

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form

## 2021

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, 4947(a)(1) of the Internal Revenue Code (effective as of 1/1/2021)  
 Department of the Treasury  
 www.irs.gov/Form990 for instructions and details

**Open Public  
Inventory**

**A** For the calendar year, or other beginning and ending date, 2021, and ending date, 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization</td> <td rowspan="3" style="width: 15%; vertical-align: top;"><b>D E</b> <input type="checkbox"/> e identified as a 501(c)(29) organization</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td style="width: 50%;">Number and street (or P.O. box if mail is not delivered to street address)</td> <td style="width: 35%;">Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer:</td> <td><b>G</b> Gross receipts \$</td> </tr> </table>	<b>C</b> Name of organization		<b>D E</b> <input type="checkbox"/> e identified as a 501(c)(29) organization	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	City or town, state or province, country, and ZIP or foreign postal code		<b>E</b> Telephone number	<b>F</b> Name and address of principal officer:		<b>G</b> Gross receipts \$
<b>C</b> Name of organization		<b>D E</b> <input type="checkbox"/> e identified as a 501(c)(29) organization												
Doing business as														
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite													
City or town, state or province, country, and ZIP or foreign postal code		<b>E</b> Telephone number												
<b>F</b> Name and address of principal officer:		<b>G</b> Gross receipts \$												
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.												
<b>J</b> Website:		<b>H(c)</b> Group exemption number												

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: \_\_\_\_\_ **M** State of legal domicile: \_\_\_\_\_

**Part I** **S** **a**

<b>A</b> <b>C</b> <b>T</b> <b>I</b> <b>V</b> <b>I</b> <b>T</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: _____		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	
<b>R</b> <b>E</b> <b>V</b> <b>E</b> <b>N</b> <b>E</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>P</b>	<b>C</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>i</b>	<b>e</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>Y</b>	<b>Y</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>e</b>	<b>e</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>a</b>	<b>a</b>
<b>E</b> <b>R</b> <b>E</b> <b>V</b> <b>E</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>			

**Part III** **See instructions**

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

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 272,794,366 including grants of \$ 14,746,273 ) (Revenue \$ 2,500,000 )  
PATIENT SUPPORT PROGRAMS PROVIDE THE LATEST, EVIDENCE-BASED CANCER INFORMATION; EQUIP PEOPLE TO MAKE HEALTHY CHOICES THAT CAN HELP REDUCE THEIR CANCER RISK LIKE EATING RIGHT, STAYING ACTIVE, AND AVOIDING ALCOHOL AND TOBACCO. WE ARE AVAILABLE 24/7 TO HELP PEOPLE FIND ANSWERS AND RESOURCES, WHETHER THEY WANT TO UNDERSTAND THEIR DIAGNOSIS AND TREATMENT OPTIONS, LEARN HOW TO COPE WITH SIDE EFFECTS, OR FIND TRANSPORTATION OR A PLACE TO STAY WHEN TREATMENT IS FAR FROM HOME. WE PROVIDE INFORMATION AND SUPPORT TO CANCER PATIENTS, CAREGIVERS AND SURVIVORS THROUGH ONLINE COMMUNITIES AND ONE-ON-ONE SUPPORT.

**4b** (Code: ) (Expenses \$ 156,797,038 including grants of \$ ) (Revenue \$ 4,037,530 )  
OUR DISCOVERY PROGRAMS LAUNCH INNOVATIVE, HIGH-IMPACT RESEARCH TO FIND MORE - AND BETTER - TREATMENTS, UNCOVER FACTORS THAT MAY CAUSE CANCER, DEVELOP GUIDELINES FOR SCREENING THAT CAN HELP DETECT CERTAIN CANCERS EARLY AND SAVE LIVES, AND IMPROVE QUALITY OF LIFE FOR PEOPLE FACING CANCER. WE FUND RESEARCH GRANTS AND CONDUCT CANCER RESEARCH STUDIES TO HELP ACCELERATE THE PACE OF PROGRESS. WE CONDUCT EQUITY-FOCUSED RESEARCH TO IDENTIFY AND UNDERSTAND ISSUES RELATED TO CANCER DISPARITIES IN AN EFFORT TO ADVANCE HEALTH EQUITY AMONG ALL COMMUNITIES.

**4c** (Code: ) (Expenses \$ 30,461,164 including grants of \$ 24,408,692 ) (Revenue \$ )  
COMMUNITIES, PROMOTE ACCESS TO CARE, AND TO ADVOCATE FOR LAWS AND POLICIES THAT HELP FURTHER CANCER RESEARCH.

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

**4e** Total program service expenses 460,052,568

**Part IV** Check if Required Schedule

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, complete Schedule A
- 2** Is the organization required to complete Schedule B, Schedule C, or Schedule D?

	Yes	No
<b>1</b>		
<b>2</b>		

**Part IV** **Check if Required Schedule (checked)**

	Ye	N
<b>22</b> 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, check Schedule L, Part III</i> . . . . .	<b>22</b>	
<b>23</b> 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, check Schedule J</i> . . . . .	<b>23</b>	
<b>24a</b> 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 24b through 24d as to Schedule K. If No, go to 25a</i> . . . . .	<b>24a</b>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) gain a i .</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If Yes, check Schedule L, Part I</i> . . . . .	<b>25a</b>	
<b>b</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, check Schedule L, Part I</i> . . . . .	<b>25b</b>	
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If Yes, check Schedule L, Part II</i> . . . . .	<b>26</b>	

**Pa V**

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**Part VI** **Gratuities, Management, and Disbursements.** For each year, enter the amount of each contribution received from a donor, and the name of the donor, on lines 8a, 8b, 10b, etc., describe the contribution, the date received, and the change in the amount of the contribution. See instructions.

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Paid 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 Paid 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 chief 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 chief executive officers, independent contractors, and highest paid employees.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)





**Part IX** **Salaries and Officers' Fees**

Section 501(c)(3) and 501(c)(4) organization's charitable activities. (See instructions.)

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>
	<b>14</b> Intangible assets . . . . .		<b>14</b>
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>
<b>16</b> <b>T a a e</b> . Add lines 1 through 15 (must equal line 33) . . . . .		<b>16</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>
	<b>18</b> Grants payable . . . . .		<b>18</b>
	<b>19</b> Deferred revenue . . . . .		<b>19</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>
<b>Net Assets and Balance</b>			

**Part XI** **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	

**Part XII** **Financial Statement 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 on 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:

	Ye	N
<b>2a</b>		



SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization

Employer identification number

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or manag26CbceTf ( ATd (on supcontr 7 0, o frt coon li(s), by having giving )Tj 0 nizationion with its su (supporting organ

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . _____						





**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>Part VI</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>Part VI</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?		
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>Part VI</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>Part VI</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Supporting Organizations**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - b** A family member of a person described on line 11a above?
  - c** A 35% controlled entity of a person described on line 11a or 11b above?

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

*Part VI.*

**Section B. Type I Supporting Organizations**

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees?
- If "No," describe how the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees.

Yes	No
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**Part V**

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2		

|





Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	RECOGNIZING THE POWER OF LEGISLATIVE CHANGE TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC. ("THE SOCIETY") SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO ITS ADVOCACY AFFILIATE, THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATION SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM.



( 990)

# Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

6, 7, 8, 9, 10, 11, 11, 11, 11, 11, 11, 12, 12  
A 990.  
www.irs.gov/Form990

2021

A

A

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

( ) Donor advised funds

( )



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

( ) Description of security or category (including name of security)	( ) Book value	( ) Method of valuation: Cost or end-of-year market value
<b>(1)</b> Financial derivatives . . . . .		
<b>(2)</b> Closely held equity interests . . . . .		
<b>(3)</b> Other _____		
(A) _____		
(B) _____		

**A**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments . . . . .	<b>2</b>		
	Donated services and use of facilities . . . . .	<b>2</b>		
	Recoveries of prior year grants . . . . .	<b>2</b>		
	Other (Describe in Part XIII.) . . . . .	<b>2</b>		
	Add lines <b>2</b> through <b>2</b> . . . . .		<b>2</b>	
<b>3</b>	Subtract line <b>2</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4</b>		
	Other (Describe in Part XIII.) . . . . .	<b>4</b>		
	Add lines <b>4</b> and <b>4</b> . . . . .		<b>4</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**A**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities . . . . .	<b>2</b>		
	Prior year adjustments . . . . .	<b>2</b>		
	Other losses . . . . .	<b>2</b>		
	Other (Describe in Part XIII.) . . . . .	<b>2</b>		
	Add lines <b>2</b> through <b>2</b> . . . . .		<b>2</b>	
<b>3</b>	Subtract line <b>2</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY. DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY. THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE SOCIETY DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020. THE SOCIETY BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

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**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>									
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>									
<b>(6)</b>									





**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may b*

Part V

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

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US: THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH GRANT. THIS MONITORING MAY BE PERFORMED BY REPRESENTATIVES OF THE SOCIETY OR OBSERVEE GRANTEE'S PERSONNEL, OR BY THE SOCIETY RECEIVING BENCHMARKING GRANT REPORTS. THE SOCIETY ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEE'S. ALL GRANTS ARE DOCUMENTED VIA WRITTEN GRANT AGREEMENTS SIGNED BY BOTH PARTIES. GRANT AGREEMENTS GENERALLY REQUIRE GRANTEE'S TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES: (1) INTERIM REPORTS AT THE MIDPOINT OF THE GRANT; AND (2) FINAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT. TO THE EXTENT PAID OUT IN INSTALLMENTS, THE SECOND PAYMENT GENERALLY MAY NOT BE RELEASED UNTIL RECEIPT OF THE INTERIM NARRATIVE AND FINANCIAL REPORTS AND CONFIRMATION OF SATISFACTORY PROGRESS OF GRANT OBJECTIVES. ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ANIsDUT FUR</p>	

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**GOVERNMENT ORGANIZATIONS**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov](#) for the latest information.







(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) CLEVELAND CLINIC 9500 EUCLID AVENUE, CLEVELAND, OH 44195	34-0714585	501 ( C ) (3)	75,000				PATIENT SUPPORT
(29) CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331	34-0714585	501 ( C ) (3)	55,000				PATIENT SUPPORT
(30) CODMAN SQUARE HEALTH CENTER 637 WASHINGTON ST, DORCHESTER, MA 02124	04-2678774	501 ( C ) (3)	12,500				PATIENT SUPPORT
(31) COMMUNICARE HEALTH CENTERS 3066 EAST COMMERCE ST, SAN ANTONIO, TX 78220	74-1724391	501 ( C ) (3)	12,500				PATIENT SUPPORT
(32) COMMUNITY ACTION CORPORATION OF SOUTH TEXAS 204 E FIRST ST, ALICE, TX 78332	74-1679824	501 ( C ) (3)	12,500				PATIENT SUPPORT
(33) COMMUNITY HEALTH CENTERS OF PINELLAS 1344 22ND ST S, ST PETERSBURG, FL 33712	59-2097521	501 ( C ) (3)	20,000				PATIENT SUPPORT
(34) COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DR, STOCKTON, CA 95210	94-2437106	501 ( C ) (3)	55,000				PATIENT SUPPORT
(35) COOK CHILDREN'S HEALTH CARE SYSTEM 1500 W ROSEDALE ST, FORT WORTH, TX 76104	75-2051649	501 ( C ) (3)	12,500				PATIENT SUPPORT
(36) COPLIN HEALTH SYSTEMS 483 COURT ST, ELIZABETH, WV 26143	31-0942184	501 ( C ) (3)	27,500				PATIENT SUPPORT
(37) COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE, LUBBOCK, TX 79410	20-0261172	501 ( C ) (3)	13,000				PATIENT SUPPORT
(38) CROSS LUTHERAN CHURCH 1821 N 16TH ST, MILWAUKEE, WI 53205	39-0818678	501 ( C ) (3)	30,000				PATIENT SUPPORT
(39) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE HS409, BOSTON, MA 02215-5450	04-2263040	501 ( C ) (3)	15,000				PATIENT SUPPORT
(40) DENVER HEALTH AND HOSPITALS FOUNDATION 777 BANNOCK STREET, DENVER, CO 80204	84-1085196	501 ( C ) (3)	18,560				PATIENT SUPPORT
(41) DUKE CANCER INSTITUTE 300 W MORGAN STREET SUITE 1200, DURHAM, NC 27701	56-0532129	501 ( C ) (3)	10,000				PATIENT SUPPORT
(42) DUKE UNIVERSITY HEALTH SYSTEM 324 BLACKWELL STREET SUITE 850, DURHAM, NC 27701	56-2070036	501 ( C ) (3)	100,000				PATIENT SUPPORT
(43) EAST BOSTON NEIGHBORHOOD							











(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(132) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266, MINNEAPOLIS, MN 55486-0266	41-6042488	501 ( C ) (3)	8,500				PATIENT SUPPORT
(133) UNIVERSITY OF NEW HAMPSHIRE PO BOX 121236, DALLAS, TX 75312	35-2528741	501 ( C ) (3)	20,057				PATIENT SUPPORT
(134) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY, URP865-490, OKLAHOMA CITY, OK 73104	73-1563627	501 ( C ) (3)	57,500				PATIENT SUPPORT
(135) UNIVERSITY OF SOUTH ALABAMA 307 N UNIVERSITY BLVD N, AD 362, MOBILE, AL 36688	63-0477348	501 ( C ) (3)	10,000				PATIENT SUPPORT
(136) UNIVERSITY OF TX MD ANDERSON CANCER CTR PO BOX 4266, HOUSTON, TX 77210-4266	74-6001118	501 ( C ) (3)	47,100				PATIENT SUPPORT
(137) UNIVERSITY OF WASHINGTON GRAHAM VISITORS CENTER BOX 358010, SEATTLE, WA 98195-8010	91-6001537	501 ( C ) (3)	15,000				PATIENT SUPPORT
(138) VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 121236, DALLAS, TX 75312	35-2528741	501 ( C ) (3)	81,808				PATIENT SUPPORT
(139) VENICE FAMILY CLINIC 604 ROSE AVE, VENICE, CA 90291	95-2769432	501 ( C ) (3)	12,500				PATIENT SUPPORT
(140) VIRGINIA COMMONWEALTH UNIV VCU STUDENT HEALTH SER. BOX 842022, RICHMOND, VA 23284-2022	54-6001758	501 ( C ) (3)	97,500				PATIENT SUPPORT
(141) VNA HEALTH CARE 400 N HIGHLAND AVE, AURORA, IL 60506	36-2182095	501 ( C ) (3)	12,500				PATIENT SUPPORT
(142) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD, WINSTON SALEM, NC 27157	22-3849199	501 ( C ) (3)	72,500				PATIENT SUPPORT
(143) WEST JEFFERSON HOSPITAL FOUNDATION 1111 MEDICAL CENTER BLVD STE N-201, MARRERO, LA 70072	27-0082033	501 ( C ) (3)	10,000				PATIENT SUPPORT
(144) THE OHIO STATE UNIVERSITY 650 ACKERMAN ROAD, SUITE 325G, COLUMBUS, OH 43202	31-6025986	501 ( C ) (1)	65,000				PATIENT SUPPORT
(145) ADVOCATE HEALTH & HOSPITALS CORPORATION 3075 HIGHLAND PARKWAY, SUITE 600, DOWNERS GROVE, IL 60515	36-2169147	501 ( C ) (3)	15,000				PATIENT SUPPORT
(146) AMERICAN ASSOC FOR CANCER RSRC 143 WEST STREET, NEW MILFORD, CT 06776	23-6251648	501 ( C ) (3)	20,000				PATIENT SUPPORT
(147) AMERICAN NONSMOKERS RIGHTS FND 2530 SAN PABLO AVE STE J, BERKELEY, CA 94702	94-2922136	501 ( C ) (3)	23,000				PATIENT SUPPORT





(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(166) SEA MAR COMMUNITY HEALTH CTR 1112 SOUTH CUSHMAN, TACOMA, WA 98405	91-1020139	501 ( C ) (3)	10,000				PATIENT SUPPORT
(167) SPRING BRANCH COMM HLTH CTR 1615 HILLEDAHL BLVD STE 100, HOUSTON, TX 77055	30-0198705	501 ( C ) (3)	12,500				PATIENT SUPPORT
(168) THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA PO BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001796	501 ( C ) (3)	90,000				PATIENT SUPPORT
(169) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVE, DAVIS, CA 95616	94-6036494	501 ( C ) (3)	65,000				PATIENT SUPPORT
(170) THE UNIVERSITY OF CHICAGO MEDICAL CENTER 5235 S HARPER CT - 4TH FLOOR, CHICAGO, IL 60615	36-2177139	501 ( C ) (3)	10,000				PATIENT SUPPORT
(171) U OF L FOUNDATION 215 CENTRAL AVENUE SUITE 212, LOUISVILLE, KY 40208	23-7078461	501 ( C ) (3)	10,000				PATIENT SUPPORT
(172) UAMS AUXILIARY 4301 W MARKHAM SLOT 527, LITTLE ROCK, AR 72205	71-6046242	501 ( C ) (3)	55,000				PATIENT SUPPORT
(173) UMC FOUNDATION 602 INDIANA AVE, LUBBOCK, TX 79415	75-1639312	501 ( C ) (3)	13,000				PATIENT SUPPORT
(174) UNIVERSITY HEALTH SYSTEMS 1926 ALCOA HWY SUITE 310, KNOXVILLE, TN 37920	31-1626179	501 ( C ) (3)	50,000				PATIENT SUPPORT
(175) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH, BIRMINGHAM, AL 35294	63-6005396	501 ( C ) (3)	192,500				PATIENT SUPPORT
(176) UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425, GAINESVILLE, FL 32610	59-0974739	501 ( C ) (3)	75,000				PATIENT SUPPORT
(177) UNIVERSITY OF ILLINOIS PO BOX 20787, SPRINGFIELD, IL 62708- 0787	37-6000511	501 ( C ) (3)	65,014				PATIENT SUPPORT
(178) UNIVERSITY OF LOUISVILLE FOUNDATION 215 CENTRAL AVENUE SUITE 212, LOUISVILLE, KY 40208	23-7078461	501 ( C ) (3)	50,000				PATIENT SUPPORT
(179) WELLSTAR FOUNDATION 805 SANDY PLAINS RD SUITE 100, MARIETTA, GA 30066	58-1627413	501 ( C ) (3)	22,500				PATIENT SUPPORT
(180) DUBOIS COUNTY HEALTH DEPT 1187 SOUTH ST CHARLES STREET, JASPER, IN 47546	35-6000141	GOVERNMENT	71,400				PATIENT SUPPORT
(181) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1825 4TH STREET, SAN FRANCISCO, CA 94158	94-6036493	501 ( C ) (3)	75,000				PATIENT SUPPORT



















(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(316) NORTHEAST GEORGIA MEDICAL CTR 743 SPRING ST, GAINESVILLE, GA 30501	58-1694098	501 ( C ) (3)	22,436				PATIENT SUPPORT
(317) NORTHWESTERN MEMORIAL FNDTN 675 N ST CLAIR, CHICAGO, IL 60611	36-3155315	501 ( C ) (3)	5,600				PATIENT SUPPORT
(318) NOVANT HEALTH PRESBYTERIAN 200 HAWTHORNE LANE, CHARLOTTE, NC 28204	58-1413074	501 ( C ) (3)	10,000				PATIENT SUPPORT
(319) ORLANDO HEALTH CANCER INSTITUTE 1414 KUHL AVENUE, ORLANDO, FL 32806	59-1726273	501 ( C ) (3)	12,500				PATIENT SUPPORT
(320) OSF SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVENUE, PEORIA, IL 61637	37-0662569	501 ( C ) (3)	50,000				PATIENT SUPPORT
(321) OUR LADY OF THE LAKE HOSPITAL 9032 PERKINS RD, BATON ROUGE, LA 70810	72-0423651	501 ( C ) (3)	10,000				PATIENT SUPPORT
(322) PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD, ST. LOUIS PARK, MN 55426	23-7346465	501 ( C ) (3)	6,000				PATIENT SUPPORT
(323) PARKLAND HEALTH & HOSPITAL SYSTEM PO BOX 660599, DALLAS, TX 75266-0599	75-6004221	501 ( C ) (3)	12,500				PATIENT SUPPORT
(324) PHOEBE PUTNEY HEALTH SYSTEMS 417 W THIRD AVE, ALBANY, GA 31706-3770	58-2001014	501 ( C ) (3)	7,500				PATIENT SUPPORT
(325) PHOEBE PUTNEY MEMORIAL HOSPITAL INC 427 W THIRD AVE SUITE 100, ALBANY, GA 31701	58-1928247	501 ( C ) (3)	25,000				PATIENT SUPPORT
(326) PIEDMONT ATHENS REGIONAL 1199 PRINCE AVE, ATHENS, GA 30606	58-1978389	501 ( C ) (3)	15,000				PATIENT SUPPORT
(327) PREVENT CANCER FOUNDATION PO BOX 4835, ALBANY, GA 31706-0483	58-0470569	501 ( C ) (3)	0.04706	0.04706	C75266-0599		















(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(435) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR 302 PARK BLDG, SALT LAKE CITY, UT 84112	23-7112869	501 ( C ) (3)	1,447,500				EXTRAMURAL RESEARCH GRANT
(436) FRED HUTCHINSON CANCER CENTER PO BOX 19024, SEATTLE, WA 98109-1024	23-7156071	501 ( C ) (3)	2,566,989				EXTRAMURAL RESEARCH GRANT
(437) UNIVERSITY OF PITTSBURGH 6614 CLAYTON ROAD SUITE 234, PITTSBURGH, PA 15251-7220	25-0965591	501 ( C ) (3)	1,584,000				EXTRAMURAL RESEARCH GRANT
(438) CHILDREN'S HOSP MED CTR 3333 BURNET AVE ML 4900, CINCINNATI, OH 45229-3039	31-0833936	501 ( C ) (3)	119,500				EXTRAMURAL RESEARCH GRANT
(439) UNIV OF MARYLAND BALTIMORE PO BOX 41428, BALTIMORE, MD 21203-6428	31-1678679	501 ( C ) (3)	44,000				EXTRAMURAL RESEARCH GRANT
(440) OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH 43210-1063	31-6401599	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(441) LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY 9420 ATHENA CIRCLE, LA JOLLA, CA 92037	33-0328688	501 ( C ) (3)	182,502				EXTRAMURAL RESEARCH GRANT
(442) SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD TPC-7, LA JOLLA, CA 92037	33-0435954	501 ( C ) (3)	175,500				EXTRAMURAL RESEARCH GRANT
(443) CASE WESTERN RESERVE UNIV 10900 EUCLID AVE, CLEVELAND, OH 44106-7006	34-1018992	501 ( C ) (3)	52,000				EXTRAMURAL RESEARCH GRANT
(444) INDIANA UNIVERSITY DEPT 78867 PO BOX 78000, DETROIT, MI 48278-0867	35-1990726	501 ( C ) (3)	2,428,000				EXTRAMURAL RESEARCH GRANT
(445) VANDERBILT UNIV MEDICAL CENTER PO BOX 121236 DEPT 1236, DALLAS, TX 75312-1236	35-2528741	501 ( C ) (3)	852,600				EXTRAMURAL RESEARCH GRANT
(446) PURDUE UNIVERSITY 23510 NETWORK PLACE, CHICAGO, IL 60673-1235	35-6002041	501 ( C ) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(447) NORTHWESTERN UNIVERSITY 633 CLARK ROOM G547, EVANSTON, IL 60208-1112	36-2167817	501 ( C ) (3)	2,064,000				EXTRAMURAL RESEARCH GRANT
(448) UNIVERSITY OF CHICAGO 1427 E 60TH ST STE 120, CHICAGO, IL 60637	36-2177139	501 ( C ) (3)	1,675,000				EXTRAMURAL RESEARCH GRANT
(449) UNIVERSITY OF ILLINOIS CHICAG 28395 NETWORK PLACE, CHICAGO, IL 60673-1283	37-6000061	501 ( C ) (6)	6,222,200				EXTRAMURAL RESEARCH GRANT
(450) MICHIGAN STATE UNIV 426 AUDITORIUM RD ROOM 2, EAST LANSING, MI 48824-2600	38-6005984	501 ( C ) (3)	1,779,750				EXTRAMURAL RESEARCH GRANT
(451) REGENTS OF THE UNIV OF MICH 3003 S STATE ST RM 1054, ANN ARBOR, MI 48109-1274	38-6006309	501 ( C ) (3)	2,118,500				EXTRAMURAL RESEARCH GRANT
(452) BOARD OF REGENTS ON THE UNIV 21 NORTH PARK ST SUITE 6401, MADISON, WI 53715-1218	39-0743975	501 ( C ) (3)	330,000				EXTRAMURAL RESEARCH GRANT







(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(507) ACS CANCER ACTION NETWORK, INC. 655 15TH STREET, NW, SUITE 503, WASHINGTON, DC 20005	52-1240031	501 ( C ) (4)	24,408,692				PROGRAM SUPPORT
(508) AMERICAN CANCER SOCIETY, INC. PUERTO RICO URB LA MERCED 566 CALLE ALVERIO, HATO REY, PR 00918	66-0321594	501 (C) (3)	302,745				EXTRAMURAL RESEARCH GRANT



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**2021**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

**Part I**



**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

**Part III**

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>PART II, LINE 3B (III) JUNG H. KIM: OTHER REPORTABLE COMPENSATION OF \$662,725 INCLUDES A SEVERANCE PAYMENT OF \$625,651 AND A SUPPLEMENTAL EXECUTIVE RETIREMENT BENEFIT PAYMENT OF \$4,357. KIM RETIRED FROM THE SOCIETY AS THE CHIEF OPERATING OFFICER IN 2021 AFTER A 22-YEAR CAREER AT THE SOCIETY SERVING IN A VARIETY OF OTHER LEADERSHIP ROLES.</p> <p>PART II, LINE 9B (III) CAROLYN WILLIAMS-GOLDMAN: OTHER REPORTABLE COMPENSATION OF \$175,072 INCLUDES A SEVERANCE PAYMENT OF \$130,825 AND A RETIREMENT BENEFIT PAYMENT OF \$26,049. WILLIAMS-GOLDMAN RETIRED FROM THE SOCIETY IN 2021 AFTER SERVING THE SOCIETY OVER 17 YEARS IN A VARIETY OF LEADERSHIP ROLES.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>THE FILING ORGANIZATION</p>



**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I -	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	ACS USED THIRD PARTY SERVICES TO LIQUIDATE VEHICLE AND CRYPTO GIFTS.

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the Organization  
**AMERICAN CANCER SOCIETY, INC**

Employer Identification Number  
**13-1788491**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 -	OUR VISION AT THE AMERICAN CANCER SOCIETY IS TO END CANCER AS WE KNOW IT, FOR EVERYONE.
FORM 990, PART III, LINE 4 -	TO HELP FIGHT COVID-19 IN 2020, WE CLOSED HOPE LODGES, SUSPENDED PATIENT ASSISTANCE PROGRAMS, REDUCED RESEARCH GRANT SPENDING, CLOSED DISCOVERY SHOPS AND CANCELED IN-PERSON FUNDRAISING EVENTS. OUR CLOSURES OF DISCOVERY SHOPS AND CANCELLATION OF IN-PERSON FUNDRAISING EVENTS CAUSED A SUBSTANTIAL DECLINE IN REVENUE RESULTING IN OUR IMPLEMENTING COST CONTAINMENT MEASURES. WE MADE STRATEGIC DECISIONS TO REDUCE AND REALIGN OUR PHYSICAL AND STAFFING FOOTPRINT AIMED AT INCREASING OUR OVERALL MISSION IMPACT. IN THE FIRST HALF OF 2021, COVID-19 CONTINUED ITS ADVERSE IMPACT. IN THE SECOND HALF OF 2021, THE SOCIETY BEGAN RE-EMERGING OPERATIONS BY REOPENING OUR HOPE LODGES AND DISCOVERY SHOPS, INCREASING PATIENT SUPPORT SERVICES AND RESEARCH GRANTS, AS WELL AS HOSTING IN-PERSON FUNDRAISING EVENTS. AS A RESULT, OUR REVENUE AND EXPENSES INCREASED IN 2021 COMPARED TO 2020.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES AND REVIEWS THE FORM 990. THE DRAFT FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS' FINANCE COMMITTEE; AND THE CHIEF FINANCE & STRATEGY OFFICER CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH THE COMMITTEE MEMBERS. AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY 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 RESPONSE TO A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS. THE CHIEF LEGAL OFFICER/ASSISTANT SECRETARY OF THE AMERICAN CANCER SOCIETY RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES. EMPLOYEE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT. MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS. ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST. INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS.

Return Reference - Identifier	Explanation							
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>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 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:</p> <p>(A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS;</p> <p>(B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA;</p> <p>(C) REVISE, IF NECESSARY, THE CEO'S PERFORMANCE GOALS;</p> <p>(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;</p> <p>(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;</p> <p>(F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD;</p> <p>(G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE;</p> <p>(H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON;</p> <p>(I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVES INCENTIVE PLAN;</p> <p>(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;</p> <p>(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;</p> <p>(L) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.</p>							
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY							
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE AMERICAN CANCER SOCIETY, INC. TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE OTHERWISE PROTECTED. 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.							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 1549 1304 1577">(a) Description</th> <th data-bbox="1312 1549 1513 1577">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1581 1304 1608">CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS</td> <td data-bbox="1312 1581 1513 1608">12,252,980</td> </tr> <tr> <td data-bbox="467 1612 1304 1640">NET CHANGE IN PENSION LIABILITY</td> <td data-bbox="1312 1612 1513 1640">43,610,570</td> </tr> </tbody> </table>		(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	12,252,980	NET CHANGE IN PENSION LIABILITY	43,610,570
	(a) Description	(b) Amount						
	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	12,252,980						
NET CHANGE IN PENSION LIABILITY	43,610,570							
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	12,252,980							
NET CHANGE IN PENSION LIABILITY	43,610,570							

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Parties**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

**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.**





**Part V**

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**Part III**

**Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ISRAEL FAMILY HOLDINGS, LLC (81-4706366) 340 S. LEMON AVENUE #2625, WALNUT, CA 91789	SUPPORT ACS	DE	N/A	RELATED	104,767	978,169		✓	N/A		✓	0.99
(2) THE BROWER-IADONE FAMILY, LLC (47-3426422) 2360 CLAUDIA STREET, CORONA, CA 92882	SUPPORT ACS	DE	N/A	RELATED	76,077	1,094,098		✓	N/A		✓	0.99



**Part V****Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) ACS DEVELOPMENT COMPANY I, INC.	K	418,538	FMV
(7) ACS DEVELOPMENT COMPANY II, INC.	K	729,518	FMV
(8) ACS DEVELOPMENT COMPANY I, INC.	D	9,750,000	FMV

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