	653,137.	1,676,862.
7 Other salaries and wages	324,061,458.	222,270,713.	20,202,814.	81,587,931.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,184,656.	35,173,535.	3,226,685.	12,784,436.
9 Other employee benefits	46,620,346.	32,416,224.	3,015,508.	11,188,614.
10 Payroll taxes	23,681,091.	16,208,895.	1,523,871.	5,948,325.
11 Fees for services (non-employees):				
a Management	1,166,673.	836,154.	68,922.	261,597.
b Legal	1,424,915.	762,952.	444,780.	217,183.
c Accounting	646,350.	906.	645,205.	239.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	6,134,538.			6,134,538.
f Investment management fees	2,817,495.		2,817,495.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29,334,868.	24,452,496.	2,988,714.	1,893,658.
12 Advertising and promotion	37,818,188.	27,100,206.	329,218.	10,388,764.
13 Office expenses	37,723,432.	25,071,903.	3,935,535.	8,715,994.
14 Information technology	20,769,233.	14,181,506.	1,515,751.	5,071,976.
15 Royalties	0.			
16 Occupancy	40,692,179.	30,170,174.	2,253,875.	8,268,130.
17 Travel	15,177,509.	10,339,480.	632,802.	4,205,227.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	7,586,799.	4,992,381.	451,449.	2,142,969.
20 Interest	692,885.	513,335.	98,103.	81,447.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	17,897,006.	12,188,279.	1,180,239.	4,528,488.
23 Insurance	3,569,603.	2,664,451.	202,948.	702,204.
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.)				
a PRINT - EDU & FUNDRAISING	12,788,109.	8,180,988.	1,425,806.	3,181,315.
b MEDALS & RECOGNITION	3,284,667.	2,090,383.	109,123.	1,085,161.
c RECRUITMENT & RELOCATION	871,522.	584,102.	70,619.	216,801.
d MISCELLANEOUS	314,363.	212,781.	29,161.	72,421.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	867,394,620.	647,696,066.	48,741,203.	170,957,351.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	211,565,215.	141,807,374.	8,833,032.	60,924,809.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	62,347,560.	2	113,328,434.
	3 Pledges and grants receivable, net	37,817,454.	3	41,811,284.
	4 Accounts receivable, net	4,960,356.	4	5,320,272.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,642,105.	8	2,923,629.
	9 Prepaid expenses and deferred charges	8,576,805.	9	9,994,768.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 503,892,520.		
	b Less: accumulated depreciation	10b 271,378,123.	244,701,777.	10c 232,514,397.
	11 Investments - publicly traded securities	982,256,773.	11	832,512,369.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	391,929,519.	15	433,953,910.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,736,232,349.	16	1,672,359,063.	
Liabilities	17 Accounts payable and accrued expenses	303,989,786.	17	287,861,615.
	18 Grants payable	195,291,652.	18	201,018,990.
	19 Deferred revenue	4,749,104.	19	4,852,581.
	20 Tax-exempt bond liabilities	5,370,000.	20	4,730,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, 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	38,180,923.	23	36,515,414.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	65,361,485.	25	47,406,238.
	26 Total liabilities. Add lines 17 through 25	612,942,950.	26	582,384,838.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	569,250,570.	27	498,657,599.
	28 Temporarily restricted net assets	275,032,640.	28	305,596,549.
	29 Permanently restricted net assets	279,006,189.	29	285,720,077.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,123,289,399.	33	1,089,974,225.
34 Total liabilities and net assets/fund balances	1,736,232,349.	34	1,672,359,063.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	813,199,479.
2	Total expenses (must equal Part IX, column (A), line 25)	2	867,394,620.
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,195,141.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,123,289,399.
5	Net unrealized gains (losses) on investments	5	22,352,116.
6	Donated services and use of facilities	6	113,898.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,586,047.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,089,974,225.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (96.39%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (96.68%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
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 responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS REVENUE	557,760.	953,806.				1,511,566.
TOTALS	<u>557,760.</u>	<u>953,806.</u>				<u>1,511,566.</u>

Schedule of Contributors

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **AMERICAN CANCER SOCIETY, INC.**

Employer identification number
13-1788491

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 20,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **AMERICAN CANCER SOCIETY, INC.**

Employer identification number

13-1788491

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

Name of organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2016

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total... 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?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART IV

RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC. ("THE 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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	111,244,190.	115,902,123.	117,328,894.	102,734,090.	35,285,733.
b Contributions	647,473.	835,482.	1,646,646.	3,639,657.	64,302,632.
c Net investment earnings, gains, and losses	6,691,949.	-932,027.	3,026,813.	15,529,578.	3,145,725.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,034,999.	4,561,388.	6,100,230.	4,574,431.	
f Administrative expenses					
g End of year balance	113,548,613.	111,244,190.	115,902,123.	117,328,894.	102,734,090.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,354,758.		29,354,758.
b Buildings		295,048,235.	125,886,827.	169,161,408.
c Leasehold improvements		73,802,341.	47,249,440.	26,552,901.
d Equipment		55,729,732.	50,094,232.	5,635,500.
e Other		49,957,454.	48,147,624.	1,809,830.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				232,514,397.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,714,135.
(2) PLANNED GIVING ASSETS	93,459,229.
(3) BENEFICIAL INTERESTS IN TRUST	321,144,909.
(4) OTHER RECEIVABLES	17,635,637.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	433,953,910.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INVESTMENTS HELD FOR AFFILIATES	12,623,098.	
(3) GIFT ANNUITY LIABILITY	19,600,779.	
(4) DEFERRED RENT PAYABLE	12,166,844.	
(5) CAPITAL LEASES OBLIGATIONS	1,751,146.	
(6) DUE TO AFFILIATES	1,264,371.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	47,406,238.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	841,418,415.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	22,352,116.	
b	Donated services and use of facilities	2b	11,487,246.	
c	Recoveries of prior year grants	2c	-7,067,769.	
d	Other (Describe in Part XIII.)	2d	3,833,725.	
e	Add lines 2a through 2d		2e	30,605,318.
3	Subtract line 2e from line 1		3	810,813,097.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,817,495.	
b	Other (Describe in Part XIII.)	4b	-431,113.	
c	Add lines 4a and 4b		4c	2,386,382.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	813,199,479.

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

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

1	Total expenses and losses per audited financial statements		1	886,962,519.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	11,373,348.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	17,648,702.	
e	Add lines 2a through 2d		2e	29,022,050.
3	Subtract line 2e from line 1		3	857,940,469.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,817,495.	
b	Other (Describe in Part XIII.)	4b	6,636,656.	
c	Add lines 4a and 4b		4c	9,454,151.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	867,394,620.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

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: (\$756,078)

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$4,589,803

TOTAL: \$3,833,725

REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XI, LINE 4B

UBIT: \$792

RENTAL EXPENSES: (\$431,905)

TOTAL: (\$431,113)

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 2D

EXPENSE OF AFFILIATES: \$17,648,702

TOTAL: \$17,648,702

Part XIII Supplemental Information *(continued)*

EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 4B

GRANT REFUNDS/RESIGNATIONS: \$7,067,769

UBIT: \$792

RENTAL EXPENSES: (\$431,905)

TOTAL: \$6,636,656

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	CAPACITY BUILDING	3,851.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CAPACITY BUILDING	22,653.
(3) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GLOBAL TOBACCO CONTROL	134,211.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PATIENT SUPPORT	1,842.
(5) EUROPE			PROGRAM SERVICES	BREAST CNCR AWARENESS	2,802.
(6) EUROPE			PROGRAM SERVICES	CAPACITY BUILDING	191,571.
(7) EUROPE			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	31,000.
(8) EUROPE			PROGRAM SERVICES	GLOBAL TOBACCO CONTROL	7,557.
(9) EUROPE			PROGRAM SERVICES	PAIN MANAGEMENT	88,130.
(10) EUROPE			PROGRAM SERVICES	PATIENT SUPPORT	2,157.
(11) EUROPE			PROGRAM SERVICES	PREVENTION AND DETECT	1,312.
(12) EUROPE			PROGRAM SERVICES	RESEARCH FELLOWSHIP	32,307.
(13) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	BREAST CNCR AWARENESS	5,093.
(14) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	769.
(15) NORTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	36,546.
(16) NORTH AMERICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	19,262.
(17) NORTH AMERICA			PROGRAM SERVICES	GLOBAL TOBACCO CONTROL	50,973.
3a Sub-total					632,036.
b Total from continuation sheets to Part I					3,304,941.
c Totals (add lines 3a and 3b)					3,936,977.

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

Schedule F (Form 990) 2016

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA			PROGRAM SERVICES	PREVENTION AND DETECT	1,722.
(2) NORTH AMERICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	9,063.
(3) SOUTH AMERICA			PROGRAM SERVICES	BREAST CNCR AWARENESS	2,934.
(4) SOUTH AMERICA			PROGRAM SERVICES	CAPACITY BUILDING	7,956.
(5) SOUTH AMERICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	16,499.
(6) SOUTH AMERICA			PROGRAM SERVICES	GLOBAL TOBACCO CONTROL	2,237.
(7) SOUTH ASIA			PROGRAM SERVICES	CAPACITY BUILDING	92,853.
(8) SOUTH ASIA			PROGRAM SERVICES	CRVCL CANCER AWARENESS	4,207.
(9) SOUTH ASIA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	27,724.
(10) SOUTH ASIA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	1,912.
(11) SUB-SAHARAN AFRICA			PROGRAM SERVICES	BREAST CNCR AWARENESS	1,865.
(12) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CAPACITY BUILDING	46,970.
(13) SUB-SAHARAN AFRICA			PROGRAM SERVICES	CRVCL CANCER AWARENESS	10,778.
(14) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GLOBAL CANCER ADVOCACY	20,589.
(15) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GLOBAL TOBACCO CONTROL	2,429.
(16) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PAIN MANAGEMENT	658,827.
(17) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PATIENT SUPPORT	31,298.
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2016

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH FELLOWSHIP	16,816.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING		38,142.
(3) EUROPE			GRANTMAKING		506,641.
(4) NORTH AMERICA			GRANTMAKING		178,391.
(5) SOUTH AMERICA			GRANTMAKING		284,485.
(6) SOUTH ASIA			GRANTMAKING		49,600.
(7) SUB-SAHARAN AFRICA			GRANTMAKING		1,291,003.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CAPACITY BUILDING	14,400.	WIRE			
(2)			EAST ASIA/PACIFIC	GLOBAL CNCR ADVOCACY	20,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	BREAST CNCR AWARENESS	128,720.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	CAPACITY BUILDING	57,444.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	CRVCAL CNCR AWARENESS	10,000.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	GLOBAL CNCR ADVOCACY	213,727.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PAIN MGMT	46,750.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH FELLOWSHIP	50,000.	WIRE			
(9)			NORTH AMERICA	BREAST CNCR AWARENESS	40,964.	WIRE			
(10)			NORTH AMERICA	GLBL TOBACCO CONTROL	47,426.	CHECK			
(11)			NORTH AMERICA	GLBL TOBACCO CONTROL	10,000.	WIRE			
(12)			NORTH AMERICA	WOMEN CANCER AWARENESS	75,000.	WIRE			
(13)			SOUTH AMERICA	BREAST CNCR AWARENESS	25,000.	WIRE			
(14)			SOUTH AMERICA	CAPACITY BUILDING	12,000.	ACH			
(15)			SOUTH AMERICA	GLBL CANCER ADVOCACY	43,712.	WIRE			
(16)			SOUTH AMERICA	GLBL TOBACCO CONTROL	12,000.	ACH			

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. ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	GLBL TOBACCO CONTROL	191,773.	WIRE			
(2)			SOUTH ASIA	GLBL CANCER ADVOCACY	45,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	BREAST CNCR AWARENESS	44,987.	WIRE			
(4)			SUB-SAHARAN AFRICA	CAPACITY BUILDING	24,998.	WIRE			
(5)			SUB-SAHARAN AFRICA	CRVCL CANCER AWARENESS	341,500.	WIRE			
(6)			SUB-SAHARAN AFRICA	GLBL CANCER ADVOCACY	109,880.	WIRE			
(7)			SUB-SAHARAN AFRICA	GLBL TOBACCO CONTROL	50,401.	WIRE			
(8)			SUB-SAHARAN AFRICA	PAIN MGMT	570,207.	WIRE			
(9)			SUB-SAHARAN AFRICA	RESEARCH FELLOWSHIP	149,028.	WIRE			
(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. 41.

3 Enter total number of other organizations or entities.

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

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 GENERALLY 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. TO THE EXTENT PAID OUT IN INSTALLMENTS, 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.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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 CASWELL ZACHARY GRIZZARD	PLANNED GIV STRATEGY		X		901,435.	-901,435.
2 CHARITY DYNAMIC	GENERAL DEV CONSULTANT		X	2,020,246.	123,420.	1,896,826.
3 DEFILIPPO & ASSOCIATES LLC	FUNDRAISING RECRUITMENT		X	326,070.	50,071.	275,999.
4 DINI SPHERES INC.	FUNDRAISING CONSULTANT		X	2,065,983.	76,000.	1,989,983.
5 M&R STRATEGIC SERVICES, INC	ONLINE STRATEGY		X	2,403,155.	543,850.	1,859,305.
6 MERKLE GROUP INC.	DIRECT MAIL		X	38,435,165.	3,015,870.	35,419,295.
7 PMX AGENCY LLC	DIRECT MAIL		X	5,912,075.	1,030,460.	4,881,615.
8 THE FUND DEVELOPMENT GROUP	FUNDRAISING		X	1,356,074.	25,131.	1,330,943.
9 X'S AND O'S OF SUCCESS LLC	FUNDRAISING CONSULTANT		X	805,763.	99,730.	706,033.
10 SOCIAL CAPITAL INC.	FUNDRAISING CONSULTANT		X		125,000.	-125,000.
Total				▶ 53,324,531.	5,990,967.	47,333,564.

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,
KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RELAY FOR LIFE (event type)	MAKING STRIDES (event type)	439 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	273,268,813.	64,101,019.	94,246,157.	431,615,989.
	2 Less: Contributions	253,041,083.	58,816,276.	72,607,477.	384,464,836.
	3 Gross income (line 1 minus line 2)	20,227,730.	5,284,743.	21,638,680.	47,151,153.
Direct Expenses	4 Cash prizes	2,500.	6,110.		8,610.
	5 Noncash prizes	2,893,422.	63,091.	258,790.	3,215,303.
	6 Rent/facility costs	5,327,593.	2,250,534.	5,404,009.	12,982,136.
	7 Food and beverages	748,224.	126,441.	6,097,664.	6,972,329.
	8 Entertainment	1,820,638.	273,498.	4,218,360.	6,312,496.
	9 Other direct expenses	9,435,353.	2,565,068.	5,659,858.	17,660,279.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				47,151,153.
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes			128,145.	128,145.
	3 Noncash prizes			6,320.	6,320.
	4 Rent/facility costs			20,573.	20,573.
	5 Other direct expenses			105,459.	105,459.
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.0000% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					260,497.
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					1,710,400.

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

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

b If "No," explain: SOME STATES DO NOT REQUIRE LICENSES; HOWEVER WE ARE LICENSED WHERE REQUIRED.

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

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

Name ▶ ANNETTA MARTIN

Address ▶ 250 WILLIAMS STREET NW, 4TH FL ATLANTA, GA 30303

- 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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ CATHERINE E. MICKLE

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ OVERSIGHT/MANAGEMENT

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 1,710,400.

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

SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING

SCHEDULE G, PART II

MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS

FOR AND FIGHTS BACK AGAINST BREAST CANCER BY:

-HELPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE

THEIR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH.

WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

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 proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM.

-HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT. WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY CAN FOCUS ON FEELING BETTER.

-FINDING 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.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

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 proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR BREAST CANCER.

-FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR AFFILIATE, AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

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 proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE.

RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR SUPPORT TO THOSE FIGHTING CANCER. IT HONORS THOSE WHO HAVE BEEN LOST TO THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

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 proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

THE DISEASE. FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE FIGHT AGAINST CANCER. THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED OFFICIALS ABOUT CANCER. BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

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 proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

MANDATORY DISTRIBUTIONS

FORM 990, SCHEDULE G, PART III, LINE 17

ALL FUNDS FROM GAMING ACTIVITIES ARE SPENT ON THE FILING ORGANIZATION'S EXEMPT ACTIVITIES DURING THE TAX YEAR.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

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 proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

CA, CO, FL, GA, ID, IL,

IA, KS, LA, MD, MA, MI, MN, MO, MT, NJ, NM, NY, NC, OH,

OK, OR, PA, SC, TX, VT, VA, WA, WV, WY,

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JACKSON LABORATORY 10 DISCOVERY DRIVE FARMINGTON, CT 06032	01-0211513	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(2) MERITUS HEALTHCARE FOUNDATION 11116 MEDICAL CAMPUS RD HAGERSTOWN MD 21742	01-0639265	501(C)(3)	16,579.				BREAST EDUCATION AND HEALTH
(3) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	360,000.				EXTRAMURAL RESEARCH GRANT
(4) TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL MD 02467	04-2103545	501(C)(3)	1,504,000.				EXTRAMURAL RESEARCH GRANT
(5) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(6) HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	377,000.				RESEARCH AND TOBACCO CONTROL
(7) MASS INST OF TECH-KOCH INST FOR INTG CANCER 77 MASSACHUSETTS AVENUE CAMBRIDGE MA 02139	04-2103594	501(C)(3)	107,500.				EXTRAMURAL RESEARCH GRANT
(8) SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02215	04-2103629	501(C)(3)	40,000.				EXTRAMURAL RESEARCH GRANT
(9) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, E/BR 264 BOSTON MA 02215	04-2103881	501(C)(3)	1,013,000.				EXTRAMURAL RESEARCH GRANT
(10) SPRINGFIELD COLLEGE 263 ALDEN ST SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	15,000.				TOBACCO CONTROL
(11) HILLTOWN COMMUNITY HEALTH CTRS 58 OLD NORTH RD WORTHINGTON, MA 01098	04-2161484	501(C)(3)	35,625.				CANCER CONTROL
(12) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	706,573.				RESEARCH AND BREAST 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 line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02215	04-2312909	501(C)(3)	1,584,000.				EXTRAMURAL RESEARCH GRANT
(2) MANET COMMUNITY HEALTH CENTER 2 GRANITE AVE STE 101 MILTON, MA 02186	04-2646695	501(C)(3)	12,500.				CANCER CONTROL
(3) MASS GEN HOSP (THE GENERAL HOSPITAL CORP.) 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(4) CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02215	04-2774441	501(C)(3)	1,521,000.				EXTRAMURAL RESEARCH GRANT
(5) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	1,666,500.				EXTRAMURAL RESEARCH GRANT
(6) BOSTON MEDICAL CENTER CORPORATION 660 HARRISON AVE, GAMBRO 2 BOSTON MA 02118	04-3314093	501(C)(3)	300,000.				EXTRAMURAL RESEARCH GRANT
(7) APOS 2365 HUNTERS WAY CHARLOTTESVILLE, VA 22911	04-3720121	501(C)(3)	10,000.				INTRAMURAL RESEARCH GRANT
(8) RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	10,000.				CANCER CONTROL
(9) YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	1,270,500.				EXTRAMURAL RESEARCH GRANT
(10) COMMUNITY HEALTH SERVICES INC 500 ALBANY AVE HARTFORD, CT 06120	06-0863942	501(C)(3)	12,500.				CANCER CONTROL
(11) FAIR HAVEN COMMUNITY HEALTH 374 GRAND AVE NEW HAVEN, CT 06513	06-0883545	501(C)(3)	62,500.				CANCER CONTROL
(12) COMMUNITY HEALTH CENTER INC 675 MAIN STREET MIDDLETOWN, CT 06457	06-0897105	501(C)(3)	12,500.				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 ▶

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Schedule I (Form 990) (2016)

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

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHARTER OAK HEALTH CENTER 21 GRAND ST HARTFORD, CT 06106	06-0986747	501(C)(3)	50,000.				CANCER CONTROL
(2) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	327,000.				EXTRAMURAL RESEARCH GRANT
(3) NORWALK COMMUNITY HEALTH CENTER INC 120 CONNECTICUT AVE NORWALK, CT 06854	06-1436620	501(C)(3)	35,000.				HPV ADVOCACY
(4) SHALOM HEALTH CARE CENTER INC 3400 LAFAYETTE RD INDIANAPOLIS IN 46222	06-1645027	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(5) LUTHERAN FAMILY HEALTH CENTERS 150 - 55TH ST BROOKLYN, NY 11220	11-1839567	501(C)(3)	50,000.				CANCER CONTROL
(6) PERSONAL CARE PRODUCTS COUNCIL FOUNDATION 1620 L ST NW STE 1200 WASHINGTON, DC 20036	13-1390920	501(C)(6)	767,328.				PATIENT SUPPORT
(7) JOAN & SANFORD I. WEILL MEDICAL COLLEGE 1300 YORK AVENUE, BOX 89 NEW YORK, NY 10065	13-1623978	501(C)(3)	746,000.				EXTRAMURAL RESEARCH GRANT
(8) SLOAN-KETTERING INST FOR CANCER RES 1275 YORK AVENUE NEW YORK, NY 10065	13-1624182	501(C)(3)	1,512,736.				EXTRAMURAL RESEARCH GRANT
(9) THE CITY UNIVERSITY OF NEW YORK 365 FIFTH AVENUE NEW YORK, NY 10016	13-1988190	501(C)(3)	40,000.				EXTRAMURAL RESEARCH GRANT
(10) PROJECT RENEWAL 200 VARICK ST 9TH FLOOR NEW YORK, NY 10014	13-2602882	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(11) OPEN DOOR FAMILY MEDICAL CTRS 165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	47,348.				CANCER CTRL AND HEALTHCARE SYSTEMS
(12) HUDSON RIVER HEALTH CARE 1037 MAIN ST PEEKSKILL, NY 10566	13-2828349	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS

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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVENUE, 6TH FL NEW YORK NY 10016	13-5562308	501(C)(3)	2,245,500.				EXTRAMURAL RESEARCH GRANT
(2) BETH ISRAEL MEDICAL CENTER DBA MOUNT SINAI 1ST AVENUE AT 16TH STREET NY, NY 10003	13-5564934	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(3) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET, BOX 49 NY, NY 10032	13-6162924	501(C)(3)	1,192,000.				EXTRAMURAL RESEARCH GRANT
(4) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PL 1075 NEW YORK, NY 10016	13-6171197	501(C)(3)	775,500.				RESEARCH AND CANCER CONTROL
(5) THE RES FDN OF SUNY UNIV OF BUFFALO 402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	18,921.				EXTRAMURAL RESEARCH GRANT
(6) HEALTH RESEARCH INC., ROSWELL PARK CANCER I ELM AND CARLTON STREETS BUFFALO, NY 14263	14-1402155	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(7) NDRI USA, INC. 71 WEST 23RD STREET NEW YORK, NY 10010	14-1727514	501(C)(3)	487,000.				EXTRAMURAL RESEARCH GRANT
(8) N TEXAS AREA COMMUNITY HEALTH CENTERS INC 2106 N MAIN ST FORT WORTH, TX 76164	15-4211798	501(C)(3)	12,500.				CANCER CONTROL
(9) UPSTATE FOUNDATION 750 E ADAMS ST SYRACUSE, NY 13210	16-1068101	501(C)(3)	37,700.				BREAST & COLORECTAL EDUCATION
(10) COMMUNITY HEALTH CENTER OF BUFFALO INC 34 BENWOOD AVE BUFFALO, NY 14214	16-1566929	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(11) AGAPE COMMUNITY HEALTH CENTER 120 KING ST JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	35,000.				COLORECTAL & CANCER CONTROL
(12) EVITI INC 1800 JFK BLVD 9TH FL PHILIDELPHIA PA 19103	20-2049693	OTHER	161,336.				NCIC

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PARKING COMPANY OF AMERICA, LLC 3165 GARFIELD AVE LOS ANGELES, CA 90040	20-2264403	OTHER	138,117.				IMPROVE HEALTHCARE SYSTEMS
(2) EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575?	501(C)(3)	81,351.				COLORECTAL AND HEALTHCARE SYSTEMS
(3) BOB PERKS CANCER ASSISTANCE FUND 1290 DEERBROOK DR PORT MATILDA, PA 16870	20-4220990	501(C)(3)	30,518.				CANCER CONTROL
(4) PROMISE COMMUNITY HEALTH CENTER 338 1ST AVE NW SIOUX CENTER, IA 51250	20-5896415	501(C)(3)	32,760.				IMPROVE HEALTHCARE SYSTEMS
(5) THE COOPER HEALTH SYSTEM (TCHS) ONE COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501(C)(3)	20,000.				EXTRAMURAL RESEARCH GRANT
(6) NORTH HUDSON COMMUNITY ACTION CORPORATION 800 31ST ST UNION CITY, NJ 07087	22-1818699	501(C)(3)	70,206.				CANCER CONTROL
(7) WESTSIDE FAMILY HEALTHCARE 300 WATER ST STE 200 WILMINGTON DE 19801	22-2488654	501(C)(3)	12,500.				CANCER CONTROL
(8) MAINE PRIMARY CARE ASSOCIATION 73 WINTHROP STREET AUGUSTA, ME 04330	22-2630127	501(C)(3)	10,000.				CANCER CONTROL
(9) ZUFALL HEALTH CENTER 18 W BLACKWELL ST DOVER, NJ 07801	22-3125397	501(C)(3)	12,500.				CANCER CONTROL
(10) VISITING NURSES ASSOCIATION OF CAPE CODE 434 ROUTE 134 STE D3 SOUTH DENNIS MA 02660	22-3321236	501(C)(3)	35,625.				CANCER CONTROL
(11) COMMUNITY MEDICAL CENTER 99 ROUTE 37 WEST TOMS RIVER, NJ 08754	22-3452306	501(C)(3)	10,875.				PATIENT SUPPORT
(12) JEWISH RENAISSANCE MEDICAL CTR 275 HOBART ST PERTH AMBOY, NJ 08861	22-3780067	501(C)(3)	10,000.				CANCER CONTROL

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(1) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	771,000.				EXTRAMURAL RESEARCH GRANT
(2) MONTCLAIR STATE UNIVERSITY 1 NORMAL AVE MONTCLAIR, NJ 07043	22-6017209	501(C)(3)	14,561.				TOBACCO CONTROL
(3) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CNTR BLVD PHILADELPHIA PA 19104	23-1352166	501(C)(3)	1,192,999.				RESEARCH AND HEALTHCARE SYSTEMS
(4) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH ST, 2ND FL PHILADELPHIA PA 19107	23-1352651	501(C)(3)	1,152,000.				EXTRAMURAL RESEARCH GRANT
(5) THE TRUSTEES OF THE UNIVERSITY OF PENN. 3451 WALNUT ST PHILADELPIA PA 19104	23-1352685	501(C)(3)	1,278,000.				RESEARCH, COLORECTAL EDU AND TOBACCO CTRL
(6) HLTH ANNEX OF THE FAM PRAC & CNSL NET 6120 WOODLAND AVE PHILADELPHIA, PA 19142	23-1727133	501(C)(3)	35,625.				CANCER CONTROL
(7) HAMILTON HEALTH CENTER INC 110 S 17TH ST HARRISBURG, PA 17104	23-1858363	501(C)(3)	17,500.				COLORECTAL EDUCATION AND HEALTH
(8) SCRANTON PRIMARY HEALTH CARE CENTER INC 959 WYOMING AVE SCRANTON, PA 18509	23-2024511	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(9) CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET ST PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	37,500.				BREAST EDUCATION AND HEALTH
(10) DELAWARE VALLEY COMMUNITY HLTH 401 W ALLEGHENY AVE PHILADELPHIA, PA 19133	23-2077750	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(11) SOUTHEAST LANCASTER HEALTH SERVICES 333 N ARCH ST LANCASTER, PA 17603	23-2160896	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(12) KEYSTONE HEALTH 755 NORLAND AVE CHAMBERSBURG, PA 17201	23-2215866	501(C)(3)	37,500.				COLORECTAL EDUCATION AND HEALTH

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(1) GEISINGER HEALTH SYSTEM CME OFFICE 100 N ACADEMY AVE DANVILLE, PA 17822	23-2311553	501(C)(4)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(2) THE RESEARCH INSTITUTE OF FOX CHASE CANCER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(3) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PK RD PORTLAND OR 97201	23-7083114	501(C)(3)	128,432.				IMPROVE HEALTHCARE SYSTEMS
(4) MERRITT COLLEGE 12500 CAMPUS DR OAKLAND, CA 94619	23-7091547	501(C)(3)	14,998.				TOBACCO CONTROL
(5) COUNTRY DOCTOR COMMUNITY HEALTH CENTERS 500 19TH AVE EAST SEATTLE, WA 98112	23-7100868	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(6) AUX OF JOHN H STROGER JR HOSP OF COOK CO 1900 WEST POLK GL-3 CHICAGO, IL 60612	23-7103817	501(C)(3)	6,500.				BREAST EDUCATION AND HEALTH
(7) FAMILY FIRST HEALTH 116 S GEORGE ST YORK, PA 17401	23-7118262	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(8) LUDWIG INSTITUTE FOR CANCER RESEARCH LTD 9500 GILMAN DRIVE LA JOLLA CA 92093	23-7121131	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(9) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE 19024 SEATTLE WA 98109	23-7156071	501(C)(3)	1,316,500.				EXTRAMURAL RESEARCH GRANT
(10) WEST SIDE COMMUNITY HEALTH SERVICES, INC. 153 CESAR CHAVEZ ST ST PAUL, MN 55107	23-7156236	501(C)(3)	61,875.				COLORECTAL & CANCER CONTROL
(11) DALLAS INTER-TRIBAL CENTER INC 1283 RECORD CROSSING RD DALLAS, TX 75235	23-7156945	501(C)(3)	36,125.				CANCER CONTROL
(12) TRI-CITY HEALTH CENTER 39465 PASEO PADRE PARKWAY FREMONT, CA 94538	23-7255435	501(C)(3)	56,875.				CANCER CONTROL

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(1) WESTERN MARYLAND HEALTH CARE CORPORATION 1027 MEMORIAL DR OAKLAND, MD 21550	23-7300642	501(C)(3)	10,000.				CANCER CONTROL
(2) CHESPENN HEALTH SERVICES INC 125 E 9TH ST CHESTER, PA 19013	23-7354899	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(3) NEIGHBORHOOD MEDICAL CENTER 438 WEST BREVARD ST TALLAHASSEE, FL 32301	23-7422549	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(4) OHIOHEALTH FOUNDATION 1087 DENNISON AVE COLUMBUS, OH 43201	23-7446919	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(5) PENNSYLVANIA STATE UNIVERSITY 112 SHIELDS BUILDING UNIV PARK PA 16802	24-6000376	501(C)(3)	807,000.				RESEARCH AND TOBACCO CONTROL
(6) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	2,988,000.				EXTRAMURAL RESEARCH GRANT
(7) PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE PITTSBURGH, PA 15208	25-1300356	501(C)(3)	25,000.				CANCER CONTROL
(8) CORNERSTONE CARE 501 W HIGH ST WAYNESBURG, PA 15370	25-1346194	501(C)(3)	45,000.				COLORECTAL EDUCATION AND HEALTH
(9) PRIMARY HEALTH NETWORK 100 SHENANGO AVE SHARON, PA 16146	25-1381800	501(C)(3)	50,000.				BREAST & COLORECTAL EDUCATION
(10) COMMUNITY HEALTH NET 1202 STATE ST ERIE, PA 16501	25-1490791	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(11) COMMUNITY HEALTH CENTERS OF GREATER DAYTON 1323 WEST THIRD ST DAYTON, OH 45402	26-1253235	501(C)(3)	12,500.				CANCER CONTROL
(12) UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL, MN 55102	27-0052697	501(C)(3)	52,138.				COLORECTAL & CANCER CONTROL

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(1) FAIRFIELD COMMUNITY HEALTH CTR 207 SOUTH BROAD ST LANCASTER, OH 43130	27-1092132	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(2) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE STE 400 BOSTON, MA 02127	27-1414646	501(C)(3)	629,200.				CERVICAL AND CANCER CONTROL
(3) NANTHEALTH INC 9920 JEFFERSON BLVD CULVER CITY, CA 90232	27-3019889	OTHER	35,853.				NCIC
(4) BERKS COMMUNITY HEALTH CENTER 645 PENN ST STE 301 READING, PA 19601	27-3795179	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(5) SPRING BRANCH COMM HLTH CTR 1615 HILLEND AHL BLVD # 100 HOUSTON TX 77055	30-0198705	501(C)(3)	12,500.				CANCER CONTROL
(6) WESTERN WAYNE FAMILY HEALTH CENTERS 26650 EUREKA RD STE C TAYLOR, MI 48180	30-0281587	501(C)(3)	25,000.				CANCER CONTROL
(7) THE HEALTHCARE CONNECTION 1401 STEFFEN AVE CINCINNATI, OH 45215	31-0822524	501(C)(3)	10,625.				CANCER CONTROL
(8) UC BLUE ASH COLLEGE, UNIVERSITY OF CIN. 9555 PLAINFIELD ROAD BLUE ASH, OH 45236	31-0896555	501(C)(3)	7,500.				TOBACCO CONTROL
(9) VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR WAVERLY, OH 45690	31-1072406	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(10) CHRISTIAN COMMUNITY HEALTH SERVICES CROSSROAD HLTH CNTR CINCINNATI OH 45202	31-1321054	501(C)(3)	25,000.				CANCER CONTROL
(11) COLUMBUS NEIGHBORHOOD HEALTH CENTER 1800 WATERMARK DR # 420 COLUMBUS OH 43216	31-1533908	501(C)(3)	10,000.				CANCER CONTROL
(12) CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000.				CANCER CONTROL

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(1) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 H. MITCHELL PKWY S COL STATION TX 77845	31-1702109	501(C)(3)	903,500.				EXTRAMURAL RESEARCH GRANT
(2) ASIAN AMERICAN HEALTH COALITION - HOPE CLIN 7001 CORPORATE DR STE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	43,750.				CANCER CONTROL
(3) OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	15,000.				COLORECTAL EDUCATION AND HEALTH
(4) BOARD OF HEALTH CITY OF CINCINNATI 3101 BURNET AVE CINCINNATI, OH 45229	31-6000064	GOVT.	37,500.				COLORECTAL EDUCATION AND HEALTH
(5) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(1)	963,000.				RESEARCH AND COLORECTAL EDUCATION
(6) OHIO UNIVERSITY 104 RES & TECH BLDG ATHENS OH 45701	31-6402113	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(7) THE SCRIPPS RESEARCH INSTITUTE - FLORIDA 130 SCRIPPS WAY JUPITER, FL 33458	33-0435954	501(C)(3)	111,500.				EXTRAMURAL RESEARCH GRANT
(8) LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	35,625.				CANCER CONTROL
(9) SAC HEALTH SYSTEM 1454 E SECOND ST SAN BERNARDINO, CA 92410	33-0664371	501(C)(3)	12,500.				CANCER CONTROL
(10) NORTHEAST OHIO NEIGHBORHOOD HEALTH SVCS INC 4800 PAYNE AVE CLEVELAND, OH 44103	34-1014291	501(C)(3)	12,500.				CANCER CONTROL
(11) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	1,562,000.				EXTRAMURAL RESEARCH GRANT
(12) OHIO ASSOC OF COMM HLTH CTRS 4150 INDIANOLA AVE COLUMBUS, OH 43214	34-1439025	501(C)(3)	57,500.				COLORECTAL AND HEALTHCARE SYSTEMS

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(1) SOUTHWEST GENERAL MEDICAL GROUP INC 18697 BAGLEY RD MIDDLEBERG HEIGHTS OH 44130	34-1652755	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(2) CARE ALLIANCE HEALTH CENTER 1530 ST CLAIR AVE NE CLEVELAND, OH 44114	34-1748776	501(C)(3)	35,625.				CANCER CONTROL
(3) BOWLING GREEN STATE UNIVERSITY MARSHALL ROSE BOWLING GREEN, OH 43403	34-6007199	501(C)(3)	15,000.				TOBACCO CONTROL
(4) RAPHAEL HEALTH CENTER 401 E 34TH ST INDIANAPOLIS, IN 46205	35-1948768	501(C)(3)	25,000.				CANCER CONTROL
(5) COMMUNITY HEALTHNET INC 1021 W 5TH AVE GARY, IN 46402	35-2048141	501(C)(3)	50,000.				CANCER CONTROL
(6) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVENUE 970 NASHVILLE TN 37203	35-2528741	501(C)(3)	789,000.				EXTRAMURAL RESEARCH GRANT
(7) INDIANA UNIVERSITY 980 IND. AVE, RM 2232 INDIANAPOLIS IN 46202	35-6001673	501(C)(3)	1,985,000.				RESEARCH AND TOBACCO CONTROL
(8) PURDUE UNIVERSITY 155 S. GRANT ST WEST LAFAYETTE IN 47097	35-6002041	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(9) LOYOLA UNIVERSITY CHICAGO 2160 S. 1ST AVE SMOY MAYWOOD IL 60153	36-1408475	501(C)(3)	812,000.				EXTRAMURAL RESEARCH GRANT
(10) NORTHWESTERN UNIVERSITY - CHICAGO CAMPUS RUBLOFF BUILDING 7TH FL CHICAGO IL 60611	36-2167817	501(C)(3)	1,573,000.				EXTRAMURAL RESEARCH GRANT
(11) SAINT XAVIER UNIVERSITY 3700 W 103RD ST CHICAGO, IL 60655	36-2177133	501(C)(3)	15,000.				TOBACCO CONTROL
(12) THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	2,254,000.				EXTRAMURAL RESEARCH GRANT

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 ▶

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1) VNA HEALTH CARE 400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	25,000.				CANCER CONTROL
(2) AMERICAN COLLEGE OF SURGEONS COMMISSION ON 633 N ST CLAIR ST CHICAGO, IL 60611	36-2192800	501(C)(3)	1,417,195.				RESEARCH AND CANCER
(3) HEKTOEN INST LLC FUND 03838 2240 W OGDEN AVE FLOOR 2 CHICAGO, IL 60612	36-2244897	501(C)(3)	73,618.				BREAST EDUCATION AND HEALTH
(4) COMMUNITY HEALTH PARTNERSHIP 205 W RANDOLPH STE 2222 CHICAGO, IL 60606	36-3798678	501(C)(3)	12,500.				CANCER CONTROL
(5) STARK COUNTY SCHOOL DISTRICT 300 VAN BUREN ST WYOMING, IL 61491	36-4416405	501(C)(3)	10,668.				GENERAL NUTRITION ACTIVITIES
(6) RURAL HEALTH INC 513 N MAIN ST ANNA, IL 62906	37-1056692	501(C)(3)	12,500.				CANCER CONTROL
(7) THE BOARD OF TRUSTEES OF THE UNIV OF ILL. 506 S. WRIGHT STREET URBANA, IL 61801	37-6000511	501(C)(3)	937,000.				RESEARCH AND CANCER CONTROL
(8) HEALTH DELIVERY INC 501 LAPEER SAGINAW, MI 48607	38-1908328	501(C)(3)	56,250.				CANCER CONTROL
(9) DAVENPORT UNIVERSITY 6191 KRAFT AVE SE GRAND RAPIDS, MI 49512	38-1945965	501(C)(3)	15,000.				TOBACCO CONTROL
(10) CHERRY STREET HEALTH SERVICES 100 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	50,000.				CANCER CONTROL
(11) COVENANT COMMUNITY CARE 5716 MICHIGAN AVE DETROIT, MI 48210	38-3533998	501(C)(3)	22,500.				COLORECTAL EDUCATION AND HEALTH
(12) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	1,699,500.				RESEARCH AND TOBACCO CONTROL

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(1) WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202 DETROIT, MI 48202	38-6028429	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(2) OAKLAND UNIVERSITY 2200 N SQUIRREL RD ROCHESTER, MI 48309	38-6078765	501(C)(3)	15,000.				TOBACCO CONTROL
(3) THE MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	400,000.				RESEARCH AND BREAST EDUCATION
(4) AURORA WALKER'S POINT COMMUNITY CLINIC 130 W BRUCE ST STE 200 MILWAUKEE, WI 53204	39-1442285	501(C)(3)	10,625.				CANCER CONTROL
(5) MILWAUKEE HEALTH SERVICES INC 2555 N MLK DR MILWAUKEE WI 53212	39-1664109	501(C)(3)	25,000.				CANCER CONTROL
(6) UNIVERSITY OF WISCONSIN - MILWAUKEE UWM OFF OF RES 340 MILWAUKEE WI 53201	39-1805963	501(C)(3)	112,500.				BREAST EDUCATION & CANCER CONTROL
(7) COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA 302 NE 14TH ST LEON, IA 50144	39-1908462	501(C)(3)	12,500.				CANCER CONTROL
(8) PROGRESSIVE COMM HEALTH CENTER 3522 W LISBON AVE MILWAUKEE, WI 53208	39-1958810	501(C)(3)	12,500.				CANCER CONTROL
(9) BOARD OF REGENTS UNIV. OF WISCONSIN SYSTEM 21 N. PARK ST, STE 6401 MADISON WI 53715	39-6006492	501(C)(3)	812,000.				RESEARCH AND CANCER CONTROL
(10) NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVE N MINNEAPOLIS MN 55412	41-1235064	501(C)(3)	12,500.				CANCER CONTROL
(11) NORTHPOINT HEALTH & WELLNESS 1313 PENN AVE N MINNEAPOLIS MN 55411	41-6005801	OTHER	12,500.				CANCER CONTROL
(12) REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK STREET ST MINNEAPOLIS MN 55455	41-6007513	GOVT.	2,829,000.				EXTRAMURAL RESEARCH GRANT

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(1) MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	34,000.				RESEARCH AND TOBACCO CONTROL
(2) PEOPLES COMMUNITY HEALTH CLINIC INC 905 FRANKLIN ST WATERLOO, IA 50703	42-1058629	501(C)(3)	50,000.				CANCER CONTROL
(3) COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)(3)	37,599.				COLORECTAL AND HEALTHCARE SYSTEMS
(4) ALL CARE HEALTH CENTER 902 S 6TH ST COUNCIL BLUFFS, IA 51501	42-1466508	501(C)(3)	5,886.				COLORECTAL EDUCATION AND HEALTH
(5) WASHINGTON UNIVERSITY IN ST. LOUIS 1054 ONE BROOKINGS DR ST. LOUIS MO 63130	43-0653611	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(6) AFFINIA HEALTHCARE 1717 BIDDLE ST ST LOUIS, MO 63108	43-0817642	501(C)(3)	10,750.				CANCER CONTROL
(7) SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	26,712.				CANCER CONTROL
(8) BETTY JEAN KERR PEOPLES HEALTH CENTERS INC 5701 DELMAR BLVD ST LOUIS, MO 63112	43-1036785	501(C)(3)	10,000.				CANCER CONTROL
(9) BIG SPRINGS MEDICAL ASSOC INC PO BOX 157 ELIINGTON, MO 63638	43-1068291	501(C)(3)	12,500.				CANCER CONTROL
(10) CALIFORNIA INSTITUTE FOR BIOMEDICAL RES. 11119 N TORREY PINES RD LA JOLLA CA 92037	45-3682796	501(C)(3)	792,000.				EXTRAMURAL RESEARCH
(11) TRIAGE CANCER 5265 S SLAUSON AVE CULVER CITY, CA 90230	45-5132661	501(C)(3)	20,000.				CANCER CONTROL
(12) DISTRICT CLINIC HOLDINGS INC 1150 45TH STREET WEST PALM BEACH, FL 33407	45-5591655	GOVT.	25,000.				BREAST EDUCATION & CANCER CONTROL

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(1) HORIZON HEALTH CARE INC 109 N MAIN AVE HOWARD, SD 57349	46-0341255	501(C)(3)	50,000.				CANCER CONTROL
(2) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY (ORSP) 65 BERGEN STREET NEWARK, NJ 07103	46-2354111	GOVT.	300,000.				EXTRAMURAL RESEARCH GRANT
(3) YOUNG PROFESSIONALS CHRONIC DISEASE NETWORK 651 HUNTINGTON AVE BOSTON, MA 02215	46-4724869	501(C)(3)	13,050.				CANCER CONTROL
(4) UNIV OF NEBRASKA FOUNDATION 1010 LINCOLN MALL 300 LINCOLN NE 68508	47-0379839	501(C)(3)	151,473.				EXTRAMURAL RESEARCH GRANT
(5) ONEWORLD COMMUNITY HEALTH CENTER 4920 S 30TH ST STE 107 OMAHA, NE 68107	47-0548990	501(C)(3)	12,500.				CANCER CONTROL
(6) BOARD OF REGENTS OF THE UNIV. OF NEBRASKA 987835 NE MED CNTR OMAHA NE 68198	47-0771713	501(C)(3)	20,000.				EXTRAMURAL RESEARCH GRANT
(7) UT/WEST INSTITUTE FOR CANCER RESEARCH 7945 WOLF RIVER BLVD GERMANTOWN, TN 38138	47-1358542	501(C)(3)	75,000.				CANCER CONTROL
(8) ALBERT EINSTEIN COLLEGE OF MEDICINE, INC. 1300 MORRIS PK AVE 312 BRONX NY 10461	47-2209056	501(C)(3)	903,500.				EXTRAMURAL RESEARCH GRANT
(9) UNIV. OF KANSAS MED CNTR RES INST. MSN 1039, 3901 R. BLVD KANSAS CITY KS 66103	48-1108830	501(C)(3)	1,304,000.				EXTRAMURAL RESEARCH GRANT
(10) HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD #104 OLATHE, KS 66062	48-1115529	501(C)(3)	35,875.				CANCER CONTROL
(11) BEN ARCHER HEALTH CENTER PO BOX 370 HATCH, NM 87937	51-0158976	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(12) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY, STE 117 BALTIMORE MD 21205	52-0595110	501(C)(3)	2,583,428.				RESEARCH AND CANCER CONTROL

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(1) NATIONAL CANCER INSTITUTE 31 CNTR DR STE 4A48 BETHESDA MD 20892	52-0858115	OTHER	188,500.				EXTRAMURAL AND INTRAMURAL RESEARCH
(2) GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD BRANDYWINE, MD 20613	52-0961414	501(C)(3)	10,625.				CANCER CONTROL
(3) FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL ROAD BALTIMORE, MD 21225	52-1118424	501(C)(3)	25,000.				CANCER CONTROL
(4) SENTARA HEALTHCARE SYSTEMS 600 GRESHAM DRIVE NORFOLK, VA 23507	52-1271901	501(C)(3)	30,000.				BREAST EDUCATION AND HEALTH
(5) BON SECOURS 5838 HARBOUR VIEW BLVD 260 SUFFOLK VA 23435	52-1538513	501(C)(3)	10,000.				BREAST EDUCATION AND HEALTH
(6) MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO RD NW WASHINGTON D.C. 20009	52-1594116	501(C)(3)	25,000.				CANCER CONTROL
(7) RESEARCH!AMERICA 1101 KING ST STE 250 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	7,500.				CANCER CONTROL
(8) ASPEN CANCER CONFERENCE INC 4383 MED DR STE 100 SAN ANTONIO TX 78229	52-1746776	501(C)(3)	16,000.				CANCER CONTROL
(9) CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I ST NW STE 1200 WASHINGTON DC 20005	52-1969967	501(C)(3)	175,000.				CANCER CONTROL AND HEALTHCARE SYSTEMS
(10) TOBACCO FREE KIDS ACTION FUND 1400 I ST NW STE 1200 WASHINGTON, DC 20005	52-1974904	501(C)(4)	150,000.				IMPROVE HEALTHCARE SYSTEMS
(11) FRIENDS OF CANCER RESEARCH 1001 G ST NW 900 EAST WASHINGTON DC 20001	52-1983273	501(C)(3)	25,000.				CANCER CONTROL
(12) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT

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(1) PACT INSTITUTE 1828 L ST NW STE 300 WASHINGTON, DC 20036	52-2131854	501(C)(3)	165,192.				CANCER CONTROL
(2) UNIVERSITY OF MARYLAND-COLLEGE PARK 7809 REGENTS DRIVE COLLEGE PARK MD 20742	52-6002033	OTHER	3,449,000.				EXTRAMURAL RESEARCH GRANT
(3) GEORGETOWN UNIVERSITY 4000 RESERVOIR RD BLDG D WASH DC 20007	53-0196603	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(4) NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	525,000.				RESEARCH AND CANCER CONTROL
(5) SOUTHEASTERN VA HEALTH SYSTEM 1033 28TH ST 2ND FL NEWPORT NEWS VA 23607	54-1083954	501(C)(3)	12,500.				CANCER CONTROL
(6) PORTSMOUTH COMMUNITY HEALTH CTR 664 LINCOLN ST PORTSMOUTH, VA 23704	54-1626757	501(C)(3)	10,000.				CANCER CONTROL
(7) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	500,000.				NCIC
(8) VERNON J HARRIS E. END COMM HLTH CNTR 2025 E MAIN ST STE 105 RICHMOND, VA 23233	54-1884190	501(C)(3)	50,000.				CANCER CONTROL
(9) FOUND CARE INC 2330 S CONGRESS AVE W. PALM BEACH FL 33406	54-2083748	501(C)(3)	34,482.				COLORECTAL & CANCER CONTROL
(10) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298	54-6001758	GOVT.	842,000.				EXTRAMURAL RESEARCH GRANT
(11) THE RECTOR AND VISITORS OF THE UNIV. OF VA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	1,595,000.				EXTRAMURAL RESEARCH GRANT
(12) NEW RIVER HEALTH ASSOCIATION PO BOX 337 SCARBRO, WV 25917	55-0581968	501(C)(3)	50,194.				CANCER CONTROL

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(1) WEST VIRGINIA UNIVERSITY 1 MEDICAL CENTER DR MORGANTOWN, WV 26506	55-0665758	501(C)(3)	210,000.				EXTRAMURAL RESEARCH GRANT
(2) CABIN CREEK HEALTH SYSTEMS 5722 CABIN CREEK RD DAWES, WV 25054	55-0709223	501(C)(3)	75,000.				CANCER CONTROL
(3) ETSU RESEARCH FOUNDATION 405 ROSS HALL JOHNSON CITY, TN 37614	55-0788917	501(C)(3)	12,500.				CANCER CONTROL
(4) NORTHEAST FLORIDA HEALTH SERVICES, INC. 216 N FREDERICK ST PIERSON, FL 32180	55-0799729	501(C)(3)	8,500.				COLORECTAL EDUCATION AND HEALTH
(5) DUKE UNIVERSITY 820 ERWIN SQ 2200 W MAIN ST DURHAM NC 27705	56-0532129	501(C)(3)	2,607,500.				EXTRAMURAL RESEARCH GRANT
(6) LENOIR RHYNE UNIVERSITY 625 7TH AVE NE PO BOX 7225 HICKORY NC 28601	56-0556753	501(C)(3)	9,375.				TOBACCO CONTROL
(7) BLUE RIDGE COMM HEALTH SVCS 2579 CHIM. ROCK RD HENDERSONVILLE NC 28792	56-0794933	501(C)(3)	12,500.				CANCER CONTROL
(8) PIEDMONT COMMUNITY COLLEGE 1662 SLADE RD BLANCH, NC 27212	56-1374039	501(C)(3)	9,827.				TOBACCO CONTROL
(9) LATINAS CONTRA CANCER PO BOX 64 SAN JOSE, CA 95103	56-2412069	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(10) EAST CAROLINA UNIVERSITY 1000 E 5TH ST GREENVILLE, NC 27858	56-6000403	501(C)(3)	15,000.				TOBACCO CONTROL
(11) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR # 2200 CHAPEL HILL NC 27599	56-6001393	501(C)(3)	1,055,000.				EXTRAMURAL RESEARCH GRANT
(12) BEAUFORT JASPER HAMPTON COMP HEALTH SERV. 1320 RIBAUT RD PORT ROYAL, SC 29935	57-0523586	501(C)(3)	50,000.				CANCER CONTROL

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
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(1) LITTLE RIVER MEDICAL CENTER 4303 LIVE OAK DRIVE LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	12,500.				CANCER CONTROL
(2) EAU CLAIRE COOPERATIVE HEALTH CENTERS INC 1800 ST JULIAN PL # 308 COLUMBIA SC 29209	57-0965445	501(C)(3)	80,923.				CANCER CONTROL
(3) REGENESIS HEALTH CARE PO BOX 5158 SPARTANBURG, SC 29304	57-1084051	501(C)(3)	35,625.				CANCER CONTROL
(4) MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE # 606 CHARLESTON SC 29425	57-6000722	501(C)(3)	630,000.				EXTRAMURAL RESEARCH GRANT
(5) EMORY UNIVERSITY - WINSHIP CANCER INSTITUTE 1365C CLIFTON RD NE # 2001 ATLANTA GA 30322	58-0566256	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(6) SOUTHWEST GEORGIA HEALTH CARE 804 E 16TH AVE CORDELE, GA 31015	58-1335405	501(C)(3)	12,500.				CANCER CONTROL
(7) ALBANY AREA PRIMARY HEALTHCARE 204 NORTH WESTOVER BLVD ALBANY, GA 31707	58-1344015	501(C)(3)	12,500.				CANCER CONTROL
(8) OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	25,000.				CANCER CONTROL
(9) SAINT JOSEPHS MERCY FNDN 424 DECATUR ST SE ATLANTA, GA 30312	58-1448522	501(C)(3)	11,275.				BREAST EDUCATION AND HEALTH
(10) UNIVERSITY OF GEORGIA 114 BARROW HALL ATHENS, GA 30602	58-6001998	OTHER	15,000.				BREAST AND CERVICAL EDUCATION
(11) UNIVERSITY OF MIAMI 1320 S DIXIE HWY 650 CORAL GABLES FL 33146	59-0624458	501(C)(3)	832,000.				RESEARCH AND CANCER CONTROL
(12) SACRED HEART HEALTH SYSTEM 5151 NORTH 9TH AVE PENSACOLA, FL 32504	59-0634434	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH

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(1) FLORIDA HOSPITAL MEMORIAL FDTN 301 MEM MED PKWY DAYTONA BEACH FL 32117	59-0973502	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(2) UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-0974739	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(3) JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVE MIAMI, FL 33142	59-1235617	501(C)(3)	43,750.				CANCER CONTROL
(4) COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 STREET MIAMI, FL 33190	59-1372690	501(C)(3)	35,659.				CANCER CONTROL
(5) CENTRAL FL HEALTH CARE INC 950 COUNTY RD 17A WEST AVON PARK, FL 33825	59-1404594	501(C)(3)	8,500.				COLORECTAL EDUCATION AND HEALTH
(6) BORINQUEN MEDICAL CENTERS 3601 FEDERAL HIGHWAY MIAMI, FL 33161	59-1417397	501(C)(3)	97,526.				CANCER CONTROL
(7) COMMUNITY HEALTH CENTERS INC 110 S WOODLAND ST WINTER GARDEN, FL 34787	59-1480970	501(C)(3)	53,105.				COLORECTAL & CANCER CONTROL
(8) PROJECT HEALTH INC 1425 S US HIGHWAY 301 SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	6,063.				COLORECTAL EDUCATION AND HEALTH
(9) FAMILY HEALTH CENTER OF SW FL 2258 HELTMAN ST FORT MYERS, FL 33901	59-1741273	501(C)(3)	57,292.				COLORECTAL & CANCER CONTROL
(10) HEALTHCARE NETWORK OF SW FL 1454 MADISON AVE WEST IMMOKALEE, FL 34142	59-1741277	501(C)(3)	6,063.				COLORECTAL EDUCATION AND HEALTH
(11) CENTRAL FLORIDA FAMILY HEALTH CENTER INC 2400 STATE ROAD 415 SANFORD, FL 32771	59-1741286	501(C)(3)	42,037.				COLORECTAL & CANCER CONTROL
(12) MANATEE COUNTY RURAL HEALTH SERVICES INC 700 8TH AVE W STE 101 PALMETTO, FL 34221	59-1773262	501(C)(3)	50,000.				CANCER CONTROL

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(1) MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD STE 207 MIAMI FL 33181	59-1829984	501(C)(3)	8,500.				COLORECTAL EDUCATION AND HEALTH
(2) CITRUS HEALTH NETWORK 4125 WEST 20TH AVE HIALEAH, FL 33012	59-1865751	501(C)(3)	12,500.				CANCER CONTROL
(3) NORTH FLORIDA MEDICAL CENTERS 2804 REM GREEN CIR 2 TALLAHASSEE FL 32308	59-1915144	501(C)(3)	11,676.				CANCER CONTROL
(4) PREMIER COMMUNITY HEALTHCARE 37912 CHURCH AVE DADE CITY, FL 33525	59-1964612	501(C)(3)	8,500.				COLORECTAL EDUCATION
(5) COMMUNITY HEALTH CENTERS OF PINELLAS 1344 22ND ST S ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	50,000.				CANCER CONTROL
(6) FLORIDA HOSPITAL CANCER INSTITUTE 2501 N ORANGE AVE STE 283 ORLANDO, FL 32804	59-2219301	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(7) TAMPA FAMILY HEALTH CENTERS PO BOX 82969 TAMPA, FL 33682	59-2420282	501(C)(3)	11,154.				CANCER CONTROL
(8) BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	8,500.				COLORECTAL EDUCATION AND HEALTH
(9) H. LEE MOFFITT CANCER CNTR & RES INSTITUTE 12902 MAGNOLIA DRIVE OFFICE OF SPONSORED RE	59-2451713	501(C)(3)	816,000.				EXTRAMURAL RESEARCH GRANT
(10) COMM AIDS RESOURCE INC DBA CARE RESOURCE 3510 BISCAYNE BLVD MIAMI, FL 33137	59-2564198	501(C)(3)	8,500.				COLORECTAL EDUCATION AND HEALTH
(11) PALMS MEDICAL GROUP 23343 NW CR 236 HIGH SPRNGS, FL 32643	59-2871302	501(C)(3)	6,063.				COLORECTAL EDUCATION AND HEALTH
(12) HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVE Ocala, FL 34471	59-3060378	501(C)(3)	48,234.				CANCER CONTROL

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(1) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD 165 TAMPA FL 33612	59-3102112	GOVT.	20,000.				EXTRAMURAL RESEARCH GRANT
(2) ESCAMBIA COMMUNITY CLINICS INC 14 W JORDAN ST PENSACOLA, FL 32501	59-3105246	501(C)(3)	8,500.				COLORECTAL EDUCATION AND HEALTH
(3) THE CHAUTAUQUA CENTER INC 319 CENTRAL AVE DUNKIRK, NY 14048	59-3202367	501(C)(3)	36,750.				CANCER CONTROL
(4) TREASURE COAST COMMUNITY HEALTH 12196 CR 512 FELLSMERE, FL 32948	59-3219191	501(C)(3)	6,063.				COLORECTAL EDUCATION AND HEALTH
(5) I M SULZBACHER CENTER FOR THE HOMELESS 611 E ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	20,625.				COLORECTAL & CANCER CONTROL
(6) WECARE JACKSONVILLE INC 4080 WOODCOCK DR 130 JACKSONVILLE FL 32207	59-3431724	501(C)(3)	7,500.				COLORECTAL EDUCATION AND HEALTH
(7) BROWARD COMM & FAMILY HEALTH CENTERS INC 5010 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	6,063.				COLORECTAL EDUCATION AND HEALTH
(8) HOSPARUS INC. 3532 E. MCDOWELL DR LOUISVILLE KY 40205	61-0921718	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT
(9) UNIVERSITY OF LOUISVILLE RES FDN, INC. 300 E MARKET ST STE 300 LOUISVILLE KY 40202	61-1029626	501(C)(3)	40,000.				EXTRAMURAL RESEARCH GRANT
(10) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)(3)	1,062,000.				EXTRAMURAL RESEARCH GRANT
(11) CHEROKEE HEALTH SYSTEMS 6350 W ANDREW JOHNSON HWY TALBOTT, TN 37877	62-0637925	501(C)(3)	12,500.				COLORECTAL EDUCATION AND HEALTH
(12) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL 733 MEMPHIS TN 38105	62-0646012	501(C)(3)	1,515,000.				EXTRAMURAL RESEARCH GRANT

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(1) MEMPHIS HEALTH CENTER 360 EH CRUMP BLVD MEMPHIS, TN 38126	62-0818892	501(C)(3)	12,500.				CANCER CONTROL
(2) MATTHEW WALKER COMPREHENSIVE HEALTH CENTER 1035 14TH AVE NORTH NASHVILLE, TN 37208	62-1035426	501(C)(3)	35,625.				CANCER CONTROL
(3) CHRIST COMMUNITY HEALTH SRVCS 2595 CENTRAL AVE MEMPHIS, TN 38104	62-1583270	501(C)(3)	75,000.				CANCER CONTROL
(4) HEALTH SERVICES INC PO BOX 70365 MONTGOMERY, AL 36107	63-0568762	501(C)(3)	51,628.				CANCER CONTROL
(5) FRANKLIN PRIMARY HEALTH CENTER 1301 DR MLK JR MOBILE AL 36603	63-0695975	501(C)(3)	43,750.				CANCER CONTROL
(6) CAPSTONE RURAL HEALTH CLINIC 5947 ALABAMA 269 PARRISH, AL 35580	63-1276483	501(C)(3)	12,500.				CANCER CONTROL
(7) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	OTHER	1,192,750.				EXTRAMURAL RESEARCH GRANT
(8) CAMILLUS HEALTH CONCERN INC 336 NW 5TH ST MIAMI, FL 33136	65-0063921	501(C)(3)	6,063.				COLORECTAL EDUCATION AND HEALTH
(9) COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS PO BOX 11790 ST THOMAS, VI 00801	66-0470703	501(C)(3)	50,000.				INDIRECT FINANCIAL ASSISTANCE
(10) EXCELTH INC 1515 POYDRAS ST # 1070 NEW ORLEANS LA 70112	72-1193464	501(C)(3)	35,625.				CANCER CONTROL
(11) DAUGHTERS OF CHARITY SVCS OF NEW ORLEANS 3201 S CARROLTON AVE NEW ORLEANS, LA 70118	72-1332678	501(C)(3)	12,500.				CANCER CONTROL
(12) INDIAN HEALTH CARE RESOURCE CENTER OF TULSA 550 S PEORIA AVE TULSA, OK 74120	73-1042545	501(C)(3)	12,500.				CANCER CONTROL

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(1) VARIETY CARE 3000 N GRAND AVE OKLA CITY, OK 73107	73-1088577	501(C)(3)	50,000.				CANCER CONTROL
(2) BOARD OF REGENTS, UNIVERSITY OF OKLAHOMA 865 RESEARCH PARKWAY OKC, OK 73104	73-1563627	501(C)(3)	792,000.				EXTRAMURAL RESEARCH GRANT
(3) COMM HLTH CENTERS OF SOUTH CENTRAL TEXAS 228 ST GEORGE ST GONZALES, TX 78629	74-1548089	501(C)(3)	50,000.				CANCER CONTROL
(4) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS: 310 HOUSTON TX 77030	74-1613878	501(C)(3)	583,000.				EXTRAMURAL RESEARCH GRANT
(5) BRAZOS VALLEY COMMUNITY ACTION AGENCY INC 3370 S TEXAS AVE BRYAN, TX 77802	74-1715140	501(C)(3)	12,500.				CANCER CONTROL
(6) BARRIO COMPREHENSIVE FAMILY HEALTH CENTERS 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	50,000.				CANCER CONTROL
(7) ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	12,500.				CANCER CONTROL
(8) EL PASO COMM COLLEGE DISTRICT PO BOX 20500 EL PASO, TX 79998	74-2452971	501(C)(3)	15,000.				TOBACCO CONTROL
(9) METRO COMMUNITY PROVIDER NETWORK INC 3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501(C)(3)	47,625.				CANCER CONTROL AND PATIENT SUPPORT
(10) TEXAS A&M UNIVERSITY CORPUS CHRISTI 6300 OCEAN DR 5755 CORPUS CHRISTI TX 78412	74-2491445	501(C)(3)	15,000.				TOBACCO CONTROL
(11) ARIZONA BOARD OF REGENTS, UNIV OF AZ P O BOX 210158, ROOM 510 TUCSON, AZ 85721	74-2652689	501(C)(3)	1,315,500.				EXTRAMURAL RESEARCH GRANT
(12) MIGRANT CLINICIANS NETWORK PO BOX 164285 AUSTIN, TX 78716	74-2662919	501(C)(3)	15,000.				CANCER CONTROL

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WASHINGTON AVE NEW YORK, NY 10032	74-3066193	501(C)(3)	932,871.				CANCER CONTROL
(2) THE UNIVERSITY OF TEXAS AT AUSTIN 101 EAST 27TH ST 7TH FL AUSTIN TX 78712	74-6000203	501(C)(3)	840,000.				EXTRAMURAL RESEARCH GRANT
(3) UNIV OF TEXAS M.D. ANDERSON CANCER CNTR 1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	501(C)(3)	4,136,000.				EXTRAMURAL RESEARCH GRANT
(4) UNIVERSITY OF HOUSTON 4302 UNIVERSITY DR RM 316 HOUSTON TX 77204	74-6001399	501(C)(3)	1,708,000.				EXTRAMURAL RESEARCH GRANT
(5) TEXAS CHRISTIAN UNIVERSITY TCU BOX 297740 FORT WORTH, TX 76129	75-0827465	501(C)(3)	15,000.				TOBACCO CONTROL
(6) COMMUNITY HEALTH SERVICES AGENCY, INC. PO BOX 1908 GREENVILLE, TX 75402	75-1528614	501(C)(3)	12,500.				CANCER CONTROL
(7) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-2556007	501(C)(3)	1,793,000.				EXTRAMURAL RESEARCH GRANT
(8) INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE DALLAS, TX 75231	75-2605363	501(C)(3)	75,001.				CANCER CONTROL
(9) LEGACY COMMUNITY HEALTH SVCS PO BOX 66308 HOUSTON, TX 77266	76-0009637	501(C)(3)	50,000.				CANCER CONTROL
(10) GULF COAST HEALTH CENTER INC 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	12,500.				CANCER CONTROL
(11) EL CENTRO DE CORAZON 7037 CAPITOL ST HOUSTON, TX 77011	76-0442781	501(C)(3)	35,625.				CANCER CONTROL
(12) NAACCR 32960 ALVARADO-NILES RD STE 600	77-0324654	501(C)(3)	61,032.				INTRAMURAL RESEARCH GRANT

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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GENESIS COMMUNITY HEALTH INC 2623 S SEACREST BLVD BOYNTON BEACH FL 33435	80-0374741	501(C)(3)	32,045.				COLORECTAL & CANCER CONTROL
(2) CALIFORNIA STATE UNIVERSITY - SAN MARCOS 333 S TWIN OAKS VAL RD SAN MARCOS CA 92096	80-0390564	501(C)(3)	15,000.				TOBACCO CONTROL
(3) TERRY REILLY HEALTH SERVICES 223 16TH AVE N NAMPA, ID 83653	82-0300537	501(C)(3)	43,750.				CANCER CONTROL
(4) COMMUNITY HEALTH CENTER OF CENTRAL WYOMING 5000 BLACKMORE ROAD CASPER, WY 82609	83-0326307	501(C)(3)	31,091.				IMPROVE HEALTHCARE SYSTEMS
(5) SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	50,000.				CANCER CONTROL AND HEALTHCARE SYSTEMS
(6) THE REGENTS OF THE UNIVERSITY OF COLORADO 3100 MARINE ST RM 481 572 BOULDER CO 80309	84-6000555	501(C)(3)	4,630,000.				EXTRAMURAL RESEARCH GRANT
(7) UNIVERSITY OF NEW MEXICO M. VISTA HALL RM 3019 ALBUQUERQUE NM 87131	85-6000642	501(C)(3)	15,000.				CANCER CONTROL
(8) SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	35,625.				CANCER CONTROL
(9) MOUNTAIN PARK HEALTH CENTER 2702 N THIRD ST STE 4020 PHOENIX, AZ 85004	86-0498020	501(C)(3)	50,000.				IMPROVE HEALTHCARE SYSTEMS
(10) NORTH COUNTRY HEALTHCARE PO BOX 3630 FLAGSTAFF, AZ 86003	86-0663432	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(11) EL RIO HEALTH CTR FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745	86-0816675	501(C)(3)	11,132.				IMPROVE HEALTHCARE SYSTEMS
(12) PRIMARY CHILDREN'S HOSPITAL 100 N M. CAPECCHI DR S. LAKE CITY UT 84113	87-0453633	501(C)(3)	24,000.				EXTRAMURAL RESEARCH GRANT

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 ▶

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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Name of the organization

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Employer identification number

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Part I General Information 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UTAH NAVAJO HEALTH SYSTEM PO BOX 130 MONTEZUMA CREEK, UT 84534	87-0560763	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(2) UNIVERSITY OF UTAH 75 S 2000 E RM 111 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	553,500.				EXTRAMURAL RESEARCH GRANT
(3) BREVARD HEALTH ALLIANCE INC 2120 SARNO ROAD MELBOURNE, FL 32935	90-0068515	501(C)(3)	75,070.				CANCER CONTROL
(4) SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE WA 98105	91-0564748	501(C)(3)	729,000.				EXTRAMURAL RESEARCH GRANT
(5) PEOPLE FOR PEOPLE 302 W LINCOLN AVE YAKIMA, WA 98902	91-0783225	501(C)(3)	7,000.				PATIENT SUPPORT
(6) HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057	91-0884412	501(C)(3)	35,625.				CANCER CONTROL
(7) SEA MAR COMMUNITY HEALTH CTR 1112 SOUTH CUSHMAN TACOMA, WA 98405	91-1020139	501(C)(3)	25,013.				IMPROVE HEALTHCARE SYSTEMS
(8) NEW WASHINGTON HEALTH PROGRAMS PO BOX 808 CHEWELAH, WA 99109	91-1053847	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(9) TRI-CITIES COMMUNITY HEALTH PO BOX 1452 PASCO, WA 99301	91-1138675	501(C)(3)	12,500.				IMPROVE HEALTHCARE SYSTEMS
(10) COMMUNITY HEALTH ASSOCIATION OF SPOKANE 203 N WASHINGTON STE 300 SPOKANE, WA 99201	91-1641797	501(C)(3)	24,925.				CANCER CONTROL AND HEALTHCARE SYSTEMS
(11) PANCARE OF FLORIDA INC 403 E 11TH ST PANAMA CITY, FL 32401	91-2189932	501(C)(3)	8,500.				COLORECTAL EDUCATION
(12) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE WA 98195	91-6001537	OTHER	1,853,500.				RESEARCH, BREAST EDU 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 ▶

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Schedule I (Form 990) (2016)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST 16TH FL OAKLAND CA 94612	94-1105628	501(C)(3)	909,000.				EXTRAMURAL RESEARCH GRANT
(2) THE BOT OF THE LELAND STANFORD JR 3160 PORTER DR STE 100 PALO ALTO CA 94304	94-1156365	501(C)(3)	955,500.				EXTRAMURAL RESEARCH GRANT
(3) SAINT MARY'S COLLEGE OF CALIFORNIA 1928 ST MARYS RD MORAGA, CA 94556	94-1156599	501(C)(3)	15,000.				TOBACCO CONTROL
(4) THE REGENTS OF THE UNIV OF CA, SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	111,500.				EXTRAMURAL RESEARCH GRANT
(5) LA CLINICA DE LA RAZA INC 335 E LELAND RD PITTSBURG, CA 94565	94-1744108	501(C)(3)	12,500.				CANCER CONTROL
(6) MISSION NEIGHBORHOOD HEALTH CT 240 SHOTWELL ST SAN FRANCISCO, CA 94110	94-2284365	501(C)(3)	11,038.				CANCER CONTROL
(7) INDIAN HEALTH CENTER OF SCV 1333 MERIDIAN AVE SAN JOSE, CA 95125	94-2476242	501(C)(3)	22,450.				CANCER CONTROL
(8) CLINICA DE SALUD DEL VALLE DE SALINAS 440 AIRPORT BLVD SALINAS, CA 93905	94-2652757	501(C)(3)	50,000.				CANCER CONTROL
(9) AMERICAN NONSMOKERS RIGHTS FND 2530 SAN PABLO STE J BERKELEY, CA 94702	94-2922136	501(C)(3)	50,000.				TOBACCO CONTROL
(10) PENINSULA COMMUNITY HEALTH SVC PO BOX 960 BREMERTON, WA 98337	94-3079770	501(C)(3)	7,500.				IMPROVE HEALTHCARE SYSTEMS
(11) OPERATION ACCESS 1119 MKT ST STE 400 SAN FRANCISCO CA 94103	94-3180356	501(C)(3)	10,000.				COLORECTAL EDUCATION AND HEALTH
(12) TX ONCOLOGY-MIDLAND ALLISON CANCER CNTR 400 R. REDFERN GROVER PK MIDLAND TX 79701	94-3207296	501(C)(3)	58,090.				PATIENT SUPPORT

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Schedule I (Form 990) (2016)

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**Grants and Other Assistance to Organizations,
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(1) CALIFORNIA PRIMARY CARE ASSN 1231 I ST STE 400 SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000.				IMPROVE HEALTHCARE SYSTEMS
(2) THE REGENTS OF THE UNIV OF CA, BERKELEY 2150 SHATTUCK AVE 300 BERKELEY CA 94704	94-6002123	501(C)(3)	320,000.				EXTRAMURAL RESEARCH GRANT
(3) THE REG OF THE UNIV OF CA, SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO CA 94143	94-6036493	501(C)(3)	560,500.				EXTRAMURAL RESEARCH GRANT
(4) USC/UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST 3RD FL LA, CA 90089	95-1642394	501(C)(3)	1,812,323.				RESEARCH AND CANCER CONTROL
(5) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CA BLVD. 201-15 PASADENA CA 91125	95-1643307	501(C)(3)	163,500.				EXTRAMURAL RESEARCH GRANT
(6) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD # 1150 LOS ANGELES 90048	95-1644600	501(C)(3)	802,000.				EXTRAMURAL RESEARCH GRANT
(7) THE REGENTS OF THE UNIV OF CA (IRVINE) 141 INNOVATION SUITE 250 IRVINE, CA 92697	95-2226406	501(C)(3)	1,152,000.				EXTRAMURAL RESEARCH GRANT
(8) SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048	95-2539105	501(C)(3)	10,000.				CANCER CONTROL
(9) CHAMPIONS FOR HEALTH 5575 RUFFIN RD #250 SAN DIEGO, CA 92123	95-2568714	501(C)(3)	7,000.				COLORECTAL EDUCATION AND HEALTH
(10) VENICE FAMILY CLINIC 2509 PICO BLVD SANTA MONICA, CA 90405	95-2769432	501(C)(3)	25,000.				CANCER CONTROL
(11) NEIGHBORHOOD HEALTHCARE 425 N DATE ST STE 203 ESCONDIDO, CA 92025	95-2796316	501(C)(3)	16,730.				CANCER CONTROL
(12) SAN YSIDRO HEALTH CENTER 1275 30TH ST SAN DIEGO, CA 92154	95-2801772	501(C)(3)	12,500.				CANCER CONTROL

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information 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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	12,500.				CANCER CONTROL
(2) NORTH COUNTY HEALTH PROJECT 150 VALPREDA RD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	50,000.				CANCER CONTROL
(3) CALIFORNIA COLORECTAL CANCER COALITION 2253 SOLEDAD RANCHO RD SAN DIEGO, CA 92109	95-3102332	501(C)(3)	50,000.				COLORECTAL EDUCATION AND HEALTH
(4) OMNI FAMILY HEALTH 4900 CA AVE STE 400B BAKERSFIELD CA 93309	95-3218000	501(C)(3)	10,000.				CANCER CONTROL
(5) BECKMAN RES INST OF THE CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3432210	501(C)(3)	1,375,000.				EXTRAMURAL RESEARCH GRANT
(6) THE REGENTS OF THE UNIV OF CA, LOS ANGELES 11000 KINROSS AVE 211 LOS ANGELES CA 90095	95-6006143	501(C)(3)	2,394,500.				EXTRAMURAL RESEARCH GRANT
(7) UNIV OF CA, SAN DIEGO - HEALTH SCIENCES 9500 GILMAN DR MC 0041 LA JOLLA CA 92093	95-6006144	501(C)(3)	327,000.				EXTRAMURAL RESEARCH GRANT
(8) ACS CANCER ACTION NETWORK, INC 555 11TH ST. NW WASHINGTON, DC 20004	52-2340031	501(C)(4)	34,771,281.				SUPPORT ACS
(9) AMERICAN CANCER SOCIETY PUERTO RICO INC. CALLE CABO ALVERIO 566 HATO REY, PR 00918	66-0321594	501(C)(3)	135,782.				SUPPORT ACS
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 342.

3 Enter total number of other organizations listed in the line 1 table ▶ 15.

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

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GUEST ROOM PROGRAM	60,472.	108,473.	4,938,033.	FMV	GUEST ROOMS
2 LOOK GOOD, FEEL BETTER	46,929.	20,397.	11,614,765.	FMV	COSMETIC KITS
3 OTHER	2,780.	413,377.	132,973.	FMV	OTHER PAT SUPP ITEMS
4 TRANSPORTATION	9,882.	1,563,327.			
5 WIGS	3,262.	598,697.	1,148,569.	FMV	WIGS
6					
7					

Part IV Supplemental Information. 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 RESEARCH GRANTS IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD. ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE. THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS: PROGRESS REPORTS 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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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 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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS. IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO 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 GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF. REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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7					

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

EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY. A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE. FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS. THE SOCIETY REQUIRES GRANTEEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS. NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED. SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE SOCIETY. THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS REGULAR TELEPHONE CONFERENCES WITH GRANTEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL. FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY
INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-1788491

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	GARY REEDY CHIEF EXECUTIVE OFFICER	(i)	662,878.	0.	4,901.	83,150.	1,450.	752,379.	0.
		(ii)	60,262.	0.	445.	7,559.	132.	68,398.	0.
2	CATHERINE E. MICKLE CHIEF FINANCIAL OFFICER	(i)	331,876.	0.	175,656.	80,852.	11,090.	599,474.	156,424.
		(ii)	42,239.	0.	22,356.	10,290.	1,411.	76,296.	19,909.
3	GREGORY P. BONTRAGER COO, FORMER	(i)	0.	0.	1,679,126.	664,866.	0.	2,343,992.	1,008,997.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	OTIS W. BRAWLEY CHIEF MED AND SCI OFFICER	(i)	447,984.	0.	247,075.	101,047.	1,223.	797,329.	210,833.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	RICHARD C. WENDER CHIEF CANCER CONTROL OFFICER	(i)	416,841.	0.	216,056.	56,513.	17,042.	706,452.	196,458.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	JOSEPH C. CAHOON SENIOR EVP, FIELD, OUTGOING	(i)	436,658.	0.	263,580.	267,687.	8,002.	975,927.	203,167.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	SHARON BYERS CHIEF DEV & MKTG OFFICER	(i)	429,695.	20,000.	1,051.	47,710.	1,226.	499,682.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	DAVID F. VENEZIANO EVP, CALIFORNIA DIV, OUTGOING	(i)	403,700.	0.	26,197.	139,231.	8,894.	578,022.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	NANCY C. YAW EVP, LAKESHORE DIV, OUTGOING	(i)	349,168.	0.	2,410.	157,260.	18,068.	526,906.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	LISA E. ROTH SVP, PROD & PROG MGMT, OUTGOING	(i)	58,244.	0.	274,793.	290,099.	2,134.	625,270.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	JUNG H. KIM EVP, EASTERN DIVISION	(i)	328,372.	0.	28,364.	93,739.	1,813.	452,288.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	SUSAN G. HERRINGTON EVP, ENT GOV AND CORP SVCS	(i)	243,040.	0.	123,048.	156,415.	14,635.	537,138.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

SCHEDULE J, PART I, LINE 4A

GREGORY P. BONTRAGER: OTHER REPORTABLE COMPENSATION OF \$1,679,126 (PART II, LINE 3B(III)) INCLUDES A SEVERANCE PAYMENT OF \$545,000, WHICH WAS REPORTED AS DEFERRED COMPENSATION ON THE ORGANIZATION'S 2015, SCHEDULE J, AND THE FINAL CHANGE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL EMPLOYEE RETIREMENT BENEFITS OF \$1,134,126, WHICH INCLUDES THE ACCUMULATED INTEREST ON THE BENEFIT. BONTRAGER RETIRED FROM THE SOCIETY IN 2015 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 25 YEARS. DEFERRED COMPENSATION OF \$664,866 (PART II, LINE 3C) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS.

LISA E. ROTH: OTHER REPORTABLE COMPENSATION OF \$274,793 (PART II, LINE 3B(III)) INCLUDES A SEVERANCE PAYMENT OF \$248,884.

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

Part III Supplemental Information

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

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 IV, 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 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:

CATHERINE E. MICKLE:	\$11,531
OTIS W. BRAWLEY:	\$22,040
JOSEPH C. CAHOON:	\$49,561
DAVID F. VENEZIANO	\$21,425

Part III Supplemental Information

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

JUNG H. KIM: \$27,883

LISA E. ROTH: \$24,128

SUPPLEMENTAL INFORMATION REGARDING COMPENSATION

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. PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING ON WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

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.

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	77.	61,000.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		22,584,094.	COST/SELLING PRICE
6 Cars and other vehicles	X	1.	26,499.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	2.	1,891,423.	FMV
12 Securities - Miscellaneous	X	354.	1,983,745.	FMV
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1.	1,500,000.	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		111,599.	20,438,819.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 6.

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

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

Schedule M (Form 990) (2016)

JSA

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COSMETIC KITS	X	28920.	11,998,500.	COST/SELLING PRICE
GUEST ROOM PROGRAM	X	60380.	4,938,033.	COST/SELLING PRICE
HOLIDAY FNDRSR DONTN	X	998.	1,068,451.	COST/SELLING PRICE
HOPE LODGE SUPPLIES	X	10706.	1,169,943.	COST/SELLING PRICE
DONATED SPACE	X	1.	19,710.	COST/SELLING PRICE
WIGS	X	10594.	1,244,182.	COST/SELLING PRICE
TOTALS		<u>111,599.</u>	<u>20,438,819.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-1788491

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, OUR BREAST CANCER AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS AS WELL AS OUR NATIONAL CAMPAIGN TO ACHIEVE 80 PERCENT COLON CANCER SCREENING RATES BY THE END OF 2018.

TOTAL EXPENSE: \$79,503,129

GRANTS TO AFFILIATES: \$5,337,467

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

Name of the organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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THE AMERICAN CANCER SOCIETY, INC. MAINTAINS A WRITTEN CONFLICT OF INTEREST (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 DECISION-MAKING PROCESS.

COMPENSATION REVIEW PROCESS

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

THE AMERICAN CANCER SOCIETY, INC. 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

Name of the organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE 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 IN HIS OR HER EMPLOYMENT AGREEMENT;

(E) ESTABLISH THE CEO'S ANNUAL INCENTIVE PLAN GOALS, DETERMINE THE MEASURES OF PERFORMANCE FOR EACH GOAL, AND DETERMINE WHAT INCENTIVE PLAN AWARD, IF ANY, IS PAYABLE EACH YEAR;

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

(G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL

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

(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, INC. TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO

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

IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE 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.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$4,589,803

NET CHANGE IN RETIREMENT PLAN LIABILITY: - \$6,175,850

TOTAL -\$1,586,047

ATTACHMENT 1FORM 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,

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERKLE, INC.	PROF. FUNDRAISING	3,015,870.

Name of the organization AMERICAN CANCER SOCIETY, INC.	Employer identification number 13-1788491
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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PO BOX 64897 BALTIMORE, MD 21264-4897		
FISHER BIOSERVICES INC. PO BOX 418395 BOSTON, MA 02241-8395	LABORATORY SERVICES	1,497,053.
NEUDESIC LLC 100 SPECTRUM CENTER DR SUITE 1200 IRVINE, CA 92618	TECH CONSULTING	1,249,526.
ADP, INC. ONE ADP DR MS 100 AUGUSTA, GA 30909	PAYROLL SERVICES	1,210,709.
FORTYFOUR LLC. 44 RUSSELL ST NE ATLANTA, GA 30317	MEDIA CONSULTING	1,139,884.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

▶ **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.

Employer identification number

13-1788491

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS CANCER ACTION NETWORK, INC. 555 11TH STREET NW WASHINGTON, DC 20004 52-2340031	ELIM CANCER	DC	501(C)(4)	N/A	ACS, INC.	X	
(2) ACS DEVELOPMENT COMPANY I, INC. 250 WILLIAMS STREET, NW STE 60 ATLANTA, GA 30303 46-5439010	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.	X	
(3) ACS CAPITAL, INC. 250 WILLIAMS STREET, NW STE 60 ATLANTA, GA 30303 46-5429467	SUPPORT ACS	GA	501(C)(3)	12A	ACS CAN		X
(4) ACS PRODUCTS, INC. 250 WILLIAMS STREET, NW STE 40 ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.	X	
(5) AMERICAN CANCER SOCIETY, INC PUERTO RICO 566 CABO ALVERIO STREET HATO REY, PR 00918 66-0321594	ELIM CANCER	PR	501(C)(3)	7	ACS, INC.	X	
(6) THE JOSEPH AND JEANETTE M. SILBER FDTN 4900 TIEDEMAN RD. OH-01-49-015 BROOKLAND, OH 44144 34-1363915	SUPPORT ACS	OH	501(C)(3)	12D	N/A		X
(7)							

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

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ISRAEL FAMILY HOLDING LLC 340 S. LEMON AVENUE #2625 WALNUT, CA 91789 81-4706366	SUPPORT ACS	DE	ACS	LLC		978,605.	99.0000	X	
(2) THE BROWER-IADONE FAMILY, LLC 2360 CLAUDIA STREET CORONA, CA 92882 47-3426422	SUPPORT ACS	DE	ACS	LLC		1,018,021.	99.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS CANCER ACTION NETWORK, INC.	Q	14,692,326.	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	Q	297,509.	FMV
(3) ACS PRODUCTS, INC	Q	2,676,506.	FMV
(4) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	Q	2,443,216.	FMV
(5) ACS CANCER ACTION NETWORK, INC.	B	34,771,281.	FMV
(6) ACS DEVELOPMENT COMPANY I, INC.	K	102,500.	FMV

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACS PRODUCTS, INC.	C	20,000,000.	FMV
(2) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	B	135,782.	FMV
(3) THE JOSEPH AND JEANETTE SILBER FDTN	C	222,486.	FMV
(4) BROWDER - IADONE FAMILY, LLC	C	1,018,021.	FMV
(5) ISRAEL FAMILY HOLDINGS LLC	C	978,605.	FMV
(6)			

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
