

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section containing organization name (AMERICAN CANCER SOCIETY, INC.), EIN (13-1788491), address (3380 CHASTAIN MEADOWS PKWY NW, KENNESAW, GA 30144), principal officer (DR. KAREN E. KNUDSEN, PHD), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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 of officer: KAEL REICIN, CHIEF FINANCE & STRATEGY OFFICER. Date: 9/28/23.

Paid Preparer Use Only section: Preparer name AERRIAL M. ORR, firm name ERNST & YOUNG US LLP, date 9/28/23, PTIN P01598400.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 324,354,365 including grants of \$ 26,149,158) (Revenue \$)

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

4b (Code:) (Expenses \$ 174,852,056 including grants of \$ 128,433,360) (Revenue \$ 2,540,927)

DISCOVERY: ACS LAUNCHES INNOVATIVE, HIGH-IMPACT RESEARCH TO FIND MORE - AND BETTER - TREATMENTS, UNCOVER FACTORS THAT MAY CAUSE CANCER, AND IMPROVE QUALITY OF LIFE FOR PEOPLE FACING CANCER. WE FUND RESEARCH GRANTS AND CONDUCT CANCER RESEARCH STUDIES TO HELP ACCELERATE THE PACE OF PROGRESS. WE CONDUCT 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 \$ 43,453,619 including grants of \$ 36,352,310) (Revenue \$)

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 542,660,040

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,153		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
KAEL REICIN, 3380 CHASTAIN MEADOWS PKWY NW, KENNESAW, GA 30144, (800) 227-2345

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN E. KNUDSEN, PHD CHIEF EXECUTIVE OFFICER	55.0 8.0			✓				945,590	81,516	91,502
(2) KAELE REICIN CHIEF FINANCE AND STRATEGY OFFICER	55.0 6.0			✓				792,527	86,457	85,216
(3) MICHAEL L. NEAL CHIEF OF ORGANIZATIONAL ADVANCEMENT	55.0 3.0				✓			650,019	0	41,274
(4) ANDRE C. BOKHOOR CHIEF PEOPLE OFFICER	55.0 0.0					✓		629,709	0	47,027
(5) WILLIAM CANCE, MD CHIEF MEDICAL & SCIENTIFIC OFFICER - OUTGOING	55.0 0.0				✓			591,725	0	21,669
(6) TIMOTHY B. PHILLIPS CHIEF LEGAL AND RISK OFFICER	55.0 2.0					✓		481,897	0	44,755
(7) ARIF KAMAL CHIEF PATIENT OFFICER	55.0 0.0				✓			494,114	0	20,645
(8) JOHN B. WOODWARD SENIOR EVP, FIELD OPERATIONS	55.0 0.0					✓		453,417	0	55,796
(9) JEFF D. KLAAS EXECUTIVE VICE PRESIDENT, WEST REGION - OUTGOING	55.0 0.0					✓		445,810	0	13,084
(10) WILTON W. WHITE EXECUTIVE PRINCIPAL, DEVELOPMENT	55.0 0.0					✓		414,076	0	36,482
(11) WILLIAM L. DAHUT CHIEF SCIENTIFIC OFFICER	55.0 0.0				✓			367,897	0	14,253
(12) JUNG H. KIM FORMER CHIEF OPERATING OFFICER	0.0 0.0						✓	308,089	0	27,137
(13) BRIAN A. MARLOW, CFA BOARD VICE CHAIR	5.0 3.0	✓		✓				0	0	0
(14) JOHN ALFONSO, CPA, CGMA BOARD IMMEDIATE PAST CHAIR	5.0 0.0	✓		✓				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATIE A. ECCLES, ESQ. BOARD SECRETARY/TREASURER	5.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) MARK A. GOLDBERG, MD BOARD SCIENTIFIC OFFICER	5.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) MICHAEL T. MARQUARDT BOARD CHAIR	5.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) AMIT KUMAR, PHD BOARD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) ASIF DHAR, MD, MBA BOARD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) BRUCE N. BARRON BOARD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) CARMEN E. GUERRA, MD, MSCE, FACP BOARD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) CONNIE LINDSEY BOARD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23) EDISON T. LIU, MD BOARD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(24) JENNIFER R. CROZIER BOARD DIRECTOR	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								6,574,870	167,973	498,840
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								6,574,870	167,973	498,840

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 397

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
MERKLE, INC., P O BOX 64897, BALTIMORE, MD 21264-4897	FUNDRAISING COUNSEL	13,010,924
GE JOHNSON CONSTRUCTION COMPANY , 25 NORTH CASCADE AVE, STE 400, COLORADO SPRINGS, CO 80903	CONSTRUCTION	5,843,388
TECHASPECT SOLUTIONS INC, 5600 MOWRY SCHOOL RD, STE 220, NEWARK, CA 94560	INFORMATION TECHNOLOGY PROFESSIONAL SERVICES	4,838,693
HURON CONSULTING SERVICES,LLC, PO BOX 71223, CHICAGO, IL 60694	INFORMATION TECHNOLOGY CONSULTANT	3,600,595
HAVAS WORLDWIDE NEW YORK, INC., 200 HUDSON STREET, 5TH FLOOR, NEW YORK, NY 10013	MARKETING & PR AGENCY	3,305,801
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	97	

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	2,099,609				
	b	Membership dues	1b					
	c	Fundraising events	1c	173,254,169				
	d	Related organizations	1d	1,000,000				
	e	Government grants (contributions)	1e	4,188,216				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	477,106,582				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 33,011,178				
	h	Total. Add lines 1a-1f		657,648,576				
	Program Service Revenue	2a	RESEARCH SERVICES	Business Code 541700	2,500,000	2,500,000		
b		JOURNAL ADVERTISING INCOME	541800	36,835		36,835		
c								
d								
e								
f		All other program service revenue		0	0	0	0	
g		Total. Add lines 2a-2f		2,536,835				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		27,317,494		(1)	27,317,495	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		2,403,478			2,403,478	
	6a	Gross rents	(i) Real	100,011				
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	100,011	0			
	d	Net rental income or (loss)		100,011			100,011	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	407,177,336	10,861,310			
			(ii) Other					
			7a					
	b	Less: cost or other basis and sales expenses	7b	418,636,373	4,174,400			
	c	Gain or (loss)	7c	(11,459,037)	6,686,910			
	d	Net gain or (loss)		(4,772,127)			(4,772,127)	
8a	Gross income from fundraising events (not including \$ 173,254,169 of contributions reported on line 1c). See Part IV, line 18		23,717,430					
		8a						
		8a						
b	Less: direct expenses	8b	31,496,131					
c	Net income or (loss) from fundraising events		(7,778,701)			(7,778,701)		
9a	Gross income from gaming activities. See Part IV, line 19		787,135					
		9a						
		9a						
b	Less: direct expenses	9b	103,027					
c	Net income or (loss) from gaming activities		684,108			684,108		
10a	Gross sales of inventory, less returns and allowances		27,022,888					
		10a						
		10a						
b	Less: cost of goods sold	10b	42,188,465					
c	Net income or (loss) from sales of inventory		(15,165,577)			(15,165,577)		
Miscellaneous Revenue	11a	GRANT REFUND/RESIGNATIONS	Business Code 900099	10,820,744			10,820,744	
	b							
	c							
	d	All other revenue	900099	678,088	0	646	677,442	
	e	Total. Add lines 11a-11d		11,498,832				
12	Total revenue. See instructions		674,472,929	2,500,000	37,480	14,286,873		

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	188,406,429	188,406,429		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,405,383	1,405,383		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,123,016	1,123,016		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	4,256,695	2,847,488	996,170	413,037
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,213,859	624,318	421,781	167,760
7 Other salaries and wages	210,207,676	155,007,997	7,492,348	47,707,331
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,331,191	3,248,938	100,625	981,628
9 Other employee benefits	23,004,803	17,131,158	767,565	5,106,080
10 Payroll taxes	14,875,167	10,912,347	621,738	3,341,082
11 Fees for services (nonemployees):				
a Management	2,261,832	1,698,804	90,147	472,881
b Legal	8,516,752	810,469	7,536,212	170,071
c Accounting	582,799	0	582,799	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	6,601,341			6,601,341
f Investment management fees	579,815	0	579,815	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	21,718,625	18,787,081	1,086,080	1,845,464
12 Advertising and promotion	45,585,655	36,788,764	869,494	7,927,397
13 Office expenses	25,280,886	16,622,526	2,399,650	6,258,710
14 Information technology	35,995,681	29,643,427	1,088,451	5,263,803
15 Royalties	0	0	0	0
16 Occupancy	30,327,686	24,755,647	0	5,572,039
17 Travel	8,489,250	6,179,670	394,231	1,915,349
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	3,810,447	2,576,630	108,498	1,125,319
20 Interest	827,370	796,432	8,679	22,259
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	13,503,013	12,422,772	270,060	810,181
23 Insurance	1,386,310	569,184	691,716	125,410
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>PRINTING - EDU. & FUND</u>	15,294,403	11,398,257	269,395	3,626,751
b <u>MEDALS/RECOGNITION</u>	367,603	282,569	5,213	79,821
c <u>HONORARIUMS</u>	180,924	177,334	807	2,783
d <u>MULTI-YEAR GRANT DISCOUNT</u>	(3,229,208)	(3,229,208)		
e All other expenses	2,298,293	1,672,608	27,029	598,656
25 Total functional expenses. Add lines 1 through 24e	669,203,696	542,660,040	26,408,503	100,135,153
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)	97,648,850	68,348,425	1,562,503	27,737,922

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	42,464,913	2	41,852,584
	3 Pledges and grants receivable, net	62,181,052	3	79,397,794
	4 Accounts receivable, net	6,076,394	4	4,971,170
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	9,750,000	7	9,084,298
	8 Inventories for sale or use	5,046,911	8	5,241,198
	9 Prepaid expenses and deferred charges	5,387,324	9	11,717,872
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 404,422,534		
	b Less: accumulated depreciation	10b 171,482,336	244,469,379	10c 232,940,198
	11 Investments—publicly traded securities	990,916,360	11	880,786,434
	12 Investments—other securities. See Part IV, line 11	0	12	30,117,214
	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	525,495,327	15	484,496,483
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,891,787,660	16	1,780,605,245	
Liabilities	17 Accounts payable and accrued expenses	221,888,687	17	197,504,560
	18 Grants payable	198,672,861	18	227,547,283
	19 Deferred revenue	3,721,542	19	4,018,613
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	34,578,615	23	31,852,304
	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	40,615,920	25	64,465,436
	26 Total liabilities. Add lines 17 through 25	499,477,625	26	525,388,196
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	629,377,625	27	570,740,825
	28 Net assets with donor restrictions	762,932,410	28	684,476,224
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	1,392,310,035	32	1,255,217,049
33 Total liabilities and net assets/fund balances	1,891,787,660	33	1,780,605,245	

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	674,472,929
2	Total expenses (must equal Part IX, column (A), line 25)	2	669,203,696
3	Revenue less expenses. Subtract line 2 from line 1	3	5,269,233
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,392,310,035
5	Net unrealized gains (losses) on investments	5	(126,770,336)
6	Donated services and use of facilities	6	(2,506,458)
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(13,085,425)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,255,217,049

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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 on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JOSEPH M. NAYLOR ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(26) KATHLEEN GALLAGHER, MSN ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(27) LAURA HERTZ ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(28) MARGARET MCCAFFERY ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(29) MICHELLE M. LE BEAU, PHD ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(30) MONICA M. BERTAGNOLLI, MD, FASCO ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(31) OTHMAN LARAKI, MS, MBA ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(32) OYEBODE TAIWO, MD, MPH ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(33) ROBERT WINN, MD ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(34) TERRI MCCLEMENTS ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(35) WAYNE A. I. FREDERICK, MD, MBA, FACS ----- BOARD DIRECTOR	3.0 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

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).)
- 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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	713,260,371	683,502,842	533,262,107	652,037,712	657,648,576	3,239,711,608
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	713,260,371	683,502,842	533,262,107	652,037,712	657,648,576	3,239,711,608
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						3,239,711,608

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	713,260,371	683,502,842	533,262,107	652,037,712	657,648,576	3,239,711,608
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,793,402	30,213,767	23,688,521	22,129,165	29,820,983	135,645,838
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	169,893	80,314	37,480	287,687
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						3,375,645,133
12 Gross receipts from related activities, etc. (see instructions)					12	297,985,631
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.97 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.01 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2021. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 lines 3b and 3c below.</i>		
3b	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>		
3c	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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 line 10b below.</i>		
10b	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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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)				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?	✓		16,978,936
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		2,957
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		6,782
j Total. Add lines 1c through 1i			16,988,675
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).

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	RECOGNIZING THE POWER OF LEGISLATIVE CHANGE TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC. (ACS) SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO ITS SECTION 501(C)(4) 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. ACS ALSO PAYS DUES TO CERTAIN ORGANIZATIONS RELATED TO THE INDUSTRY WHICH HAVE LOBBYING EXPENSES. THE AMOUNT INCLUDED IN THE TOTAL IS THE PERCENTAGE OF THE DUES PAID THAT WERE USED FOR LOBBYING.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain, with dollar amounts.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	151,345,168	142,586,713	106,990,454	95,773,353	101,152,733
b Contributions	4,103,488	3,450,426	23,157,501	1,401,610	1,224,905
c Net investment earnings, gains, and losses	(21,780,132)	11,855,700	16,901,576	14,365,545	(1,725,475)
d Grants or scholarships					
e Other expenditures for facilities and programs	3,548,652	6,547,671	4,462,818	4,550,054	4,878,810
f Administrative expenses					
g End of year balance	130,119,872	151,345,168	142,586,713	106,990,454	95,773,353

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

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

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

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

	Yes	No
(i) Unrelated organizations	<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		15,946,283		15,946,283
b Buildings		261,608,361	111,290,509	150,317,852
c Leasehold improvements		57,530,623	27,646,525	29,884,098
d Equipment		23,762,339	20,496,251	3,266,088
e Other		45,574,928	12,049,051	33,525,877
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				232,940,198

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) PLANNED GIVING ASSETS	121,971,319
(2) BENEFICIAL INTERESTS IN TRUSTS	333,480,923
(3) OTHER RECEIVABLES	2,940,367
(4) DUE FROM AFFILIATES	372,602
(5) RIGHT OF USE LEASES	25,731,272
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	484,496,483

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) GIFT ANNUITY LIABILITY	9,303,231
(3) INVESTMENTS HELD FOR AFFILIATES	27,732,552
(4) FINANCE LEASE LIABILITIES	1,415,707
(5) RIGHT OF USE LEASES	26,013,946
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	64,465,436

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

Part 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 AMERICAN CANCER SOCIETY, INC. (ACS) DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021. ACS BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

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 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 AND THE CARIBBEAN			GRANTMAKING	ACCESS TO CARE INITIATIVES	2,500
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING	ACCESS TO CARE INITIATIVES	7,500
(3) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	INTRAMURAL RESEARCH	5,500
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)			FUNDRAISING		63,340
(5) EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING	COLORECTAL SCREENING INITIATIVES	98,640
(6) EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING	OTHER SCREENING INITIATIVES	323,214
(7) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	22,451
(8) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	CANCER DETECTION OTHER INITIATIVES	2,955
(9) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	HEALTH EQUITY INITIATIVES	412
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	HPV VACCINATION INITIATIVES	29,483
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	INTRAMURAL RESEARCH	99,337
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	OTHER INITIATIVES INTERVENTIONS	5,000
(13) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	PATIENT SUPPORT	10,097
(14) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	TOBACCO CESSATION INITIATIVES	29,520
(15) EUROPE (INCLUDING ICELAND AND GREENLAND)		1	PROGRAM SERVICES	FOREIGN EMPLOYEE	128,390
(16) MIDDLE EAST AND NORTH AFRICA (SEE STATEMENT)			GRANTMAKING	ACCESS TO CARE INITIATIVES	2,500
(17)					
3a Subtotal	0	1			830,839
b Total from continuation sheets to Part I	0	0			1,442,823
c Totals (add lines 3a and 3b)	0	1			2,273,662

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

Cat. No. 50082W

Schedule F (Form 990) 2022

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	INTRAMURAL RESEARCH	36,498	WIRE			
(2)			SOUTH ASIA	HPV VACCINATION INITIATIVES	30,078	ACH			
(3)			SUB-SAHARAN AFRICA	PAIN INITIATIVES	44,500	WIRE			
(4)			SUB-SAHARAN AFRICA	HEALTH EQUITY INITIATIVES	85,030	ACH & CHECK			
(5)			SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES	172,913	WIRE			
(6)			SUB-SAHARAN AFRICA	PAIN INITIATIVES	85,000	WIRE			
(7)			SUB-SAHARAN AFRICA	PAIN INITIATIVES	17,000	WIRE			
(8)			EUROPE (INCLUDING ICELAND AND GREENLAND)	COLORECTAL SCREENING INITIATIVES	98,640	WIRE			
(9)			EUROPE (INCLUDING ICELAND AND GREENLAND)	OTHER SCREENING INITIATIVES	323,214	WIRE			
(10)			SUB-SAHARAN AFRICA	ACCESS TO CARE INITIATIVES	125,113	WIRE			
(11)			SUB-SAHARAN AFRICA	HEALTH EQUITY INITIATIVES	85,030	WIRE			
(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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ► 11

3 Enter total number of other organizations or entities ► 0

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

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

Part IV Foreign Forms

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

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

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

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

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

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

Part I

Activities per Region (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) SUB-SAHARAN AFRICA			PROGRAM SERVICES	HPV VACCINATION INITIATIVES	24,716
(18) NORTH AMERICA (CANADA & MEXICO ONLY)			FUNDRAISING		2,295
(19) RUSSIA AND NEIGHBORING STATES			GRANTMAKING	ACCESS TO CARE INITIATIVES	2,500
(20) SOUTH AMERICA			GRANTMAKING	ACCESS TO CARE INITIATIVES	5,000
(21) SOUTH ASIA			GRANTMAKING	HPV VACCINATION INITIATIVES	30,078
(22) SUB-SAHARAN AFRICA			GRANTMAKING	ACCESS TO CARE INITIATIVES	303,026
(23) SUB-SAHARAN AFRICA			GRANTMAKING	HEALTH EQUITY INITIATIVES	170,060
(24) SUB-SAHARAN AFRICA			GRANTMAKING	INTRAMURAL RESEARCH	36,498
(25) SUB-SAHARAN AFRICA			GRANTMAKING	PAIN INITIATIVES	146,500
(26) SUB-SAHARAN AFRICA			PROGRAM SERVICES	ACCESS TO CARE INITIATIVES	126,579
(27) SUB-SAHARAN AFRICA			PROGRAM SERVICES	LUNG ROUNDTABLE	51
(28) SUB-SAHARAN AFRICA			PROGRAM SERVICES	OTHER INITIATIVES INTERVENTIONS	447,678
(29) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PAIN INITIATIVES	147,842

Part V

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

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

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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 MERKLE GROUP, INC., PO BOX 64897, BALTIMORE, MD 21264-4897	DIRECT MAIL		<input checked="" type="checkbox"/>	47,694,598	3,778,224	43,916,374
2 ADVANCED REMARKETING SERVICE, 116 JOHNNY CAKE HILL, MIDDLETOWN, RI 02842	AUTO DONATIONS	<input checked="" type="checkbox"/>		1,442,276	193,365	1,248,911
3 CASWELL ZACHRY GRIZZARD LLC, 6301 GASTON AVE, STE 715, DALLAS, TX 75214	PLANNED GIVING STRATEGY		<input checked="" type="checkbox"/>		433,032	
4 VERITUS GROUP, PO BOX 18294, ASHEVILLE, NC 28814	MAJOR GIFTS		<input checked="" type="checkbox"/>		187,084	
5 GOODUNITED, INC., 796 MEETING STREET, CHARLESTON, SC 29403	FUNDRAISING COUNSEL		<input checked="" type="checkbox"/>	11,706,445	2,276,942	9,429,503
6 DIGITAL MEDIA SOLUTIONS, LLC., 4800 14TH AVE NORTH, SUITE 101, CLEARWATER, FL 33762	DIRECT MARKETING		<input checked="" type="checkbox"/>	1,037,464	1,729,460	(691,996)
7 THE PURSUANT GROUP, INC., PO BOX 120519, DALLAS, TX 75312-0519	FUNDRAISING COUNSEL		<input checked="" type="checkbox"/>		50,000	
8 COMMUNITY COUNSELING SERVICE CO LLC, 527 MADISON AVE; 5TH FLOOR, NEW YORK, NY 90028-6107	FUNDRAISING COUNSEL		<input checked="" type="checkbox"/>		251,198	
9 THE LONG TAIL AGENCY LLC, 1331 N CAHUENGA BLVD, UNIT 4401, LOS ANGELES, CA 90028	SWEEPSTAKES MANAGEMENT		<input checked="" type="checkbox"/>		50,000	
10 SOCIAL CAPITAL INC, 980 N MICHIGAN AVE, STE 1570, CHICAGO, IL 60611	CAUSE MARKETING		<input checked="" type="checkbox"/>		216,000	
Total				61,880,783	9,165,305	53,902,792

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, 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)	MSABC (event type)	402 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	66,597,407	40,162,743	90,211,449	196,971,599
	2 Less: Contributions	65,526,348	38,929,494	68,798,327	173,254,169
	3 Gross income (line 1 minus line 2)	1,071,059	1,233,249	21,413,122	23,717,430
Direct Expenses	4 Cash prizes	21,750	0	53,638	75,388
	5 Noncash prizes	1,610,152	270,094	253,773	2,134,019
	6 Rent/facility costs	1,096,487	1,760,416	11,529,482	14,386,385
	7 Food and beverages	101,061	130,299	4,285,928	4,517,288
	8 Entertainment	219,970	125,587	2,267,322	2,612,879
	9 Other direct expenses	1,384,864	1,505,539	4,879,769	7,770,172
	10 Direct expense summary. Add lines 4 through 9 in column (d)				31,496,131
	11 Net income summary. Subtract line 10 from line 3, column (d)				(7,778,701)

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	248,116		539,019
Direct Expenses	2 Cash prizes	91		224	315
	3 Noncash prizes	5,299		8,052	13,351
	4 Rent/facility costs	8,078		33,760	41,838
	5 Other direct expenses	10,554		36,969	47,523
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				103,027	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				684,108	

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

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

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

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

b If "Yes," explain: _____

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

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

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

Name ANNETTA MARTIN

Address 3380 CHASTAIN MEADOWS PKWY NW, STE 200, KENNESAW, GA 30144

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name KAEL REICIN, CHIEF FINANCE & STRATEGY OFFICER

Gaming manager compensation \$ 0

Description of services provided DIRECTOR/OFFICER

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 684,108

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART II - COLUMN A	<p>RELAY FOR LIFE BRINGS TOGETHER PASSIONATE SUPPORTERS WHO EMBODY THE AMERICAN CANCER SOCIETY VISION TO END CANCER AS WE KNOW IT, FOR EVERYONE. THIS VOLUNTEER-LED EXPERIENCE UNITES COMMUNITIES TO CELEBRATE CANCER SURVIVORS, REMEMBER LOVED ONES LOST TO CANCER, AND RAISE FUNDS TO 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. EVERY RELAY FOR LIFE EXPERIENCE HAS THE SAME FOUR SIGNATURE ELEMENTS: A CELEBRATION OF CANCER SURVIVORS, A CELEBRATION OF CAREGIVERS, A LUMINARIA CEREMONY TO HONOR AND REMEMBER LOVED ONES, AND THE OPPORTUNITY TO FIGHT BACK AGAINST CANCER.</p>
SCHEDULE G, PART II - COLUMN B	<p>MAKING STRIDES AGAINST BREAST CANCER IS A CELEBRATION OF COURAGE AND HOPE, A MOVEMENT UNITING COMMUNITIES TO END BREAST CANCER AS WE KNOW IT, FOR EVERYONE.</p> <p>-WE ARE THE MOVEMENT. OVER THE PAST THREE DECADES, OUR 3- TO 5-MILE NONCOMPETITIVE WALKS HAVE COLLECTIVELY GROWN INTO THE NATION'S LARGEST AND MOST IMPACTFUL BREAST CANCER MOVEMENT - PROVIDING A SUPPORTIVE COMMUNITY FOR COURAGEOUS BREAST CANCER SURVIVORS AND METASTATIC BREAST CANCER THRIVERS, CAREGIVERS, AND FAMILIES ALIKE.</p> <p>-WE ARE THE HOPE. SINCE 1993, THE AMERICAN CANCER SOCIETY MAKING STRIDES AGAINST BREAST CANCER CAMPAIGN HAS UNITED COMMUNITIES, COMPANIES, AND INDIVIDUALS WITH A COLLECTIVE GOAL TO END BREAST CANCER AS WE KNOW IT, FOR EVERYONE. CELEBRATING SURVIVORS AND THRIVERS IS A KEY COMPONENT OF THE MAKING STRIDES EXPERIENCE.</p> <p>-WE ARE THE FUTURE. MAKING STRIDES AGAINST BREAST CANCER FUNDS LIFESAVING BREAST CANCER RESEARCH AND IS COMMITTED TO ADVANCING HEALTH EQUITY THROUGH ESSENTIAL PROGRAMS AND SERVICES, BELIEVING THAT ALL PEOPLE HAVE A FAIR AND JUST OPPORTUNITY TO LIVE A LONGER, HEALTHIER LIFE FREE FROM BREAST CANCER.</p>
SCHEDULE G, PART III, LINE 9 - STATES IN WHICH THE ORGANIZATION CONDUCTS GAMING ACTIVITIES	CA, GA, IL, KS, KY, LA, AK, MD, MA, MI, MN, MO, NJ, NY, NC, OH, OR, PA, TX, VA, WA, WV

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		MERKLE GROUP, INC.	MERKLE GROUP, INC. PROVIDES DATA SEGMENTATION FOR PLANNED GIVING PROGRAM, COMPLETES NINE DIRECT MAIL CAMPAIGNS, AND FOUR EMAIL CAMPAIGNS. PROFESSIONAL FUNDRAISING FEES: \$3,778,224 PROFESSIONAL PRINTING SERVICES: \$9,232,700 TOTAL FEES AND SERVICES: \$13,010,924

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABOVE & BEYOND CANCER INC 1915 GRAND AVE, DES MOINES, IA 50309-3311	45-3951308	501 (C) (3)	40,000				PATIENT SUPPORT
(2) ACCESS 2651 SAULINO CT, DEARBORN, MI 48120-1556	23-7444497	501 (C) (3)	10,000				PATIENT SUPPORT
(3) ADELANTE HLTHCARE INC 3033 N CENTRAL AVE 145, PHOENIX, AZ 85012	86-0377821	501 (C) (3)	22,500				PATIENT SUPPORT
(4) ADULT & CHILD MENTAL HLTH CTR INC 8320 MADISON AVE, INDIANAPOLIS, IN 46227	35-1534713	501 (C) (3)	10,000				PATIENT SUPPORT
(5) ADVANCED IMAGING LLC 4411 25 WAY NE 150, ALBUQUERQUE, NM 87109	54-2154946		10,000				PATIENT SUPPORT
(6) ADVENTHEALTH FOUNDATION INC 900 HOPE WAY, ALTAMONTE SPG, FL 32714-1502	59-2219301	501 (C) (3)	15,000				PATIENT SUPPORT
(7) ADVENTHEALTH KANSAS CITY FDN 7315 E FRONTAGE RD 221, MERRIAM, KS 66204	48-0868859	501 (C) (3)	15,000				PATIENT SUPPORT
(8) ADVOCATE HLTH CARE NTWRK 3075 HIGHLND PKWY, DOWNERS GROVE, IL 60515	36-2167779	501 (C) (3)	25,000				PATIENT SUPPORT
(9) AFFINIA HEALTHCARE 1717 BIDDLE ST, SAINT LOUIS, MO 63106-3454	43-0817642	501 (C) (3)	7,871				PATIENT SUPPORT
(10) AFRICAN METH EC SVC & DEVEL AGCY 1134 11TH ST NW 214, WASHINGTON, DC 20001	52-1108379	501 (C) (3)	10,000				PATIENT SUPPORT
(11) AGAPE COMMUNITY HEALTH CENTER INC 120 KING ST, JACKSONVILLE, FL 32204-2410	16-1660966	501 (C) (3)	6,000				PATIENT SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 655

3 Enter total number of other organizations listed in the line 1 table 29

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

Cat. No. 50055P

Schedule I (Form 990) 2022

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) AHS OKLAHOMA PHYSICIAN GROUP LLC 1145 S UTICA AVE SUITE 110, TULSA, OK 74104	20-1024250		9,500				PATIENT SUPPORT
(13) ALABAMA CANCER CARE 509 ENERGY CENTER BLVD SUITE 804, NORTHPORT, AL 35473	27-2458311		6,000				PATIENT SUPPORT
(14) ALABAMA ONCOLOGY FOUNDATION 500 OFFICE PARK DR STE 400, MOUNTAIN BRK, AL 35223-2457	85-2608911	501 (C) (3)	10,000				PATIENT SUPPORT
(15) ALABAMA STATE UNIVERSITY 915 S JACKSON STREET, MONTGOMERY, AL 36104	63-6001101	GOVERNMENT	2,613,000				EXTRAMURAL RESEARCH GRANT
(16) ALBANY MED HEALTH SYSTEM 47 NEW SCOTLAND AVE MC116, ALBANY, NY 12208-3412	14-6023119	501 (C) (3)	15,000				PATIENT SUPPORT
(17) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE, BRONX, NY 10461-1900	83-0621846	501 (C) (3)	110,000				PATIENT SUPPORT
(18) ALEXIAN BROTHERS HEALTH SYSTEM PO BOX 45998, SAINT LOUIS, MO 63145-5998	36-3260495	501 (C) (3)	10,000				PATIENT SUPPORT
(19) ALOMERE HEALTH 111 17TH AVE EAST, ALEXANDRIA, MN 56308	41-1410148	501 (C) (3)	15,000				PATIENT SUPPORT
(20) AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST FL 17, PHILADELPHIA, PA 19106-4406	23-6251648	501 (C) (3)	20,000				PATIENT SUPPORT
(21) AMERICAN COLLEGE OF SURGEONS 633 N ST CLAIR STREET, CHICAGO, IL 60611-3234	36-2192800	501 (C) (3)	1,021,500				PATIENT SUPPORT
(22) AMERICAN ONCOLOGY NETWORK DBA HEMOTOLOGY ONCOLOGY CLINIC BATON ROUGE 8585 PICARDY AVE STE 110, BATON ROUGE, LA 70809	82-4681345		15,000				PATIENT SUPPORT
(23) ANTELOPE VALLEY HOSPITAL MEDICAL CENTER AUXILIARY 1600 W AVENUE J, LANCASTER, CA 93534-2814	95-2427465	501 (C) (3)	25,000				PATIENT SUPPORT
(24) ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT RD STE 100, TUCSON, AZ 85712-2254	27-4035615	501 (C) (3)	15,000				PATIENT SUPPORT
(25) ARIZONA STATE UNIVERSITY PO BOX 876011, TEMPE, AZ 85287-6011	86-0196696	GOVERNMENT	792,000				EXTRAMURAL RESEARCH GRANT
(26) ASANTE FOUNDATION 229 N BARTLETT ST, MEDFORD, OR 97501-6016	93-6087366	501 (C) (3)	10,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(27) ASCENSION GENESYS FOUNDATION PO BOX 45998, SAINT LOUIS, MO 63145-5998	38-3591148	501 (C) (3)	15,000				PATIENT SUPPORT
(28) ASCENSION VIA CHRISTI HOSPITALS WICHITA INC PO BOX 45998, SAINT LOUIS, MO 63145-5998	48-1172106	501 (C) (3)	52,000				PATIENT SUPPORT
(29) ASCENSION WISCONSIN FOUNDATION INC PO BOX 45998, SAINT LOUIS, MO 63145-5998	39-1494981	501 (C) (3)	15,000				PATIENT SUPPORT
(30) ASPEN CANCER CONFERENCE INC 412 MEADOW CT, BASALT, CO 81621-8360	52-1746776	501 (C) (3)	20,000				PROGRAM SUPPORT
(31) ASPIRUS WAUSAU HOSPITAL INC 333 PINE RIDGE BLVD, WAUSAU, WI 54401-4102	39-1138241	501 (C) (3)	7,500				PATIENT SUPPORT
(32) ATLANTIC HEALTH SYSTEM INC 475 SOUTH ST, MORRISTOWN, NJ 07960-6459	22-3820288	501 (C) (3)	10,000				PATIENT SUPPORT
(33) ATLANTIC HEALTH SYSTEM INC 475 SOUTH ST, MORRISTOWN, NJ 07960-6459	52-1958352	501 (C) (3)	20,000				PATIENT SUPPORT
(34) ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET ACCTG 920, MORRISTOWN, NJ 07960-0000	65-1301877	501 (C) (3)	10,000				PATIENT SUPPORT
(35) ATRIUM HEALTH FOUNDATION PO BOX 32861, CHARLOTTE, NC 28232-2861	56-6060481	501 (C) (3)	58,210				PATIENT SUPPORT
(36) AUBURN UNIVERSITY 105 SANFORD HALL, AUBURN UNIVERSITY, AL 36849	63-6000724	GOVERNMENT	792,000				EXTRAMURAL RESEARCH GRANT
(37) AUGUSTA HEALTH CARE INC 78 MEDICAL CENTER DR, FISHERSVILLE, VA 22939-2332	54-1453954	501 (C) (3)	30,000				PATIENT SUPPORT
(38) AULTMAN HEALTH FOUNDATION 2600 SIXTH STREET SW, CANTON, OH 44710-1702	34-1445390	501 (C) (3)	10,000				PATIENT SUPPORT
(39) AVERA MCKENNAN 1325 S CLIFF AVE, SIOUX FALLS, SD 57105-1007	46-0224743	501 (C) (3)	115,000				PATIENT SUPPORT
(40) BAD RIVER HEALTH & WELLNESS 53585 NOKOMIS RD, ASHLAND, WI 54806	39-1178897	TRIBAL GOVERNMENT	10,000				PATIENT SUPPORT
(41) BALTIMORE MEDICAL SYSTEM INC 5525 EASTERN AVE, BALTIMORE, MD 21224-2796	52-1358241	501 (C) (3)	20,000				PATIENT SUPPORT
(42) BANNER HEALTH 2901 N CENTRAL AVE STE 160, PHOENIX, AZ 85012-2702	45-0233470	501 (C) (3)	20,000				PATIENT SUPPORT
(43) BAPTIST HEALTH CARE CORPORATION PO BOX 17500, PENSACOLA, FL 32522-7500	59-2425151	501 (C) (3)	60,000				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
(44) BAPTIST HEALTH CARE FOUNDATION OF MONTGOMERY PO BOX 244030, MONTGOMERY, AL 36124-4030	23-7281996	501 (C) (3)	10,000				PATIENT SUPPORT
(45) BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC 6855 RED ROAD STE 600, CORAL GABLES, FL 33143-3518	59-1923401	501 (C) (3)	35,000				PATIENT SUPPORT
(46) BAPTIST HOSPITALS OF SOUTHEAST TEXAS FOUNDATION 3070 COLLEGE ST STE 401, BEAUMONT, TX 77701-4688	61-1557670	501 (C) (3)	55,000				PATIENT SUPPORT
(47) BAPTIST MEMORIAL HEALTH CARE FOUNDATION 350 N HUMPHREYS BLVD, MEMPHIS, TN 38120-2177	58-1544781	501 (C) (3)	40,000				PATIENT SUPPORT
(48) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 1100 BELK BLVD, OXFORD, MS 38655-5242	64-0772726	501 (C) (3)	10,000				PATIENT SUPPORT
(49) BARBARA ANN KARMANOS CANCER INSTITUTE 4100 JOHN R ST, DETROIT, MI 48201-2013	38-1613280	501 (C) (3)	15,000				PATIENT SUPPORT
(50) BATON ROUGE GENERAL MEDICAL CENTER 8490 PICARDY AVENEUE NO 300-B, BATON ROUGE, LA 70809-0000	72-1025017	501 (C) (3)	38,000				PATIENT SUPPORT
(51) BAY AREA COMMUNITY HEALTH 40910 FREMONT BLVD, FREMONT, CA 94538-4375	23-7255435	501 (C) (3)	47,500				PATIENT SUPPORT
(52) BAYCARE HEALTH SYSTEMS INC 2985 DREW ST, CLEARWATER, FL 33759-3012	59-2796965	501 (C) (3)	32,500				PATIENT SUPPORT
(53) BAYLOR COLLEGE OF MEDICINE HEALTH CARE 1 BAYLOR PLZ, HOUSTON, TX 77030-3411	76-0481211	501 (C) (3)	1,949,320				EXTRAMURAL RESEARCH GRANT
(54) BEAUMONT HEALTH FOUNDATION 26901 BEAUMONT BLVD, SOUTHFIELD, MI 48033-3849	36-4852171	501 (C) (3)	15,000				PATIENT SUPPORT
(55) BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 DUARTE RD, DUARTE, CA 91010-3012	95-3432210	501 (C) (3)	170,000				PATIENT SUPPORT
(56) BELLIN HEALTH FOUNDATION INC 744 S WEBSTER AVE, GREEN BAY, WI 54301-3505	39-1809171	501 (C) (3)	20,000				PATIENT SUPPORT
(57) BENEFIS HEALTH SYSTEM FOUNDATION INC PO BOX 7008, GREAT FALLS, MT 59406-7008	81-0480587	501 (C) (3)	20,000				PATIENT SUPPORT
(58) BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BROOKLINE AVE, BOSTON, MA 02215-5400	04-2103881	501 (C) (3)	15,000				PATIENT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(59) BILLINGS CLINIC FOUNDATION 2917 10TH AVE N, BILLINGS, MT 59101-0721	81-0407289	501 (C) (3)	75,000				PATIENT SUPPORT
(60) BON SECOURS MERCY HEALTH FOUNDATION 1701 MERCY HEALTH PL, CINCINNATI, OH 45237-6147	20-1072726	501 (C) (3)	7,500				PATIENT SUPPORT
(61) BON SECOURS RICHMOND HEALTH SYSTEM 8580 MAGELLAN PARKWAY BUILDING IV, RICHMOND, VA 23227-1149	52-1988421	501 (C) (3)	7,500				PATIENT SUPPORT
(62) BON SECOURS ST FRANCIS HEALTH 1 ST FRANCIS, GREENVILLE, SC 29601	26-0012031	501 (C) (3)	10,000				PATIENT SUPPORT
(63) BON SECOURS ST FRANCIS HEALTH SYSTEM INC ONE ST FRANCIS DRIVE, GREENVILLE, SC 29601-3955	58-2504528	501 (C) (3)	10,000				PATIENT SUPPORT
(64) BORINQUEN HEALTH CARE CENTER INC 3601 FEDERAL HWY, MIAMI, FL 33137-3795	59-1417397	501 (C) (3)	22,500				PATIENT SUPPORT
(65) BOSTON MEDICAL CENTER CORPORATION 85 E CONCORD STREET ROOM 2212, BOSTON, MA 02118-2335	04-3314093	501 (C) (3)	132,500				PATIENT SUPPORT
(66) BROAD TOP AREA MEDICAL CENTER INC 4133 MEDICAL CENTER DR, BROAD TOP, PA 16621-9001	25-1239335	501 (C) (3)	15,000				PATIENT SUPPORT
(67) BROWN UNIVERSITY OF PROVIDENCE 350 EDDY ST 4TH FLOOR BOX J, PROVIDENCE, RI 02903-4202	05-0258809	501 (C) (3)	100,000				EXTRAMURAL RESEARCH GRANT
(68) BRYAN MEDICAL CENTER 1600 SOUTH 48TH STREET, LINCOLN, NE 68506-1299	47-0376552	501 (C) (3)	15,000				PATIENT SUPPORT
(69) BSA HARRINGTON CANCER CENTER 1500 WALLACE BLVD., AMARILLO, TX 79106	30-0754305		7,500				PATIENT SUPPORT
(70) BUTLER HEALTH SYSTEM FOUNDATION 1 HOSPITAL WAY, BUTLER, PA 16001-4670	26-1543883	501 (C) (3)	144,614				PATIENT SUPPORT
(71) CABELL HUNTINGTON HOSPITAL FOUNDATION INC 1340 HAL GREER BLVD, HUNTINGTON, WV 25701-3804	31-1096222	501 (C) (3)	10,000				PATIENT SUPPORT
(72) CAMBRIDGE HEALTH ALLIANCE FOUNDATION INC COMMERCE PLACE 350 MAIN ST STE 31, MALDEN, MA 02148-0000	01-0676306	501 (C) (3)	31,250				PATIENT SUPPORT
(73) CAMC HEALTH EDUCATION AND RESEARCH INSTITUTE INC PO BOX 1547, CHARLESTON, WV 25326-1547	55-0753754	501 (C) (3)	22,000				PATIENT SUPPORT
(74) CANCER CENTER OF HUNTSVILLE 201 SIVLEY RD SW STE 200, HUNTSVILLE, AL 35801	20-8097639	OTHER	15,000				PATIENT SUPPORT

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(75) CANCER CENTERS OF SOUTHWEST OKLAHOMA LLC 3401 W GORE BLVD, LAWTON, OK 73505-6332	20-3315309	501 (C) (3)	7,500				PATIENT SUPPORT
(76) CAPE FEAR VALLEY MEDICAL FOUNDATION INC PO BOX 87526, FAYETTEVILLE, NC 28304-7526	56-1947017	501 (C) (3)	7,500				PATIENT SUPPORT
(77) CARILION MEDICAL CENTER PO BOX 12385, ROANOKE, VA 24025-2385	54-0506332	501 (C) (3)	70,000				PATIENT SUPPORT
(78) CAROLINAEAST FOUNDATION 2007-B NEUSE BOULEVARD B, NEW BERN, NC 28560-3470	56-1991164	501 (C) (3)	7,500				PATIENT SUPPORT
(79) CAROMONT HEALTH INC 2525 COURT DR, GASTONIA, NC 28054-2140	58-1636959	501 (C) (3)	7,500				PATIENT SUPPORT
(80) CARSON TAHOE REGIONAL HEALTHCARE PO BOX 2168, CARSON CITY, NV 89702-2168	88-0502320	501 (C) (3)	20,000				PATIENT SUPPORT
(81) CARTI FOUNDATION INC PO BOX 55011, LITTLE ROCK, AR 72215	71-0569907	501 (C) (3)	75,000				PATIENT SUPPORT
(82) CASA ESPERANZA INC 1005 YALE BLVD NE, ALBUQUERQUE, NM 87106-3825	85-0356946	501 (C) (3)	28,000				PATIENT SUPPORT
(83) CASE WESTERN RESERVE UNIVERSITY 11000 CEDAR AVE STE 357, CLEVELAND, OH 44106-3052	34-1018992	501 (C) (3)	1,426,000				EXTRAMURAL RESEARCH GRANT
(84) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 9100 E MINERAL CIR, CENTENNIAL, CO 80112-3401	84-0902211	501 (C) (3)	57,500				PATIENT SUPPORT
(85) CAYUGA MEDICAL CENTER AT ITHACA 101 DATES DR, ITHACA, NY 14850-1342	22-2325405	501 (C) (3)	15,000				PATIENT SUPPORT
(86) CBCC FOUNDATION FOR COMMUNITY WELLNESS INC 6501 TRUXTUN AVE, BAKERSFIELD, CA 93309-0633	77-0491071	501 (C) (3)	10,000				PATIENT SUPPORT
(87) CCARE CONNECTS INC 7130 N MILLBROOK AVE, FRESNO, CA 93720-3347	81-3972946	501 (C) (3)	25,000				PATIENT SUPPORT
(88) CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD STE 900, LOS ANGELES, CA 90048-4910	95-1644600	501 (C) (3)	20,000				PATIENT SUPPORT
(89) CENTRA FOUNDATION INC PO BOX 789, COLUMBUS, IN 47202-0789	45-5288066	501 (C) (3)	10,000				PATIENT SUPPORT
(90) CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT ST, DES MOINES, IA 50309-1406	42-0680452	501 (C) (3)	22,500				PATIENT SUPPORT

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(91) CHARLES DREW UNIVERSITY OF MEDICINE & SCIENCE 1731 EAST 120TH STREET AP DEPT COBB, LOS ANGELES, CA 90059-3051	95-6151774	501 (C) (3)	132,000				EXTRAMURAL RESEARCH GRANT
(92) CHARTER OAK HEALTH CENTER INC 21 GRAND ST STE 1, HARTFORD, CT 06106-1541	06-0986747	501 (C) (3)	10,000				PATIENT SUPPORT
(93) CHEYENNE REGIONAL MEDICAL CENTER FOUNDATION 214 E 23RD ST, CHEYENNE, WY 82001-3748	83-0236858	501 (C) (3)	15,000				PATIENT SUPPORT
(94) CHI NEBRASKA 12809 W DODGE RD, OMAHA, NE 68154-2155	36-3233121	501 (C) (3)	10,000				PATIENT SUPPORT
(95) CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER ST, HOT SPRINGS, AR 71913-6406	71-0236913	501 (C) (3)	17,500				PATIENT SUPPORT
(96) CHICAGO FAMILY HEALTH CENTER INC 9119 S EXCHANGE AVE, CHICAGO, IL 60617-4225	36-2893854	501 (C) (3)	22,000				PATIENT SUPPORT
(97) CHILDRENS HEALTH SYSTEM OF TEXAS 1935 MEDICAL DISTRICT DR, DALLAS, TX 75235-7701	75-2062019	501 (C) (3)	35,000				PATIENT SUPPORT
(98) CHILDREN'S HOSPITAL BOSTON PO BOX 414413, BOSTON, MA 02241-4413	04-2703265	501 (C) (3)	104,747				EXTRAMURAL RESEARCH GRANT
(99) CHOC FOUNDATION PO BOX 3646, WOFFORD HTS, CA 93285-3646	95-6097416	501 (C) (3)	30,000				PATIENT SUPPORT
(100) CHRIST HOSPITAL 2139 AUBURN AVE, CINCINNATI, OH 45219-2906	31-0538525	501 (C) (3)	10,000				PATIENT SUPPORT
(101) CHRISTIANA CARE HEALTH SERVICES INC 200 HYGEIA DR, NEWARK, DE 19713-2049	51-0103684	501 (C) (3)	15,000				PATIENT SUPPORT
(102) CHRISTUS FOUNDATION SHREVEPORT-BOSSIER 1453 EAST BERT KOUNS, SHREVEPORT, LA 71105-6800	72-1219280	501 (C) (3)	30,000				PATIENT SUPPORT
(103) CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FOUNDATION 600 ELIZABETH ST, CORP CHRISTI, TX 78404-2235	74-1906005	501 (C) (3)	10,000				PATIENT SUPPORT
(104) CHS SERVICES INC 992 N VILLAGE AVE, ROCKVILLE CTR, NY 11570-1002	11-3555766	501 (C) (3)	10,000				PATIENT SUPPORT
(105) CITIZENS MEDICAL CENTER 2701 HOSPITAL DR, VICTORIA, TX 77901	74-1698143	501 (C) (3)	10,000				PATIENT SUPPORT
(106) CLEVELAND CLINIC FLORIDA A NONPROFIT CORPORATION CO 6801 BRECKSVILLE ROAD RK1-85, INDEPENDENCE, OH 44131-0000	65-0003177	501 (C) (3)	25,000				PATIENT SUPPORT

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(107) CLEVELAND CLINIC MERCY HOSPITAL 6801 BRECKSVILLE RD RK185, INDEPENDENCE, OH 44131-5032	34-1893439	501 (C) (3)	10,000				PATIENT SUPPORT
(108) CLINICA SIERRA VISTA 1430 TRUXTUN AVE STE 400, BAKERSFIELD, CA 93301-5220	95-2707101	501 (C) (3)	50,000				PATIENT SUPPORT
(109) CLINTON HEALTH ACCESS INITIATIVE INC 383 DORCHESTER AVE S400, BOSTON, MA 02127-2422	27-1414646	501 (C) (3)	1,135,230				PATIENT SUPPORT
(110) CODMAN SQUARE HEALTH CENTER INC 6 NORFOLK ST, DORCHESTER, MA 02124- 3520	04-2678774	501 (C) (3)	12,500				PATIENT SUPPORT
(111) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131 STREET 3RD FLOOR, NEW YORK, NY 10027-7922	13-5598093	501 (C) (3)	1,100,801				EXTRAMURAL RESEARCH GRANT
(112) COMMONWEALTH HEALTH FOUNDATION 800 PARK ST, BOWLING GREEN, KY 42101- 2347	61-1362000	501 (C) (3)	7,500				PATIENT SUPPORT
(113) COMMUNITY FOUNDATION OF NORTHWEST INDIANA INC 10010 DONALD S POWERS DR STE 201, MUNSTER, IN 46321-4054	31-1128781	501 (C) (3)	10,000				PATIENT SUPPORT
(114) COMMUNITY HEALTH ALLIANCE 680 S ROCK BLVD, RENO, NV 89502-4113	88-0293149	501 (C) (3)	20,000				PATIENT SUPPORT
(115) COMMUNITY HEALTH CARE 1148 BROADWAY STE 100, TACOMA, WA 98402-3518	91-1349657	501 (C) (3)	10,000				PATIENT SUPPORT
(116) COMMUNITY HEALTH CENTER OF LUBBOCK INC 1610 5TH ST, LUBBOCK, TX 79401-2622	75-2424925	501 (C) (3)	22,500				PATIENT SUPPORT
(117) COMMUNITY HEALTH CENTER OF PINELLAS INC 14100 58TH STREET NORTH, CLEARWATER, FL 33760-9900	59-2097521	501 (C) (3)	95,000				PATIENT SUPPORT
(118) COMMUNITY HEALTH CENTERS INC 110 S WOODLAND ST, WINTER GARDEN, FL 34787-3546	59-1480970	501 (C) (3)	6,000				PATIENT SUPPORT
(119) COMMUNITY HEALTH CENTERS OF GREATER DAYTON 1323 W 3RD ST, DAYTON, OH 45402-6714	26-1253235	501 (C) (3)	37,500				PATIENT SUPPORT
(120) COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS INC PO BOX 1890, GONZALES, TX 78629-1390	74-1548089	501 (C) (3)	22,500				PATIENT SUPPORT
(121) COMMUNITY HEALTH NETWORK FOUNDATION INC 7330 SHADELAND STA STE 100, INDIANAPOLIS, IN 46256-3974	51-0181688	501 (C) (3)	25,000				PATIENT SUPPORT

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(122) COMMUNITY HEALTH SERVICE AGENCY INC 4500 WESLEY ST, GREENVILLE, TX 75401-5644	75-1528614	501 (C) (3)	7,500				PATIENT SUPPORT
(123) COMMUNITY HEALTHCARE NETWORK FOUNDATION INC 60 MADISON AVENUE, NEW YORK, NY 10010-1600	84-3909175	501 (C) (3)	10,000				PATIENT SUPPORT
(124) COMMUNITY MEDICAL CENTERS INC PO BOX 779, STOCKTON, CA 95201-0779	94-2437106	501 (C) (3)	10,000				PATIENT SUPPORT
(125) CONDOC INC 1332 COPPERSTONE LN, KNOXVILLE, TN 37922-5595	82-3694455	501 (C) (3)	20,000				PROGRAM SUPPORT
(126) CONFLUENCE HEALTH 820 N CHELAN AVE, WENATCHEE, WA 98801-2028	45-4789950	501 (C) (3)	10,000				PATIENT SUPPORT
(127) CONFLUENCE HEALTH FOUNDATION 526 N CHELAN AVE, WENATCHEE, WA 98801-6696	91-1075950	501 (C) (3)	10,000				PATIENT SUPPORT
(128) CONQUER CANCER FDN OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY 2318 MILL RD STE 800, ALEXANDRIA, VA 22314-6834	31-1667995	501 (C) (3)	195,000				PROGRAM SUPPORT
(129) COOK CHILDRENS MEDICAL CENTER 801 7TH AVE, FORT WORTH, TX 76104-2733	75-2051646	501 (C) (3)	17,500				PATIENT SUPPORT
(130) COOPER UNIVERSITY HEALTH CARE 1 FEDERAL STREET SUITE NW400-B, CAMDEN, NJ 08103	22-6409235	501 (C) (3)	30,000				PATIENT SUPPORT
(131) COPLEY MEMORIAL HOSPITAL INC 2000 OGDEN AVE, AURORA, IL 60504-7222	36-2170840	501 (C) (3)	7,500				PATIENT SUPPORT
(132) CORE-EL CENTRO INC 130 W BRUCE ST STE 300, MILWAUKEE, WI 53204-1667	39-2042797	501 (C) (3)	30,000				PATIENT SUPPORT
(133) COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE, LUBBOCK, TX 79410	20-0261172	501 (C) (3)	10,000				PATIENT SUPPORT
(134) COXHEALTH FOUNDATION 3525 S NATIONAL AVE STE 204, SPRINGFIELD, MO 65807-7315	43-6810485	501 (C) (3)	20,000				PATIENT SUPPORT
(135) CROSS LUTHERAN CHURCH 1821 N 16TH ST, MILWAUKEE, WI 53205	39-0818678	501 (C) (3)	30,000				PATIENT SUPPORT
(136) CURATORS OF THE UNIVERSITY OF MISSOURI 121 UNIVERSITY HALL, COLUMBIA, MO 65211-0001	43-6003859	GOVERNMENT	50,000				PATIENT SUPPORT
(137) DALLAS COUNTY HOSPITAL DISTRICT 5200 HARRY HINES BLVD, DALLAS, TX 75235-7709	75-6004221	501 (C) (3)	12,500				PATIENT SUPPORT
(138) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BOSTON, MA 02215-5418	04-2263040	501 (C) (3)	2,941,519				EXTRAMURAL RESEARCH GRANT

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(139) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BOSTON, MA 02215-5418	04-2263040	501 (C) (3)	20,000				PATIENT SUPPORT
(140) DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION INC 24 HOSPITAL AVE, DANBURY, CT 06810-6099	23-7425557	501 (C) (3)	10,000				PATIENT SUPPORT
(141) DEACONESS HOSPITAL INC 600 MARY ST, EVANSVILLE, IN 47710-1658	35-0593390	501 (C) (3)	7,500				PATIENT SUPPORT
(142) DELAWARE VALLEY COMMUNITY HEALTH INC 1412 FAIRMOUNT AVE, PHILADELPHIA, PA 19130-2908	23-2077750	501 (C) (3)	50,000				PATIENT SUPPORT
(143) DIGNITY HEALTH 185 BERRY ST STE 200, SAN FRANCISCO, CA 94107-1777	94-1196203	501 (C) (3)	33,000				PATIENT SUPPORT
(144) DISTRICT CLINIC HOLDINGS INC 902 CLINT MOORE RD STE 138, BOCA RATON, FL 33487	45-5591655	GOVERNMENT	12,500				PATIENT SUPPORT
(145) DOMINICAN SANTA CRUZ HOSPITAL FOUNDATION 1555 SOQUEL DR, SANTA CRUZ, CA 95065-1705	94-2450442	501 (C) (3)	45,000				PATIENT SUPPORT
(146) DUBOIS COUNTY HEALTH DEPT 1187 SOUTH ST CHARLES STREET, JASPER, IN 47546	35-6000141	GOVERNMENT	17,900				PATIENT SUPPORT
(147) DUKE UNIVERSITY 324 BLACKWELL ST STE 850, DURHAM, NC 27701-3659	56-0532129	501 (C) (3)	15,000				PATIENT SUPPORT
(148) DUKE UNIVERSITY HEALTH SYSTEM INC 324 BLACKWELL ST WASHIN BLDG N, DURHAM, NC 27701-3658	56-2070036	501 (C) (3)	299,762				EXTRAMURAL RESEARCH GRANT
(149) EAST ALABAMA MEDICAL CENTER 2000 PEPPERELL PARKWAY, OPELIKA, AL 36801	63-6000526	501 (C) (3)	15,000				PATIENT SUPPORT
(150) EAST BOSTON NEIGHBORHOOD HEALTH CENTER CORP 10 GROVE STREET, BOSTON, MA 02128-1920	23-7425849	501 (C) (3)	12,500				PATIENT SUPPORT
(151) EAST JEFFERSON GENERAL HOSPITAL 4200 HOUMA BLVD, METAIRIE, LA 70006-2970	72-0692834	501 (C) (3)	20,000				PATIENT SUPPORT
(152) EL CENTRO DEL BARRIO INC 3750 COMMERCIAL AVE, SAN ANTONIO, TX 78221-3117	74-1787031	501 (C) (3)	25,000				PATIENT SUPPORT
(153) EMORY UNIVERSITY 1599 CLIFTON RD NE 3RD FLR CONTR OF, ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	2,410,000				EXTRAMURAL RESEARCH GRANT
(154) EMORY UNIVERSITY 1599 CLIFTON RD NE 3RD FLR CONTR OF, ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	30,000				PATIENT SUPPORT

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(155) ENLOE HOSPITAL FOUNDATION 1531 ESPLANADE, CHICO, CA 95926-3310	94-2985552	501 (C) (3)	35,000				PATIENT SUPPORT
(156) ESPERANZA HEALTH CENTERS 1940 S WESTERN AVE STE 205, CHICAGO, IL 60608-2503	32-0115907	501 (C) (3)	10,000				PATIENT SUPPORT
(157) ESSENTIA HEALTH 502 E 2ND ST, DULUTH, MN 55805-1913	20-0360007	501 (C) (3)	50,000				PATIENT SUPPORT
(158) FACULTY MEDICAL GROUP OF LLUSM 11175 CAMPUS ST STE11120, LOMA LINDA, CA 92350-1700	33-0672914	501 (C) (3)	20,000				PATIENT SUPPORT
(159) FAITH REGIONAL HEALTH SERVICES FOUNDATION 2700 WEST NORFOLK AVENUE 200, NORFOLK, NE 68701-4438	91-1772474	501 (C) (3)	8,000				PATIENT SUPPORT
(160) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE, SAINT LOUIS, MO 63111-2410	23-7076112	501 (C) (3)	31,485				PATIENT SUPPORT
(161) FAMILY CENTERS INC 40 ARCH ST, GREENWICH, CT 06830-6525	06-0646656	501 (C) (3)	8,125				PATIENT SUPPORT
(162) FAMILY HEALTH CENTERS OF SAN DIEGO INC 823 GATEWAY CENTER WAY, SAN DIEGO, CA 92102-4541	95-2833205	501 (C) (3)	10,000				PATIENT SUPPORT
(163) FAMILY HEALTH SERVICES CORPORATION 794 EASTLAND DR, TWIN FALLS, ID 83301-6856	82-0371093	501 (C) (3)	20,000				PATIENT SUPPORT
(164) FIRST CHOICE HEALTH CENTERS INC 94 CONNECTICUT BLVD, EAST HARTFORD, CT 06108-3013	06-1416492	501 (C) (3)	8,125				PATIENT SUPPORT
(165) FLORIDA PROTON THERAPY INSTITUTE INC 2015 JEFFERSON ST, JACKSONVILLE, FL 32206-3531	01-0554709	501 (C) (3)	25,000				PATIENT SUPPORT
(166) FOODRIGHT INC PO BOX 510622, MILWAUKEE, WI 53203-0111	47-3976982	501 (C) (3)	30,000				PATIENT SUPPORT
(167) FORREST COUNTY GENERAL HOSPITAL 6051 U S HIGHWAY 49, HATTIESBURG, MS 39401-7200	64-6001587	501 (C) (3)	15,000				PATIENT SUPPORT
(168) FORT SANDERS FOUNDATION 1420 CENTERPOINT BLVD BLDG C, KNOXVILLE, TN 37932-1960	62-1748601	501 (C) (3)	25,000				PATIENT SUPPORT
(169) FOUNDATION AT LAKE CHARLES MEMORIAL HOSPITAL 1701 OAK PARK BLVD, LAKE CHARLES, LA 70601	72-1103249	501 (C) (3)	7,500				PATIENT SUPPORT
(170) FOUNDATION FOR UNIVERSITY HOSPITAL A NEW JERSEY NONPROFIT CO 1 GATEWAY CTR STE 600, NEWARK, NJ 07102-5324	47-1686351	501 (C) (3)	35,000				PATIENT SUPPORT

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(171) FOUNDATION FOR WOMANS 100 WOMANS WAY, BATON ROUGE, LA 70817-5100	47-1970335	501 (C) (3)	30,000				PATIENT SUPPORT
(172) FRANKLIN SQUARE HOSPITAL CENTER INC 9000 FRANKLIN SQUARE DR, BALTIMORE, MD 21237-3901	52-0608007	501 (C) (3)	30,000				PATIENT SUPPORT
(173) FRED HUTCHINSON CANCER CENTER PO BOX 19024, SEATTLE, WA 98109-1024	23-7156071	501 (C) (3)	1,490,238				EXTRAMURAL RESEARCH GRANT
(174) FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE N, SEATTLE, WA 98109-4433	91-1935159	501 (C) (3)	160,000				PATIENT SUPPORT
(175) FREEMAN HEALTH SYSTEM 1102 W 32ND ST, JOPLIN, MO 64804-3503	43-1704371	501 (C) (3)	13,000				PATIENT SUPPORT
(176) FRENCH HOSPITAL MEDICAL CENTER FOUNDATION 1911 JOHNSON AVE, SN LUIS OBISP, CA 93401-4131	20-3256125	501 (C) (3)	70,000				PATIENT SUPPORT
(177) FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER 1560 E SHAW AVE, FRESNO, CA 93710-8004	94-1156276	501 (C) (3)	10,000				PATIENT SUPPORT
(178) FUNDACION ONCOLOGICA HIMA-SAN PABLO INC PO BOX 4980, CAGUAS, PR 00726-4980	66-0805404	501 (C) (3)	100,000				PATIENT SUPPORT
(179) GEISINGER HEALTH 100 N ACADEMY AVE MC 4970, DANVILLE, PA 17822-9800	23-1995911	501 (C) (3)	15,000				PATIENT SUPPORT
(180) GENESIS COMMUNITY HEALTH INC 639 E OCEAN AVE STE 409, BOYNTON BEACH, FL 33435-5017	80-0374741	501 (C) (3)	7,500				PATIENT SUPPORT
(181) GENESIS HEALTH SYSTEM 1227 E RUSHOLME ST, DAVENPORT, IA 52803-2459	42-1418847	501 (C) (3)	15,000				PATIENT SUPPORT
(182) GENESYS HURLEY CANCER INSTITUTE 302 KENSINGTON AVE, FLINT, MI 48503- 2044	38-3545312	501 (C) (3)	10,000				PATIENT SUPPORT
(183) GEORGETOWN UNIVERSITY 2121 WISCONSIN AVE NW SUITE 400, WASHINGTON, DC 20007	52-2299950	501 (C) (3)	1,772,666				EXTRAMURAL RESEARCH GRANT
(184) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC 58 EDGEWOOD AVE 3RD FLOOR, ATLANTA, GA 30303-2921	58-1845423	501 (C) (3)	708,000				EXTRAMURAL RESEARCH GRANT
(185) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC 58 EDGEWOOD AVE 3RD FLOOR, ATLANTA, GA 30303-2921	58-1845423	501 (C) (3)	15,994				PATIENT SUPPORT
(186) GERALD L IGNACE INDIAN HEALTH CENTER INC 930 WHISTORICMITCHELL ST, MILWAUKEE, WI 53204-0000	39-1958089	501 (C) (3)	45,000				PATIENT SUPPORT

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(187) GLENDALE ADVENTIST MEDICAL CENTER 1 ADVENTIST HEALTH WAY, ROSEVILLE, CA 95661-3266	95-1816017	501 (C) (3)	10,000				PATIENT SUPPORT
(188) GLENN'S FERRY HEALTH CENTER INC 2280 AMERICAN LEGION BLVD, MOUNTAIN HOME, ID 83647-3142	82-0372009	501 (C) (3)	50,000				PATIENT SUPPORT
(189) GOSHEN MEDICAL CENTER INCORPORATED 444 SW CENTER ST, FAISON, NC 28341-8820	56-1209062	501 (C) (3)	10,000				PATIENT SUPPORT
(190) GRANDVIEW MEDICAL CENTER AUXILIARY 3690 GRANDVIEW PKWY, BIRMINGHAM, AL 35243-3326	63-0789572	501 (C) (3)	10,000				PATIENT SUPPORT
(191) GREATER GRACE CHURCH OF GOD APOSTOLIC FAITH 3690 PERSHALL RD, FERGUSON, MO 63135-1410	43-1387303	501 (C) (3)	7,500				PROGRAM SUPPORT
(192) GUERNSEY HEALTH SYSTEMS 1341 CLARK ST, CAMBRIDGE, OH 43725-9614	31-1148352	501 (C) (3)	10,000				PATIENT SUPPORT
(193) GULF HEALTH HOSPITALS INC PO BOX 2226, MOBILE, AL 36652-2226	63-0891904	501 (C) (3)	15,000				PATIENT SUPPORT
(194) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC 12902 MAGNOLIA DRIVE, TAMPA, FL 33612-9416	59-3238634	501 (C) (3)	1,011,500				EXTRAMURAL RESEARCH GRANT
(195) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC 12902 MAGNOLIA DRIVE, TAMPA, FL 33612-9416	59-3238634	501 (C) (3)	27,500				PATIENT SUPPORT
(196) HACKENSACK MERIDIAN HEALTH INC 343 THORNALL ST STE 7, EDISON, NJ 08837-2209	22-2339534	501 (C) (3)	50,000				PATIENT SUPPORT
(197) HALIFAX MEDICAL CENTER FOUNDATION INC PO BOX 2830, DAYTONA BEACH, FL 32120-2830	59-2893051	501 (C) (3)	45,000				PATIENT SUPPORT
(198) HANNIBAL REGIONAL FOUNDATION PO BOX 551, HANNIBAL, MO 63401-0551	43-1658744	501 (C) (3)	10,000				PATIENT SUPPORT
(199) HARBOR-UCLA MEDICAL CENTER GUILD 1000 W CARSON ST, TORRANCE, CA 90502-2004	95-6092824	501 (C) (3)	20,000				PATIENT SUPPORT
(200) HARRIS HEALTH SYSTEM 4800 FOURNACE PLACE 6W, BELLAIRE, TX 77401	74-1536936	170 (C) (1)	125,000				PATIENT SUPPORT
(201) HARVARD PILGRIM HEALTH CARE INC 401 PARK DR STE 401 E, BOSTON, MA 02215-3369	04-2452600	501 (C) (3)	235,253				EXTRAMURAL RESEARCH GRANT

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(202) HAWAII PACIFIC HEALTH 55 MERCHANT STREET, HONOLULU, HI 96813-4306	99-0246363	501 (C) (3)	10,000				PATIENT SUPPORT
(203) HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVE SUITE N112, DALLAS, TX 75243-7011	65-1259379	501 (C) (3)	22,500				PATIENT SUPPORT
(204) HEALTH AND HOSPITAL CORPORATION 3838 N RURAL ST, INDIANAPOLIS, IN 46205	35-6005697	501 (C) (1)	7,000				PATIENT SUPPORT
(205) HEALTH CARE FOUNDATION OF NORTH MISSISSIPPI 830 S GLOSTER ST, TUPELO, MS 38801- 4934	64-0914704	501 (C) (3)	30,000				PATIENT SUPPORT
(206) HEALTHLINC INC 2401 VALLEY DR, VALPARAISO, IN 46383- 2520	35-2147791	501 (C) (3)	13,484				PATIENT SUPPORT
(207) HEART OF OHIO FAMILY HEALTH CENTERS 5000 E MAIN ST, COLUMBUS, OH 43213- 2440	38-3765547	501 (C) (3)	50,000				PATIENT SUPPORT
(208) HENRY FORD HEALTH SYSTEM 1 FORD PL, DETROIT, MI 48202-3450	38-1357020	501 (C) (3)	20,000				PATIENT SUPPORT
(209) HIGHMARK HEALTH 120 5TH AVE STE 410, PITTSBURGH, PA 15222-3015	45-3674924	501 (C) (3)	117,500				PATIENT SUPPORT
(210) HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE, NEWPORT BEACH, CA 92663-3315	95-3222343	501 (C) (3)	30,000				PATIENT SUPPORT
(211) HOLY CROSS HOSPITAL CALIFORNIA AVE 15TH STREET, CHICAGO, IL 60608-0000	36-2170133	501 (C) (3)	37,500				PATIENT SUPPORT
(212) HOLY FAMILY HOSPITAL 70 EAST ST, METHUEN, MA 01844	22-2547376		10,000				PATIENT SUPPORT
(213) HONORHEALTH FOUNDATION 8125 N HAYDEN RD, SCOTTSDALE, AZ 85258-2463	74-2355411	501 (C) (3)	15,000				PATIENT SUPPORT
(214) HOPE CANCER RESOURCES 5835 W SUNSET AVE, SPRINGDALE, AR 72762-0751	71-0595593	501 (C) (3)	50,000				PATIENT SUPPORT
(215) HOPE CLINIC INC 6208 JORDAN DR, PEARLAND, TX 77584- 8026	20-5200746	501 (C) (3)	22,500				PATIENT SUPPORT
(216) HOSPITAL AUTHORITY OF LIBERTY COUNTY 462 ELMA G MILES PKWY, HINESVILLE, GA 31313	58-6025016	501 (C) (3)	9,000				PATIENT SUPPORT
(217) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE, NEW YORK, NY 10029-6504	13-6171197	501 (C) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(218) IHC HEALTH SERVICES INC 36 S STATE ST STE 2200, SALT LAKE CTY, UT 84111-1470	94-2854057	501 (C) (3)	677,000				EXTRAMURAL RESEARCH GRANT

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(219) IMD GUEST HOUSE FOUNDATION 1933 W POLK ST STE 214, CHICAGO, IL 60612-4891	36-4284387	501 (C) (3)	138,000				PATIENT SUPPORT
(220) INDIAN RIVER HOSPITAL FOUNDATION INC 1000 36TH ST, VERO BEACH, FL 32960-4862	59-0760215	501 (C) (3)	15,000				PATIENT SUPPORT
(221) INDIANA UNIVERSITY 107 S INDIANA AVE, BLOOMINGTON, IN 47405	35-6001673	501 (C) (3)	10,000				PATIENT SUPPORT
(222) INDIANA UNIVERSITY HEALTH FOUNDATION INC 1633 N CAPITOL AVE 1200, INDIANAPOLIS, IN 46202-1261	35-6043086	501 (C) (3)	7,500				PATIENT SUPPORT
(223) INDIANA UNIVERSITY RESEARCH & TECHNOLOGY CORP 642 N MADISON STREET 113, BLOOMINGTON, IN 47404-4095	35-1990726	501 (C) (3)	2,878,631				EXTRAMURAL RESEARCH GRANT
(224) INOVA HEALTH CARE SERVICES 8095 INNOVATION PARK DR, FAIRFAX, VA 22031-4868	54-0620889	501 (C) (3)	10,000				PATIENT SUPPORT
(225) INOVA HEALTH SYSTEM FOUNDATION 8095 INNOVATION PARK DR, FAIRFAX, VA 22031-4868	54-1071867	501 (C) (3)	32,105				PATIENT SUPPORT
(226) INTEGRIS CANCER INSTITUTE 5911 W MEMORIAL RD STE 100, OKLAHOMA CITY, OK 73142	73-0584411	OTHER	7,500				PATIENT SUPPORT
(227) INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 S STATE ST STE 2200, SALT LAKE CTY, UT 84111-1470	80-0225150	501 (C) (3)	25,000				PATIENT SUPPORT
(228) JAMES A HALEY VETERANS HOSPITAL 13000 BRUCE B DOWNS BLVD, TAMPA, FL 33612	59-3214855	GOVERNMENT	10,000				PATIENT SUPPORT
(229) JAVON BEA HOSPITAL 2400 N ROCKTON AVE, ROCKFORD, IL 61103-3655	36-2167847	501 (C) (3)	7,500				PATIENT SUPPORT
(230) JEFFERSON COMMUNITY HEALTH CARE CENTERS INC 4028 HIGHWAY 90 W, AVONDALE, LA 70094- 2622	56-2439708	501 (C) (3)	62,500				PATIENT SUPPORT
(231) JESSIE TRICE COMMUNITY HEALTH SYSTEM INC 5607 NW 27TH AVENUE 1, MIAMI, FL 33142- 2826	59-1235617	501 (C) (3)	6,000				PATIENT SUPPORT
(232) JOE DIMAGGIO CHILDRENS HOSPITAL FOUNDATION INC 3329 JOHNSON ST, HOLLYWOOD, FL 33021-5419	65-0492343	501 (C) (3)	10,000				PATIENT SUPPORT
(233) JOHN MUIR FOUNDATION 1400 TREAT BLVD, WALNUT CREEK, CA 94597-2142	94-2650855	501 (C) (3)	20,000				PATIENT SUPPORT

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(234) JOHN T MATHER MEMORIAL HOSPITAL 75 N COUNTRY RD, PRT JEFFERSON, NY 11777-2119	11-1639818	501 (C) (3)	8,350				PATIENT SUPPORT
(235) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N4327B, BALTIMORE, MD 21211-2226	52-0591627	501 (C) (3)	250,500				EXTRAMURAL RESEARCH GRANT
(236) JPS FOUNDATION 1350 S MAIN ST STE 4000, FORT WORTH, TX 76104-7645	75-2717782	501 (C) (3)	19,373				PATIENT SUPPORT
(237) KAISER FOUNDATION HEALTH PLAN INC ONE KAISER PLAZA, OAKLAND, CA 94612-3610	94-1340523	501 (C) (3)	20,000				PATIENT SUPPORT
(238) KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA, OAKLAND, CA 94612-3610	94-1105628	501 (C) (3)	30,000				PATIENT SUPPORT
(239) KAISER PERMANENTE OAKLAND 3701 BROADWAY, OAKLAND, CA 94611	94-2728480	501 (C) (3)	10,000				PATIENT SUPPORT
(240) KALEIDA HEALTH 726 EXCHANGE ST STE 200, BUFFALO, NY 14210-1462	16-1533232	501 (C) (3)	25,000				PATIENT SUPPORT
(241) KANSAS CHILDRENS FOUNDATION 8710 W 13TH ST N STE 107, WICHITA, KS 67212-6277	47-2370410	501 (C) (3)	10,000				PATIENT SUPPORT
(242) KATMAI ONCOLOGY GROUP LLC 3851 PIPER STREET, SUITE U340, ANCHORAGE, AK 99508	20-0326489	501 (C) (3)	25,000				PATIENT SUPPORT
(243) KAWEAH DELTA HOSPITAL FOUNDATION 216 S JOHNSON ST, VISALIA, CA 93291-6137	94-2675456	501 (C) (3)	20,000				PATIENT SUPPORT
(244) KENOSHA YOUNG MENS CHRISTIAN ASSOCIATION INC 7101 - 53RD STREET, KENOSHA, WI 53144-7848	39-0826296	501 (C) (3)	30,000				PATIENT SUPPORT
(245) KERN COUNTY CANCER FOUNDATION 6501 TRUXTUN AVE, BAKERSFIELD, CA 93309-0633	85-3730553	501 (C) (3)	10,000				PATIENT SUPPORT
(246) KERN MEDICAL CENTER FOUNDATION 1700 MT VERNON AVENUE, BAKERSFIELD, CA 93306-4018	36-4642420	501 (C) (3)	45,000				PATIENT SUPPORT
(247) KETTERING MEDICAL CENTER FOUNDATION 1 PRESTIGE PLACE 910, MIAMISBURG, OH 45342-3794	23-7419897	501 (C) (3)	10,000				PATIENT SUPPORT
(248) KINGMAN REGIONAL MEDICAL CENTER FOUNDATION 3269 N STOCKTON HILL RD, KINGMAN, AZ 86409-3619	74-2388735	501 (C) (3)	20,000				PATIENT SUPPORT
(249) KOOTENAI HEALTH FOUNDATION INC 2003 KOOTENAI HEALTH WAY, COEUR D ALENE, ID 83814-6051	82-0380784	501 (C) (3)	35,000				PATIENT SUPPORT

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(250) LAKELAND REGIONAL HEALTH SYSTEMS INC 1324 LAKELAND HILLS BLVD, LAKELAND, FL 33805-4543	59-2650464	501 (C) (3)	19,500				PATIENT SUPPORT
(251) LANCASTER GENERAL HOSPITAL 555 N DUKE ST, LANCASTER, PA 17602-2250	23-1365353	501 (C) (3)	10,000				PATIENT SUPPORT
(252) LATINAS CONTRA CANCER PO BOX 2290, SAN JOSE, CA 95109-2290	56-2412069	501 (C) (3)	20,000				PATIENT SUPPORT
(253) LEE MEMORIAL HEALTH SYSTEM 2776 CLEVELAND AVE, FT MYERS, FL 33901-5864	59-0714812	501 (C) (3)	45,000				PATIENT SUPPORT
(254) LEGACY COMMUNITY HEALTH SERVICES INC 1415 CALIFORNIA ST, HOUSTON, TX 77006	76-0009637	501 (C) (3)	50,000				PATIENT SUPPORT
(255) LEGACY HEALTH FOUNDATION 1919 NW LOVEJOY ST, PORTLAND, OR 97209-1503	46-5562403	501 (C) (3)	20,000				PATIENT SUPPORT
(256) LEHIGH VALLEY HOSPITAL PO BOX 4000, ALLENTOWN, PA 18105-4000	23-1689692	501 (C) (3)	10,000				PATIENT SUPPORT
(257) LEXINGTON MEDICAL CENTER FOUNDATION INC 2720 SUNSET BLVD, WEST COLUMBIA, SC 29169-4810	57-0906045	501 (C) (3)	10,000				PATIENT SUPPORT
(258) LIFELONG MEDICAL CARE PO BOX 11247, BERKELEY, CA 94712-2247	94-2502308	501 (C) (3)	10,000				PATIENT SUPPORT
(259) LIFESPAN FOUNDATION 167 POINT STREET, PROVIDENCE, RI 02903-4771	05-0493219	501 (C) (3)	15,000				PATIENT SUPPORT
(260) LINKS FOUNDATION INC 1200 MASSACHUSETTS AVE NW, WASHINGTON, DC 20005-4541	52-1170830	501 (C) (3)	31,000				PROGRAM SUPPORT
(261) LOGAN HEALTH 310 SUNNYVIEW LN, KALISPELL, MT 59901-3129	81-0406485	501 (C) (3)	25,000				PATIENT SUPPORT
(262) LONGVIEW WELLNESS CENTER INC 1107 E MARSHALL AVE, LONGVIEW, TX 75601-5602	75-2723993	501 (C) (3)	22,500				PATIENT SUPPORT
(263) LOS ANGELES COUNTY DHS/OLIVE VIEW-UCLA 14445 OLIVE VIEW DR, SYLMAR, CA 91342	95-3777596	GOVERNMENT	44,500				PATIENT SUPPORT
(264) LOWER LIGHTS CHRISTIAN HEALTH CENTER INC 1160 W BROAD ST, COLUMBUS, OH 43222-1352	31-1810355	501 (C) (3)	10,000				PATIENT SUPPORT
(265) LOYOLA UNIVERSITY MEDICAL CENTER 2160 S 1ST AVE, MAYWOOD, IL 60153-3328	36-4015560	501 (C) (3)	10,500				PATIENT SUPPORT
(266) LSU HEALTH SCIENCES CENTER SHREVEPORT (BLANK), SHREVEPORT, LA 71103	72-0702002	GOVERNMENT	786,000				EXTRAMURAL RESEARCH GRANT

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(267) LSU HEALTH SCIENCES CENTER SHREVEPORT (BLANK), SHREVEPORT, LA 71103	72-0702002	GOVERNMENT	7,500				PATIENT SUPPORT
(268) MAIMONIDES MEDICAL CENTER-4802 TENT AVE, BROOKLYN, NY 11219-0000	11-1635081	501 (C) (3)	10,000				PATIENT SUPPORT
(269) MAINEGENERAL HEALTH 35 MEDICAL CENTER PKWY, AUGUSTA, ME 04330-8160	04-3369653	501 (C) (3)	10,000				PATIENT SUPPORT
(270) MAINHEALTH SERVICES 110 FREE ST, PORTLAND, ME 04101-3908	01-0431680	501 (C) (3)	74,500				PATIENT SUPPORT
(271) MARSHFIELD CLINIC HEALTH SYSTEM INC 1000 N OAK AVE, MARSHFIELD, WI 54449-5703	46-1495343	501 (C) (3)	2,086,037				PATIENT SUPPORT
(272) MARTIN LUTHER KING JR FAMILY CLINIC 2922B MARTIN LUTHER KING JR BLVD, DALLAS, TX 75215-2321	75-2098992	501 (C) (3)	45,000				PATIENT SUPPORT
(273) MARTIN MEMORIAL MEDICAL CENTER INC PO BOX 9010, STUART, FL 34995-9010	59-0637874	501 (C) (3)	65,000				PATIENT SUPPORT
(274) MARY AND JOHN ELLIOT CHARITABLE FOUNDATION 1070 HOLT AVE UNIT 1 2100, MANCHESTER, NH 03109-5603	02-0512229	501 (C) (3)	15,000				PATIENT SUPPORT
(275) MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE, BATON ROUGE, LA 70809-3738	23-7010520	501 (C) (3)	140,000				PATIENT SUPPORT
(276) MARY HITCHCOCK MEMORIAL HOSPITAL 1 MEDICAL CENTER DR, LEBANON, NH 03756-1000	02-0222140	501 (C) (3)	20,000				PATIENT SUPPORT
(277) MARY WASHINGTON HEALTHCARE 2300 FALL HILL AVE STE 416, FREDERICKSBURG, VA 22401-3362	54-1240646	501 (C) (3)	40,000				PATIENT SUPPORT
(278) MARYS CENTER FOR MATERNAL AND CHILD CARE INC 2333 ONTARIO RD NW, WASHINGTON, DC 20009-2627	52-1594116	501 (C) (3)	10,000				PATIENT SUPPORT
(279) MASS GENERAL BRIGHAM INCORPORATED 55 FRUIT ST, BOSTON, MA 02114-2621	04-1564655	501 (C) (3)	1,629,981				EXTRAMURAL RESEARCH GRANT
(280) MASS GENERAL BRIGHAM INCORPORATED 399 REVOLUTION DR STE 645, SOMERVILLE, MA 02145-1574	04-2312909	501 (C) (3)	1,339,000				EXTRAMURAL RESEARCH GRANT
(281) MAYO CLINIC 200 1ST ST SW, ROCHESTER, MN 55905-0001	41-6011702	501 (C) (3)	300,000				EXTRAMURAL RESEARCH GRANT
(282) MAYO CLINIC 200 1ST ST SW, ROCHESTER, MN 55905-0001	41-6011702	501 (C) (3)	1,582,204				PATIENT SUPPORT

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(283) MEDCURA HEALTH INC 5582 MEMORIAL DR, STONE MTN, GA 30083-3215	58-1413957	501 (C) (3)	37,500				PATIENT SUPPORT
(284) MEDICAL CENTER OF CENTRAL GEORGIA INC 777 HEMLOCK ST, MACON, GA 31201-2102	58-2149128	501 (C) (3)	30,000				PATIENT SUPPORT
(285) MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVENUE, CHARLESTON, SC 29425	57-6000722	501 (C) (3)	828,312				EXTRAMURAL RESEARCH GRANT
(286) MEDLINK GEORGIA INC 11 CHARLIE MORRIS RD, COLBERT, GA 30628-2445	58-1394645	501 (C) (3)	10,000				PATIENT SUPPORT
(287) MEDSTAR-GEORGETOWN MEDICAL CENTER INC 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044-6097	52-2218584	501 (C) (3)	90,000				PATIENT SUPPORT
(288) MEMORIAL FOUNDATION INC 3329 JOHNSON ST, HOLLYWOOD, FL 33021-5419	59-2082218	501 (C) (3)	100,000				PATIENT SUPPORT
(289) MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DESALES AVE, CHATTANOOGA, TN 37404-1161	62-1839548	501 (C) (3)	9,500				PATIENT SUPPORT
(290) MEMORIAL HEALTH SYSTEM FOUNDATION 1400 EAST BOULDER SUITE 2N2019, COLORADO SPRINGS, CO 80909-5533	84-1576338	501 (C) (3)	25,000				PATIENT SUPPORT
(291) MEMORIAL HEALTH SYSTEMS FOUNDATION INC 305 MEMORIAL MEDICAL PKWY STE 212, DAYTONA BEACH, FL 32117-5172	31-1771522	501 (C) (3)	25,000				PATIENT SUPPORT
(292) MEMORIAL HERMANN FOUNDATION 929 GESSNER RD STE 1900, HOUSTON, TX 77024-2317	74-1653640	501 (C) (3)	97,500				PATIENT SUPPORT
(293) MEMORIAL HOSPITAL AT GULFPORTFOUNDATION INC PO BOX 940, GULFPORT, MS 39502-0940	20-4535203	501 (C) (3)	15,000				PATIENT SUPPORT
(294) MEMORIAL HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR, SACRAMENTO, CA 95833-0000	94-2290244	501 (C) (3)	10,000				PATIENT SUPPORT
(295) MEMORIAL HOSPITAL OF SWEETWATER COUNTY 1200 COLLEGE DR, ROCK SPRINGS, WY 82901	83-6000295	GOVERNMENT	15,000				PATIENT SUPPORT
(296) MEMORIAL MEDICAL CENTER INC 1615 MAPLE LANE, ASHLAND, WI 54806- 3626	23-7013497	501 (C) (3)	20,000				PATIENT SUPPORT
(297) MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE, NEW YORK, NY 10065- 6007	13-1624182	501 (C) (3)	1,375,199				EXTRAMURAL RESEARCH GRANT

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(298) MEMPHIS HEALTH CENTER INC 360 E EH CRUMP BLVD, MEMPHIS, TN 38126-5310	62-0818892	501 (C) (3)	30,000				PATIENT SUPPORT
(299) MERCY FOUNDATION NORTH 2625 EDITH AVE STE E, REDDING, CA 96001-3040	94-3136799	501 (C) (3)	20,000				PATIENT SUPPORT
(300) MERCY FOUNDATION OF DES MOINES IOWA 1111 6TH AVENUE, DES MOINES, IA 50314- 2610	23-7358794	501 (C) (3)	7,500				PATIENT SUPPORT
(301) MERCY HEALTH FOUNDATION JEFFERSON 14528 SOUTH OUTER 40 RD STE 100, CHESTERFIELD, MO 63017-5743	46-2797051	501 (C) (3)	16,000				PATIENT SUPPORT
(302) MERCY HEALTH FOUNDATION JOPLIN 100 MERCY WAY, JOPLIN, MO 64804-4524	27-0906136	501 (C) (3)	10,000				PATIENT SUPPORT
(303) MERCY HEALTH FOUNDATION OKLAHOMA CITY 4300 W MEMORIAL RD, OKLAHOMA CITY, OK 73120-8304	46-3184231	501 (C) (3)	6,000				PATIENT SUPPORT
(304) MERCY HEALTH FOUNDATION SOUTH 10010 KENNERLY RD, SAINT LOUIS, MO 63128-2106	26-1516789	501 (C) (3)	15,000				PATIENT SUPPORT
(305) MERCY HEALTH FOUNDATION ST LOUIS 615 S NEW BALLAS RD, SAINT LOUIS, MO 63141-8221	56-2410020	501 (C) (3)	70,000				PATIENT SUPPORT
(306) MERCY HOSPITAL SPRINGFIELD 1235 E CHEROKEE ST, SPRINGFIELD, MO 65804-2203	44-0552485	501 (C) (3)	25,000				PATIENT SUPPORT
(307) MERCY MEDICAL CENTER 1301 15TH AVE W, WILLISTON, ND 58801- 3821	45-0231183	501 (C) (3)	23,000				PATIENT SUPPORT
(308) MERCY MEDICAL CENTER CEDAR RAPIDS IOWA ENDOWMENT FOUNDATION INC 701 10TH ST SE, CEDAR RAPIDS, IA 52403- 1251	51-0233180	501 (C) (3)	7,500				PATIENT SUPPORT
(309) METHODIST HEALTHCARE SYSTEM 15727 ANTHEM PARKWAY SUITE 600, SAN ANTONIO, TX 78249	74-2730328	501 (C) (3)	12,500				PATIENT SUPPORT
(310) METHODIST HOSPITAL 6565 FANNIN ST GB240, HOUSTON, TX 77030-2703	87-0721923	501 (C) (3)	30,000				PATIENT SUPPORT
(311) METHODIST LEBONHEUR HEALTHCARE 1211 UNION AVE STE 700, MEMPHIS, TN 38104-6600	58-1454711	501 (C) (3)	120,000				PATIENT SUPPORT
(312) METROHEALTH FOUNDATION INC 2500 METROHEALTH DR, CLEVELAND, OH 44109-1998	34-6607695	501 (C) (3)	30,000				PATIENT SUPPORT

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(313) METROWEST MEDICAL CENTER 115 LINCOLN STREET, FRAMINGHAM, MA 01702	62-1861200		10,000				PATIENT SUPPORT
(314) MIAMI CHILDRENS HEALTH SYSTEM INC 3100 SW 62ND AVE, MIAMI, FL 33155-3009	45-3481327	501 (C) (3)	15,000				PATIENT SUPPORT
(315) MIAMI VALLEY HOSPITAL FOUNDATION 110 N MAIN ST STE 500, DAYTON, OH 45402-3712	31-1040231	501 (C) (3)	10,000				PATIENT SUPPORT
(316) MICHAEL E DEBAKEY VA HOSPITAL 2002 HOLCOMBE BLVD, HOUSTON, TX 77030	31-1575142	GOVERNMENT	25,000				PATIENT SUPPORT
(317) MILTONS S HERSHEY MEDICAL CENTER PO BOX 804, HERSHEY, PA 17033-0804	25-1854772	501 (C) (3)	100,000				PATIENT SUPPORT
(318) MILWAUKEE CATHOLIC HOME INC 2462 NORTH PROSPECT AVENUE, MILWAUKEE, WI 53211-4451	39-0806215	501 (C) (3)	30,000				PATIENT SUPPORT
(319) MISSION HOSPITAL REGIONAL MEDICAL CENTER 27700 MEDICAL CENTER RD, MISSION VIEJO, CA 92691-6426	95-1643360	501 (C) (3)	20,000				PATIENT SUPPORT
(320) MISSISSIPPI BAPTIST MEDICAL CENTER 1225 NORTH STATE STREET, JACKSON, MS 39202-2064	64-0881013	501 (C) (3)	7,000				PATIENT SUPPORT
(321) MISSOURI BAPTIST HEALTHCARE FOUN ATT JANICE BURNETT 3015 N BALLAS RD, SAINT LOUIS, MO 63131-2329	43-1472026	501 (C) (3)	25,000				PATIENT SUPPORT
(322) MONTAGE HEALTH FOUNDATION PO BOX HH, MONTEREY, CA 93942-6032	81-2889645	501 (C) (3)	45,000				PATIENT SUPPORT
(323) MONTEFIORE MEDICAL CENTER 111 E 210TH ST, BRONX, NY 10467-2401	13-1740114	501 (C) (3)	15,000				PATIENT SUPPORT
(324) MONUMENT HEALTH RAPID CITY HOSPITAL INC PO BOX 6000, RAPID CITY, SD 57709-6000	46-0319070	501 (C) (3)	30,000				PATIENT SUPPORT
(325) MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST, CAMBRIDGE, MA 02138-5502	04-2103606	501 (C) (3)	113,720				PATIENT SUPPORT
(326) MOUNT SINAI HOSPITAL ONE GUSTAVE L LEVY PLACE, NEW YORK, NY 10029-6504	13-1624096	501 (C) (3)	30,000				PATIENT SUPPORT
(327) MOUNTAIN PARK HEALTH CENTER 3003 N CENTRAL AVE STE 1600, PHOENIX, AZ 85012-2908	86-0498020	501 (C) (3)	12,500				PATIENT SUPPORT
(328) MOUNTAIN STATES HEALTH ALLIANCE 1021 W OAKLAND AVE STE 103, JOHNSON CITY, TN 37604-2192	62-0476282	501 (C) (3)	20,000				PATIENT SUPPORT
(329) MULTICARE FOUNDATIONS PO BOX 5299, TACOMA, WA 98415-0299	91-1514257	501 (C) (3)	10,000				PATIENT SUPPORT

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(330) MUNSON MEDICAL CENTER 1105 SIXTH ST, TRAVERSE CITY, MI 49684-2345	38-1362830	501 (C) (3)	10,000				PATIENT SUPPORT
(331) NACOGDOCHES COUNTY UNITED WAY PO BOX 630772, NACOGDOCHES, TX 75963-0772	75-1299909	501 (C) (3)	6,000				PATIENT SUPPORT
(332) NATIONAL JEWISH HEALTH 1400 JACKSON ST, DENVER, CO 80206-2761	74-2044647	501 (C) (3)	10,000				PATIENT SUPPORT
(333) NCH HEALTHCARE SYSTEMS INC PO BOX 413029, NAPLES, FL 34101-3029	59-2314655	501 (C) (3)	15,000				PATIENT SUPPORT
(334) NEBRASKA METHODIST HOSPITAL FOUNDATION 825 S 169TH ST, OMAHA, NE 68118-9300	47-0595345	501 (C) (3)	30,000				PATIENT SUPPORT
(335) NEIGHBORCARE HEALTH 1200 12TH AVE S STE 901, SEATTLE, WA 98144-2712	91-0893287	501 (C) (3)	10,000				PATIENT SUPPORT
(336) NEIGHBORHOOD HEALTH 6677 RICHMOND HWY, ALEXANDRIA, VA 22306-6647	54-1849891	501 (C) (3)	20,000				PATIENT SUPPORT
(337) NEIGHBORHOOD HEALTH CARE INCORPORATED 3569 RIDGE RD, CLEVELAND, OH 44102-5443	34-1300581	501 (C) (3)	10,000				PATIENT SUPPORT
(338) NEIGHBORHOOD MEDICAL CENTER INC 438 W BREVARD ST, TALLAHASSEE, FL 32301-1004	23-7422549	501 (C) (3)	6,000				PATIENT SUPPORT
(339) NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY 2ND FLOOR, CARSON CITY, NV 89706-7913	94-3199117	501 (C) (3)	22,290				PATIENT SUPPORT
(340) NEW MEXICO CANCER CENTER FOUNDATION 4901 LANG AVE NE, ALBUQUERQUE, NM 87109-4397	77-0591110	501 (C) (3)	15,000				PATIENT SUPPORT
(341) NEW YORK CITY HEALTH AND HOSPITALS CORPORATION 50 WATER ST FL 3, NEW YORK, NY 10004-6010	13-2655001	501 (C) (3)	25,000				PATIENT SUPPORT
(342) NEW YORK UNIV SCHL OF MEDICINE PO BOX 415026, BOSTON, MA 02241-5026	13-5562309	SECTION 115	303,501				EXTRAMURAL RESEARCH GRANT
(343) NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE, NEWARK, NJ 07112	22-3452311	501 (C) (3)	35,000				PATIENT SUPPORT
(344) NORTH BROWARD HOSPITAL DISTRICT 1608 SE 3RD AVE, FT LAUDERDALE, FL 33316-2564	59-6012065	501 (C) (3)	25,000				PATIENT SUPPORT
(345) NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER INC 200 MLK JR BLVD, WICHITA FALLS, TX 76301-1152	75-2429644	501 (C) (3)	7,500				PATIENT SUPPORT

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(346) NORTH HUDSON COMMUNITY ACTION CORPORATION 800 31ST ST, UNION CITY, NJ 07087-2428	22-1818699	501 (C) (3)	10,000				PATIENT SUPPORT
(347) NORTH TEXAS AREA COMMUNITY HEALTH CENTERS INC 2332 BEVERLY HILLS DR, FORT WORTH, TX 76114-1756	54-2117989	501 (C) (3)	7,500				PATIENT SUPPORT
(348) NORTHEAST ARKANSAS CLINIC CHAR FOUNDATION INC 4802 E JOHNSON AVE, JONESBORO, AR 72405-8413	71-0850123	501 (C) (3)	7,500				PATIENT SUPPORT
(349) NORTHEAST GEORGIA MEDICAL CENTER INC 743 SPRING ST NE, GAINESVILLE, GA 30501-3715	58-1694098	501 (C) (3)	65,000				PATIENT SUPPORT
(350) NORTHERN ARIZONA UNIVERSITY FDN INC 620 S KNOLES, FLAGSTAFF, AZ 86011-0001	86-0193726	501 (C) (3)	4,080,000				EXTRAMURAL RESEARCH GRANT
(351) NORTHERN LIGHT HEALTH FOUNDATION 43 WHITING HILL ROAD, BREWER, ME 04412-1005	22-2514163	501 (C) (3)	15,000				PATIENT SUPPORT
(352) NORTHPOINT HEALTH & WELLNESS CENTER INC 1256 PENN AVE NORTH SUITE 5300, MINNEAPOLIS, MN 55411	20-8098277		10,000				PATIENT SUPPORT
(353) NORTHSHORE UNIVERSITY HEALTHSYSTEM 4901 SEARLE PKWY B116, SKOKIE, IL 60077-5313	36-2167060	501 (C) (3)	15,000				PATIENT SUPPORT
(354) NORTHSIDE HOSPITAL INC 1000 JOHNSON FERRY RD, ATLANTA, GA 30342-1606	58-1954432	501 (C) (3)	75,000				PATIENT SUPPORT
(355) NORTHWESTERN MEMORIAL HEALTHCARE 541 N FAIRBANKS CT RM 1630, CHICAGO, IL 60611-3319	36-2169179	501 (C) (3)	7,500				PATIENT SUPPORT
(356) NORTHWESTERN MEMORIAL HEALTHCARE 541 N FAIRBANKS CT RM 1630, CHICAGO, IL 60611-3319	36-3155315	501 (C) (3)	7,500				PATIENT SUPPORT
(357) NORTHWESTERN UNIVERSITY 633 CLARK ST, EVANSTON, IL 60208-0001	36-2167817	501 (C) (3)	2,235,133				EXTRAMURAL RESEARCH GRANT
(358) NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER 2507 DELANEY AVE, WILMINGTON, NC 28403	85-3777599	501 (C) (3)	39,500				PATIENT SUPPORT
(359) NYU LANGONE HOSPITALS 550 1ST AVE, NEW YORK, NY 10016-6402	13-3971298	501 (C) (3)	15,000				PATIENT SUPPORT
(360) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY BH 546, NEW ORLEANS, LA 70121-0000	72-0502505	501 (C) (3)	210,000				PATIENT SUPPORT

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(361) OCHSNER LSU HEALTH SYSTEM OF NORTH LOUISIANA 1431 DALZELL ST, SHREVEPORT, LA 71103-3709	83-1605004	501 (C) (3)	7,500				PATIENT SUPPORT
(362) OGDEN CLINIC 1491 E RIDGELINE DR, SOUTH OGDEN, UT 84405	87-0286381		20,000				PATIENT SUPPORT
(363) OGDEN REGIONAL MEDICAL CENTER 5475 SOUTH 500 EAST, OGDEN, UT 84405	62-1650578		6,000				PATIENT SUPPORT
(364) OHIO STATE UNIVERSITY 901 WOODY HAYES DR, COLUMBUS, OH 43210-4013	31-6025986	501 (C) (1)	105,000				PATIENT SUPPORT
(365) OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY RD, COLUMBUS, OH 43210-1016	31-6401599	501 (C) (3)	3,289,420				EXTRAMURAL RESEARCH GRANT
(366) OLATHE HEALTH CHARITABLE FOUNDATION 20333 W 151ST ST, OLATHE, KS 66061-5350	48-1136010	501 (C) (3)	20,000				PATIENT SUPPORT
(367) ONCOLOGY HEMATOLOGY CONSULTANTS PA DBA THE CENTER FOR CANCER AND BLOOD 800 W. MAGNOLIA, FORT WORTH, TX 76104	75-2512142		7,500				PATIENT SUPPORT
(368) OREGON HEALTH & SCIENCE UNIV 0690 SW BANCROFT ST, PORTLAND, OR 97239	93-1176109	GOVERNMENT	1,584,000				EXTRAMURAL RESEARCH GRANT
(369) OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION 2020 SW 4TH AVE STE 900, PORTLAND, OR 97201-4978	23-7083114	501 (C) (3)	20,000				PATIENT SUPPORT
(370) ORLANDO HEALTH INC 1414 KUHLE AVE MP59, ORLANDO, FL 32806-2008	59-1726273	501 (C) (3)	45,000				PATIENT SUPPORT
(371) OSF HEALTHCARE SYSTEM 124 SW ADAMS ST, PEORIA, IL 61602-1308	37-0813229	501 (C) (3)	7,500				PATIENT SUPPORT
(372) OUR LADY OF THE LAKE FOUNDATION 4200 ESSEN LN, BATON ROUGE, LA 70809-2158	72-1014324	501 (C) (3)	15,000				PATIENT SUPPORT
(373) OUR LADY OF THE LAKE HOSPITAL INC 4200 ESSEN LN, BATON ROUGE, LA 70809-2158	72-0423651	501 (C) (3)	10,000				PATIENT SUPPORT
(374) OWENSBORO HEALTH FOUNDATION INC 1201 PLEASANT VALLEY RD, OWENSBORO, KY 42303-9811	61-1251763	501 (C) (3)	7,500				PATIENT SUPPORT
(375) PACIFIC CANCER FOUNDATION 95 MAHALANI STREET, WAILUKU, HI 96793-2521	51-0548338	501 (C) (3)	70,000				PATIENT SUPPORT
(376) PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD, ST LOUIS PARK, MN 55426-4702	23-7346465	501 (C) (3)	6,000				PATIENT SUPPORT

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(377) PARK WEST HEALTH SYSTEMS INCORPORATED 3319 W BELV AVE, BALTIMORE, MD 21215-5143	52-0976937	501 (C) (3)	10,000				PATIENT SUPPORT
(378) PARKLAND FOUNDATION 1341 W MOCKINGBIRD LANE 1100, DALLAS, TX 75247-6913	75-2089180	501 (C) (3)	140,000				PATIENT SUPPORT
(379) PATIENT ADVOCATE FOUNDATION INC 421 BUTLEER FARM ROAD, HAMPTON, VA 23666-9904	54-1806317	501 (C) (3)	425,000				PATIENT SUPPORT
(380) PENINSULA COMMUNITY HEALTH SERVICES PO BOX 960, BREMERTON, WA 98337-0212	94-3079770	501 (C) (3)	10,000				PATIENT SUPPORT
(381) PENNYROYAL HEALTHCARE SERVICES INC 310 HAWTHORNE ST, PRINCETON, KY 42445-1622	27-3618164	501 (C) (3)	10,000				PATIENT SUPPORT
(382) PHELPS COUNTY REGIONAL MEDICAL CENTER 1000 W 10TH ST, ROLLA, MO 65401-2905	43-6004435	501 (C) (3)	10,000				PATIENT SUPPORT
(383) PHOEBE PUTNEY MEMORIAL HOSPITAL INC 417 W 3RD AVE, ALBANY, GA 31701-1943	58-1928247	501 (C) (3)	40,000				PATIENT SUPPORT
(384) PIEDMONT ATHENS REGIONAL FOUNDATION INC 1199 PRINCE AVE, ATHENS, GA 30606-2797	58-1978389	501 (C) (3)	35,000				PATIENT SUPPORT
(385) PINK-4-EVER INC 8770 COMMERCE PARK PL, INDIANAPOLIS, IN 46268-3172	26-2994557	501 (C) (3)	15,500				PATIENT SUPPORT
(386) POKAGON BAND OF POTAWATOMI HEALTH SERVICES PO BOX 180, DOWAGIAC, MI 49047	38-3278535	TRIBAL GOVERNMENT	73,730				PATIENT SUPPORT
(387) PRESBYTERIAN HOSPITAL FOUNDATION 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103-5614	58-1413074	501 (C) (3)	45,000				PATIENT SUPPORT
(388) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 124 MOUNT AUBURN ST, CAMBRIDGE, MA 02138-5813	04-2103580	501 (C) (3)	1,984,000				EXTRAMURAL RESEARCH GRANT
(389) PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE, PITTSBURGH, PA 15208-1814	25-1300356	501 (C) (3)	30,000				PATIENT SUPPORT
(390) PRINCETON COMMUNITY HOSPITAL FOUNDATION INC 321 12TH STREET EXT, PRINCETON, WV 24740-2356	55-0694209	501 (C) (3)	15,000				PATIENT SUPPORT
(391) PRISMA HEALTH 300 EAST MCBEE AVESUITE 302, GREENVILLE, SC 29601-0000	82-2595551	501 (C) (3)	25,000				PATIENT SUPPORT

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(392) PROGRESSIVE COMMUNITY HEALTH CENTERS INC 3522 W LISBON AVE, MILWAUKEE, WI 53208-1953	39-1958810	501 (C) (3)	20,000				PATIENT SUPPORT
(393) PROMEDICA HEALTH SYSTEM INC 100 MADISON AVE, TOLEDO, OH 43604-1516	34-1517671	501 (C) (3)	10,000				PATIENT SUPPORT
(394) PROVIDENCE GENERAL FOUNDATION 916 PACIFIC AVE, EVERETT, WA 98201-4147	91-1041617	501 (C) (3)	50,000				PATIENT SUPPORT
(395) PROVIDENCE HEALTH & SERVICES WASHINGTON 1801 LIND AVE SW STE 9016, RENTON, WA 98057-3368	51-0216586	501 (C) (3)	30,000				PATIENT SUPPORT
(396) PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON 101 W 8TH AVE, SPOKANE, WA 99204-2307	32-0014330	501 (C) (3)	30,000				PATIENT SUPPORT
(397) PROVIDENCE MEMORIAL HOSPITAL AUXILIARY 2001 N OREGON ST, EL PASO, TX 79902-3320	74-2792375	501 (C) (3)	15,000				PATIENT SUPPORT
(398) PROVIDENCE PORTLAND MEDICAL FOUNDATION 4805 NE GLISAN ST, PORTLAND, OR 97213-2933	93-1231494	501 (C) (3)	25,000				PATIENT SUPPORT
(399) PROVIDENCE REGIONAL MEDICAL CENTER EVERETT 1700 13TH AT, EVERETT, WA 98201-0000	91-0568303	501 (C) (3)	10,000				PATIENT SUPPORT
(400) PROVIDENCE ST JOSEPH EUREKA 2700 DOLBEER STREET, EUREKA, CA 95501	94-1156596	501 (C) (3)	10,000				PATIENT SUPPORT
(401) PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY FLORIDA 1611 NW 12TH AVE, MIAMI, FL 33136-1005	59-1713947	501 (C) (3)	25,000				PATIENT SUPPORT
(402) PURDUE UNIVERSITY 2550 NORTHWESTERN AVENUE 1100, WEST LAFAYETTE, IN 47906-1332	35-6002041	501 (C) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(403) RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA 1001 EMMET ST N, CHARLOTTESVLE, VA 22903-4833	54-6001796	501 (C) (3)	10,000				PATIENT SUPPORT
(404) RED CLIFF HEALTH SERVICES 88385 PIKE RD, BAYFIELD, WI 54814	39-1178866	501 (C) (3)	10,000				PATIENT SUPPORT
(405) REGENTS OF THE UNIVERSITY OF CALIFORNIA 1156 HIGH ST, SANTA CRUZ, CA 95064-1077	94-1539563	501 (C) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(406) REGENTS OF THE UNIVERSITY OF CALIFORNIA 1 SHIELDS AVE, DAVIS, CA 95616-5270	94-6036494	501 (C) (3)	19,165				PATIENT SUPPORT
(407) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 2195 HEARST AVE RM 120 MC 1104, BERKELEY, CA 94720-1083	94-6002123	501 (C) (3)	100,000				PATIENT SUPPORT

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(408) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE 120 THEORY STE 200, IRVINE, CA 92617-3210	95-2226406	501 (C) (3)	538,600				EXTRAMURAL RESEARCH GRANT
(409) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DRIVE MC 0952, LA JOLLA, CA 92093-0952	95-6006144	501 (C) (3)	751,000				EXTRAMURAL RESEARCH GRANT
(410) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DRIVE MC 0952, LA JOLLA, CA 92093-0952	95-6006144	501 (C) (3)	10,000				PATIENT SUPPORT
(411) REGENTS OF THE UNIVERSITY OF COLORADO 1800 N GRANT ST STE 200, DENVER, CO 80203-1125	84-6000555	501 (C) (3)	3,384,400				EXTRAMURAL RESEARCH GRANT
(412) REGENTS OF THE UNIVERSITY OF COLORADO 1800 N GRANT ST STE 200, DENVER, CO 80203-1125	84-6000555	501 (C) (3)	230,000				PATIENT SUPPORT
(413) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST G395 WOLVERINE TOWE, ANN ARBOR, MI 48109-0000	38-6006309	501 (C) (3)	1,821,000				EXTRAMURAL RESEARCH GRANT
(414) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST G395 WOLVERINE TOWE, ANN ARBOR, MI 48109-0000	38-6006309	501 (C) (3)	10,000				PATIENT SUPPORT
(415) REGENTS OF THE UNIVERSITY OF MINNESOTA 600 MCNAMARA ALUMNI CENTER S.E., 20, MINNEAPOLIS, MN 55455	41-6007513	GOVERNMENT	1,032,000				EXTRAMURAL RESEARCH GRANT
(416) REGENTS OF THE UNIVERSITY OF MINNESOTA 600 MCNAMARA ALUMNI CENTER S.E., 20, MINNEAPOLIS, MN 55455	41-6007513	GOVERNMENT	100,000				PATIENT SUPPORT
(417) REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD STE 500, LOS ANGELES, CA 90024-6541	95-6006143	501 (C) (3)	1,559,000				EXTRAMURAL RESEARCH GRANT
(418) REGIONAL MEDICAL CENTER FOUNDATION 3000 ST MATTHEWS ROAD, ORANGEBURG, SC 29118-1442	57-0856299	501 (C) (3)	15,000				PATIENT SUPPORT
(419) REGIONS HOSPITAL FOUNDATION PO BOX 1309, MINNEAPOLIS, MN 55440-1309	41-1888902	501 (C) (3)	9,000				PATIENT SUPPORT
(420) RENOWN HEALTH FOUNDATION 1155 MILL ST CO TAX TREASURY Z-4, RENO, NV 89502-1576	94-2972749	501 (C) (3)	70,000				PATIENT SUPPORT
(421) RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9, ALBANY, NY 12201-0009	14-1368361	501 (C) (3)	792,000				EXTRAMURAL RESEARCH GRANT

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(422) RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK 230 W 41ST ST 7TH FL, NEW YORK, NY 10036-7207	13-1988190	501 (C) (3)	2,613,000				EXTRAMURAL RESEARCH GRANT
(423) RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL 700 CHILDRENS DR, COLUMBUS, OH 43205-2664	31-6056230	501 (C) (3)	1,584,000				EXTRAMURAL RESEARCH GRANT
(424) RIDEOUT MEMORIAL HOSPITAL 1 ADVENTIST HEALTH WAY, ROSEVILLE, CA 95661-3266	94-1387866	501 (C) (3)	30,000				PATIENT SUPPORT
(425) RIVERSIDE HEALTH FOUNDATION PO BOX 9527, WICHITA, KS 67277-0527	48-1142989	501 (C) (3)	40,000				PATIENT SUPPORT
(426) ROANOKE CHOWAN COMMUNITY HEALTH CENTER INC 120 HEALTH CENTER DR, AHOSKIE, NC 27910-8161	42-1638714	501 (C) (3)	10,000				PATIENT SUPPORT
(427) ROCHESTER GENERAL HOSPITAL 100 KINGS HIGHWAY SOUTH, ROCHESTER, NY 14617-5504	16-0743134	501 (C) (3)	15,000				PATIENT SUPPORT
(428) ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION 950 E HARVARD AVE STE 230, DENVER, CO 80210-7006	84-0745018	501 (C) (3)	57,500				PATIENT SUPPORT
(429) ROSWELL PARK CANCER INSTITUTE ELM & CARLTON STREETS C&V ROOM 604, BUFFALO, NY 14263	11-4140215	501 (C) (3)	300,000				EXTRAMURAL RESEARCH GRANT
(430) RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST STE 265, CHICAGO, IL 60612-3228	36-2174823	501 (C) (3)	99,945				PATIENT SUPPORT
(431) RUTGERS UNIVERSITY FOUNDATION 335 GEORGE ST STE 4000, NEW BRUNSWICK, NJ 08901-4013	23-7318742	501 (C) (3)	10,000				PATIENT SUPPORT
(432) SACRED HEART HEALTH SYSTEM INC PO BOX 45998, SAINT LOUIS, MO 63145-5998	59-0634434	501 (C) (3)	55,000				PATIENT SUPPORT
(433) SAINT ELIZABETH FOUNDATION 555 S 70TH ST, LINCOLN, NE 68510-2462	47-0625523	501 (C) (3)	40,000				PATIENT SUPPORT
(434) SAINT FRANCIS FOUNDATION 211 SAINT FRANCIS DR, CPE GIRARDEAU, MO 63703-5049	43-1111276	501 (C) (3)	10,000				PATIENT SUPPORT
(435) SAINT FRANCIS HEALTH SYSTEM INC 6600 S YALE AVE STE 400, TULSA, OK 74136-3319	73-1501972	501 (C) (3)	20,000				PATIENT SUPPORT
(436) SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE, PEORIA, IL 61637-0001	37-0662569	501 (C) (3)	7,500				PATIENT SUPPORT
(437) SAINT JOHNS HEALTH CENTER FOUNDATION 2121 SANTA MONICA BLVD, SANTA MONICA, CA 90404-2303	95-6100079	501 (C) (3)	20,000				PATIENT SUPPORT

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(438) SAINT THOMAS WEST HOSPITAL PO BOX 45998, SAINT LOUIS, MO 63145-5998	62-0347580	501 (C) (3)	7,500				PATIENT SUPPORT
(439) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD, LA JOLLA, CA 92037-1002	95-2160097	501 (C) (3)	351,000				EXTRAMURAL RESEARCH GRANT
(440) SAMUEL U RODGERS HEALTH CENTER INC 825 EUCLID AVE, KANSAS CITY, MO 64124-2323	43-0899356	501 (C) (3)	27,500				PATIENT SUPPORT
(441) SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM 170 CAPP STREET SUITE C, SAN FRANCISCO, CA 94110-1210	94-2897258	501 (C) (3)	20,000				PATIENT SUPPORT
(442) SAN JOAQUIN COMMUNITY HOSPITAL CORPORATION 1 ADVENTIST HEALTH WAY, ROSEVILLE, CA 95661-3266	95-2294234	501 (C) (3)	45,000				PATIENT SUPPORT
(443) SANFORD PO BOX 5039, SIOUX FALLS, SD 57117-5039	31-1527032	501 (C) (3)	50,000				PATIENT SUPPORT
(444) SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE 10901 N TORREY PINES RD, LA JOLLA, CA 92037-1005	51-0197108	501 (C) (3)	1,092,000				EXTRAMURAL RESEARCH GRANT
(445) SARAH CANNON CANCER INSTITUTE AT TRISTAR DIVISION 310 25TH AVENUE NORTH SUITE 307, NASHVILLE, TN 37203	20-1557751	501 (C) (3)	7,000				PATIENT SUPPORT
(446) SARASOTA MEMORIAL HEALTHCARE SYSTEMS 1700 S TAMIAMI TRAIL, SARASOTA, FL 34239	59-6012500	GOVERNMENT	30,000				PATIENT SUPPORT
(447) SCL HEALTH FOUNDATION 500 ELDORADO BLVD STE 4300, BROOMFIELD, CO 80021-3564	82-3290526	501 (C) (3)	58,000				PATIENT SUPPORT
(448) SCOTT & WHITE HEALTHCARE FOUNDATION 301 N WASHINGTON AVE, DALLAS, TX 75246-1754	27-3513154	501 (C) (3)	15,000				PATIENT SUPPORT
(449) SEA-MAR COMMUNITY HEALTH CENTER 1040 S HENDERSON ST, SEATTLE, WA 98108-4720	91-1020139	501 (C) (3)	10,000				PATIENT SUPPORT
(450) SEATTLE CHILDRENS HOSPITAL FOUNDATION PO BOX 5371, SEATTLE, WA 98145-5005	91-1156519	501 (C) (3)	35,000				PATIENT SUPPORT
(451) SENTARA HEALTHCARE 6015 POPLAR HALL DR, NORFOLK, VA 23502-3819	52-1271901	501 (C) (3)	40,000				PATIENT SUPPORT
(452) SHANDS TEACHING HOSPITAL AND CLINICS INC PO BOX 100336, GAINESVILLE, FL 32610-0336	59-1943502	501 (C) (3)	100,000				PATIENT SUPPORT

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(453) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	95-3492461	501 (C) (3)	70,000				PATIENT SUPPORT
(454) SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO RD NW, WASHINGTON, DC 20016-2633	45-0562642	501 (C) (3)	25,000				PATIENT SUPPORT
(455) SINAI HEALTH SYSTEM CALIFORNIA AVENUE AT 15TH STREET, CHICAGO, IL 60608-0000	36-3166895	501 (C) (3)	20,000				PATIENT SUPPORT
(456) SINAI HOSPITAL OF BALTIMORE INC 2401 W BELVEDERE AVE, BALTIMORE, MD 21215-5216	52-0486540	501 (C) (3)	10,000				PATIENT SUPPORT
(457) SINGING RIVER HEALTH SYSTEM 2101 HIGHWAY 90, GAUTIER, MS 39553-5340	64-6000515	501 (C) (3)	8,000				PATIENT SUPPORT
(458) SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC 1337 S 16TH STREET 2ND FLOOR, MILWAUKEE, WI 53204-2712	39-1180475	501 (C) (3)	30,000				PATIENT SUPPORT
(459) SKAGGS FOUNDATION 101 SKAGGS RD STE 404, BRANSON, MO 65616-2062	30-0107007	501 (C) (3)	7,500				PATIENT SUPPORT
(460) SKAGIT VALLEY HOSPITAL FOUNDATION 1415 E KINCAID ST, MOUNT VERNON, WA 98274-4126	94-3078550	501 (C) (3)	10,000				PATIENT SUPPORT
(461) SLIDELL MEMORIAL HOSPITAL 1001 GAUSE BLVD, SLIDELL, LA 70458-2939	72-6014895	501 (C) (3)	22,500				PATIENT SUPPORT
(462) SNELL FOUNDATION 100 CAMPUS DR UNIT 108, SCARBOROUGH, ME 04074-7172	82-3298659	501 (C) (3)	10,000				PATIENT SUPPORT
(463) SOCIETY OF SURGICAL ONCOLOGY INC 9525 BRYN MAWR AVE STE 870, ROSEMONT, IL 60018-5269	13-6161070	501 (C) (3)	15,000				PROGRAM SUPPORT
(464) SOUTHCOAST HOSPITALS GROUP INC 200 MILL RD STE 230, FAIRHAVEN, MA 02719-5258	22-2592333	501 (C) (3)	10,000				PATIENT SUPPORT
(465) SOUTHEAST GEORGIA HEALTH SYSTEM INC 2415 PARKWOOD DR, BRUNSWICK, GA 31520-4722	58-1911751	501 (C) (3)	10,000				PATIENT SUPPORT
(466) SOUTHEAST LOUISIANA VETERANS HEALTHCARE SYSTEM 2400 CANAL ST, NEW ORLEANS, LA 70119	72-0417354	501 (C) (3)	10,000				PATIENT SUPPORT
(467) SOUTHEASTERN HEALTHCARE FOUNDATION PO BOX 100336, GAINESVILLE, FL 32610-0362	59-2357609	501 (C) (3)	25,000				PATIENT SUPPORT
(468) SOUTHERN ARIZONA VA HEALTH CARE SYSTEM 3601 S 6TH AVE, TUCSON, AZ 85723	74-1612229	GOVERNMENT	10,000				PATIENT SUPPORT

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(469) SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC 1660 PRUDENTIAL DR STE 203, JACKSONVILLE, FL 32207-8185	59-0747311	501 (C) (3)	50,000				PATIENT SUPPORT
(470) SOUTHSIDE COMMUNITY HEALTH SERVICES INC 4243 4TH AVE S, MINNEAPOLIS, MN 55409-2113	23-7113799	501 (C) (3)	13,500				PATIENT SUPPORT
(471) SOUTHSIDE MEDICAL CENTER INC 1046 RIDGE AVE SW, ATLANTA, GA 30315-1640	58-1131002	501 (C) (3)	37,500				PATIENT SUPPORT
(472) SOUTH-WEST COMMUNITY HEALTH CENTER INC 46 ALBION ST, BRIDGEPORT, CT 06605-2602	06-1023013	501 (C) (3)	8,125				PATIENT SUPPORT
(473) SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION INC 1701 OAK PARK BLVD, LAKE CHARLES, LA 70601-8911	72-0551963	501 (C) (3)	25,000				PATIENT SUPPORT
(474) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE MC 999, GRAND RAPIDS, MI 49503-2560	38-2752328	501 (C) (3)	80,000				PATIENT SUPPORT
(475) SPRING BRANCH COMMUNITY HEALTH CENTER 800 W SAM HOUSTON PKWY S STE 200, HOUSTON, TX 77042-1914	30-0198705	501 (C) (3)	7,351				PATIENT SUPPORT
(476) SSM HEALTH FOUNDATION ST LOUIS 10101 WOODFIELD LN, ST LOUIS, MO 63132-2946	43-1552945	501 (C) (3)	107,500				PATIENT SUPPORT
(477) ST AGNES HOSPITAL FOUNDATION INC PO BOX 45998, SAINT LOUIS, MO 63145-5998	52-1415083	501 (C) (3)	10,000				PATIENT SUPPORT
(478) ST ALEXIUS MEDICAL CENTER 900 E BROADWAY AVE, BISMARCK, ND 58501-4520	45-0226711	501 (C) (3)	10,000				PATIENT SUPPORT
(479) ST ANTHONY REGIONAL HOSPITAL AND NURSING HOME 311 S CLARK ST, CARROLL, IA 51401-3038	42-0733472	501 (C) (3)	24,000				PATIENT SUPPORT
(480) ST BERNARDS HOSPITAL INC 225 E WASHINGTON AVE, JONESBORO, AR 72401-3111	71-0290019	501 (C) (3)	7,500				PATIENT SUPPORT
(481) ST DOMINIC-JACKSON MEMORIAL HOSPITAL 969 LAKELAND DR, JACKSON, MS 39216-4699	64-0303091	501 (C) (3)	7,000				PATIENT SUPPORT
(482) ST ELIZABETH MEDICAL CENTER INC 1 MEDICAL VILLAGE DR, EDGEWOOD, KY 41017-3403	61-0445850	501 (C) (3)	25,000				PATIENT SUPPORT
(483) ST FRANCIS MEDICAL CENTER INC 4200 ESSEN LN, BATON ROUGE, LA 70809-2158	72-0408970	501 (C) (3)	10,000				PATIENT SUPPORT

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(484) ST JOHNS COMMUNITY HEALTH 808 W 58TH ST, LOS ANGELES, CA 90037-3632	95-4067758	501 (C) (3)	10,000				PATIENT SUPPORT
(485) ST JOHNS HEALTHCARE FOUNDATION 1600 N ROSE AVE, OXNARD, CA 93030-3722	20-2865781	501 (C) (3)	20,000				PATIENT SUPPORT
(486) ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC 3345 MICHELSON DR STE 100, IRVINE, CA 92612-0693	81-4791043	501 (C) (3)	70,000				PATIENT SUPPORT
(487) ST JOSEPHS CANDLER HEALTH SYSTEM IN 5353 REYNOLDS STREET, SAVANNAH, GA 31405-6015	58-2288758	501 (C) (3)	55,000				PATIENT SUPPORT
(488) ST JOSEPHS FOUNDATION OF SAN JOAQUIN 1800 N CALIFORNIA ST, STOCKTON, CA 95204-6019	51-0432777	501 (C) (3)	20,000				PATIENT SUPPORT
(489) ST JUDE CHILDRENS RESEARCH HOSPITAL INC 262 DANNY THOMAS PL, MEMPHIS, TN 38105-3678	62-0646012	501 (C) (3)	1,368,000				EXTRAMURAL RESEARCH GRANT
(490) ST LUKES FOUNDATION 1000 E 1ST ST STE 102, DULUTH, MN 55805-2297	41-1448118	501 (C) (3)	32,500				PATIENT SUPPORT
(491) ST LUKES HEALTH CARE FOUNDATION 810 1ST AVE NE STE 2, CEDAR RAPIDS, IA 52402-5061	42-1106819	501 (C) (3)	7,500				PATIENT SUPPORT
(492) ST MARYS HEALTH CENTER JEFFERSON CITY MISSOURI FOUNDATION 2505 MISSION DR, JEFFERSON CTY, MO 65109-9508	43-1575307	501 (C) (3)	10,000				PATIENT SUPPORT
(493) ST PETERS HOSPITAL FOUNDATION INC 310 SOUTH MANNING BLVD, ALBANY, NY 12208-1771	22-2262982	501 (C) (3)	15,000				PATIENT SUPPORT
(494) ST TAMMANY HOSPITAL FOUNDATION 1202 S TYLER ST, COVINGTON, LA 70433-2330	37-1458857	501 (C) (3)	10,000				PATIENT SUPPORT
(495) ST THOMAS RADIOLOGY ASSOC 9149 ESTATE THOMAS SUITE 103, ST THOMAS, VI 00802	66-0434472	501 (C) (3)	7,500				PATIENT SUPPORT
(496) ST VINCENT HOSPITAL FOUNDATION INC 250 W 96TH ST STE 470, INDIANAPOLIS, IN 46260-1317	35-6088862	501 (C) (3)	15,000				PATIENT SUPPORT
(497) ST VINCENTS FOUNDATION INC PO BOX 45998, SAINT LOUIS, MO 63145-5998	59-2219923	501 (C) (3)	25,000				PATIENT SUPPORT
(498) ST VINCENTS FOUNDATION OF ALABAMA INC PO BOX 45998, SAINT LOUIS, MO 63145-5998	63-0868066	501 (C) (3)	35,000				PATIENT SUPPORT

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(499) STANFORD HEALTH CARE - VALLEYCARE 5555 WEST LAS POSITAS BLVD, PLEASANTON, CA 94588	94-2172862	501 (C) (3)	20,000				PATIENT SUPPORT
(500) STANFORD HEALTH CARE 227 300PASTEUR DR MC 5510, STANFORD, CA 94305-2200	94-6174066	501 (C) (3)	50,000				PATIENT SUPPORT
(501) STEPHENSON CANCER CENTER 800 NE 10TH ST, OKLAHOMA CITY, OK 73104	73-1477155	GOVERNMENT	7,500				PATIENT SUPPORT
(502) STORMONT VAIL FOUNDATION 1500 SW 10TH AVE, TOPEKA, KS 66604- 1301	48-0980926	501 (C) (3)	10,000				PATIENT SUPPORT
(503) SUMMA HEALTH SYSTEM 1077 GORGE BLVD, AKRON, OH 44310-2408	34-0714755	501 (C) (3)	10,000				PATIENT SUPPORT
(504) SUNRISE COMMUNITY HEALTH 2930 11TH AVE, EVANS, CO 80620-1011	84-0613289	501 (C) (3)	20,000				PATIENT SUPPORT
(505) SUTTER HEALTH 2200 RIVER PLAZA DR, SACRAMENTO, CA 95833-4134	94-2788907	501 (C) (3)	50,000				PATIENT SUPPORT
(506) SUTTER MEDICAL CENTER FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR, SACRAMENTO, CA 95833-0000	94-2788906	501 (C) (3)	20,000				PATIENT SUPPORT
(507) SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY, SEATTLE, WA 98122-4379	91-0983214	501 (C) (3)	30,000				PATIENT SUPPORT
(508) TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION INC 1300 MICCOSUKEE RD, TALLAHASSEE, FL 32308-5054	59-1727645	501 (C) (3)	60,000				PATIENT SUPPORT
(509) TAMPA FAMILY HEALTH CENTERS INC 12416 N NEBRASKA AVENUE, TAMPA, FL 33612-0000	59-2420282	501 (C) (3)	6,000				PATIENT SUPPORT
(510) TAMPA GENERAL HOSPITAL FOUNDATION INC P O BOX 1289 RM H-149, TAMPA, FL 33601- 1289	23-7354477	501 (C) (3)	35,000				PATIENT SUPPORT
(511) TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220, SANTA BARBARA, CA 93105-3185	14-1872081	501 (C) (3)	70,000				PATIENT SUPPORT
(512) TEMPLE UNIVERSITY HOSPITAL INC 3509 N BROAD ST BOYER PAV 225, PHILADELPHIA, PA 19140-4105	23-2825878	501 (C) (3)	30,000				PATIENT SUPPORT
(513) TEMPLE UNIVERSITY-OF THE COMMONWEALTH SYSTEM OF HIGHER EDUC 1801 N BROAD ST, PHILADELPHIA, PA 19122-6003	23-1365971	501 (C) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(514) TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS INC 5900 SOUTHWEST PKWY BLDG 3, AUSTIN, TX 78735-6205	74-2308695	501 (C) (3)	35,813				PATIENT SUPPORT

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(515) TEXAS CHILDRENS HOSPITAL 6330 WEST LOOP S 13TH FL, BELLAIRE, TX 77401-2928	74-1100555	501 (C) (3)	54,500				PATIENT SUPPORT
(516) TEXAS ONCOLOGY FOUNDATION INC 12221 MERIT DR STE 500, DALLAS, TX 75251-3100	75-2705785	501 (C) (3)	87,500				PATIENT SUPPORT
(517) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO 5001 EL PASO DRIVE, EL PASO, TX 79905	75-2668018	GOVERNMENT	792,000				EXTRAMURAL RESEARCH GRANT
(518) THE AMERICAN ONCOLOGIC HOSPITAL 3509 N BROAD ST BOYER PAV 225, PHILADELPHIA, PA 19140-4105	23-1352156	501 (C) (3)	30,000				PATIENT SUPPORT
(519) THE BOARD OF GOVERNORS 5700 CASS AVENUE STE 3800, DETROIT, MI 48202-3692	38-6028429	501 (C) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(520) THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 485 BROADWAY F12 MC 8838, REDWOOD CITY, CA 94063-0000	94-1156365	501 (C) (3)	1,066,802				EXTRAMURAL RESEARCH GRANT
(521) THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 485 BROADWAY F12 MC 8838, REDWOOD CITY, CA 94063-0000	94-1156365	501 (C) (3)	100,000				PATIENT SUPPORT
(522) THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 506 S WRIGHT ST 209 HAB NO MC339, URBANA, IL 61801-3620	37-6000511	501 (C) (3)	36,875				PATIENT SUPPORT
(523) THE CARLE FOUNDATION 611 W PARK ST, URBANA, IL 61801-2529	37-0673465	501 (C) (3)	15,000				PATIENT SUPPORT
(524) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BOULEVARD, PHILADELPHIA, PA 19104-4388	23-1352166	501 (C) (3)	729,000				EXTRAMURAL RESEARCH GRANT
(525) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BOULEVARD, PHILADELPHIA, PA 19104-4388	23-1352166	501 (C) (3)	132,299				PATIENT SUPPORT
(526) THE CLEVELAND CLINIC FOUNDATION 6801 BRECKSVILLE RD RK1-85, INDEPENDENCE, OH 44131-5032	34-0714585	501 (C) (3)	1,092,000				EXTRAMURAL RESEARCH GRANT
(527) THE CLEVELAND CLINIC FOUNDATION 6801 BRECKSVILLE RD RK1-85, INDEPENDENCE, OH 44131-5032	34-0714585	501 (C) (3)	30,000				PATIENT SUPPORT
(528) THE DENVER HEALTH AND HOSPITALS FOUNDATION 777 BANNOCK STREET MC0111, DENVER, CO 80204-4507	84-1085196	501 (C) (3)	12,499				PATIENT SUPPORT
(529) THE FAMILY HEALTH CENTERS OF GEORGIA INC 868 YORK AVE SW, ATLANTA, GA 30310- 2750	58-1233448	501 (C) (3)	10,000				PATIENT SUPPORT

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(530) THE GEORGIA HEALTH SCIENCES FOUNDATION INC 1120 15TH ST - AD - 1104, AUGUSTA, GA 30912-0001	35-2310573	501 (C) (3)	35,000				PATIENT SUPPORT
(531) THE HENRY W GRADY HEALTH SYSTEM FOUNDATION INC 191 PEACHTREE ST NE STE 820, ATLANTA, GA 30303-1755	58-2130437	501 (C) (3)	50,660				PATIENT SUPPORT
(532) THE HUNTSVILLE HOSPITAL FOUNDATION INC 801 CLINTON AVE E, HUNTSVILLE, AL 35801-3622	63-0752604	501 (C) (3)	7,500				PATIENT SUPPORT
(533) THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE 5, NEW YORK, NY 10035-1217	13-3273402	501 (C) (3)	12,500				PATIENT SUPPORT
(534) THE JOHNS HOPKINS HOSPITAL 3910 KESWICK RD S BLDG NO 4300A, BALTIMORE, MD 21211-2226	52-0591656	501 (C) (3)	30,000				PATIENT SUPPORT
(535) THE LAKES COMMUNITY HEALTH CENTER INC 7665 US HIGHWAY 2, IRON RIVER, WI 54847-4690	35-2297925	501 (C) (3)	21,728				PATIENT SUPPORT
(536) THE MEDICAL CENTER INC 710 CENTER ST, COLUMBUS, GA 31901-1527	58-1685139	501 (C) (3)	10,000				PATIENT SUPPORT
(537) THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD, MILWAUKEE, WI 53226-3548	39-0806261	501 (C) (3)	1,440,000				EXTRAMURAL RESEARCH GRANT
(538) THE MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION 18 BEE ST, CHARLESTON, SC 29425-8910	57-6028985	501 (C) (3)	35,000				PATIENT SUPPORT
(539) THE MOREHOUSE SCHOOL OF MEDICINE INC 720 WESTVIEW DR SW, ATLANTA, GA 30310-1458	58-1438873	501 (C) (3)	132,000				EXTRAMURAL RESEARCH GRANT
(540) THE MOSES H CONE MEMORIAL HOSPITAL OPERATING CORPORATION 1200 N ELM ST, GREENSBORO, NC 27401-1004	58-1588823	501 (C) (3)	50,000				PATIENT SUPPORT
(541) THE NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CTR, OMAHA, NE 68198-8145	91-1858433	501 (C) (3)	10,000				PATIENT SUPPORT
(542) THE ONCOLOGY INSTITUTE, INC. 18000 STUDEBAKER RD 800, CERRITOS, CA 90703	84-3562323		10,000				PATIENT SUPPORT
(543) THE PENNSYLVANIA STATE UNIVERSITY PO BOX 850, HERSHEY, PA 17033-0850	24-6000376	GOVERNMENT	1,015,635				EXTRAMURAL RESEARCH GRANT
(544) THE PROVIDENCE COMMUNITY HEALTH CENTERS INC 375 ALLENS AVE, PROVIDENCE, RI 02905-5010	05-0368134	501 (C) (3)	10,000				PATIENT SUPPORT

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(545) THE QUEENS HEALTH SYSTEM 1301 PUNCHBOWL STREET, HONOLULU, HI 96813	99-0301698	501 (C) (3)	45,000				PATIENT SUPPORT
(546) THE RECTOR & VISITORS OF THE PO BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001795	501 (C) (3)	480,000				EXTRAMURAL RESEARCH GRANT
(547) THE SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION 1692 SKYLYN DR, SPARTANBURG, SC 29307-1058	57-0937166	501 (C) (3)	15,000				PATIENT SUPPORT
(548) THE UCLA FOUNDATION 201 GSEIS BLDG, LOS ANGELES, CA 90095-0001	95-2250801	501 (C) (3)	20,000				PATIENT SUPPORT
(549) THE UNIVERSITY OF TEXAS HEALTH 7703 FLOYD CURL DR, SAN ANTONIO, TX 78229-3900	74-1761309	501 (C) (3)	75,000				EXTRAMURAL RESEARCH GRANT
(550) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR MSC 7828, SAN ANTONIO, TX 78229-3900	74-1586031	GOVERNMENT	6,719,500				EXTRAMURAL RESEARCH GRANT
(551) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR MSC 7828, SAN ANTONIO, TX 78229-3900	74-1586031	GOVERNMENT	120,000				PATIENT SUPPORT
(552) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER 11937 US HWY 271, TYLER, TX 75708-3154	75-6001354	GOVERNMENT	10,000				PATIENT SUPPORT
(553) THE UPSTATE FOUNDATION INC 750 E ADAMS ST, SYRACUSE, NY 13210-2306	16-1068101	501 (C) (3)	10,000				PATIENT SUPPORT
(554) THEDACARE FAMILY OF FOUNDATIONS INC PO BOX 8025, APPLETON, WI 54912-8025	46-4112255	501 (C) (3)	15,000				PATIENT SUPPORT
(555) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST, PHILADELPHIA, PA 19107-5587	23-1352651	501 (C) (3)	729,000				EXTRAMURAL RESEARCH GRANT
(556) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST, PHILADELPHIA, PA 19107-5587	23-1352651	501 (C) (3)	100,000				PATIENT SUPPORT
(557) THOMAS JEFFERSON UNIVERSITY HOSPITAL 111 S 11TH ST, PHILADELPHIA, PA 19107-4824	23-2829095	501 (C) (3)	30,000				PATIENT SUPPORT
(558) THOMPSON CANCER SURVIVAL FOUNDATION 1420 CENTERPOINT BLVD BLDG C, KNOXVILLE, TN 37932-1960	58-2130450	501 (C) (3)	6,250				PATIENT SUPPORT
(559) TOTAL HEALTH CARE INC 1501 DIVISION ST, BALTIMORE, MD 21217-3121	23-7267007	501 (C) (3)	10,000				PATIENT SUPPORT
(560) TOURO INFIRMARY FOUNDATION 1401 FOUCHER ST, NEW ORLEANS, LA 70115-3515	72-1169939	501 (C) (3)	25,000				PATIENT SUPPORT

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(561) TRAVELERS AID SOCIETY OF SAN DIEGO INC 2615 CAMINO DEL RIO S STE 103, SAN DIEGO, CA 92108-3713	95-1727674	501 (C) (3)	15,000				PATIENT SUPPORT
(562) TRICIAS TROOPS INC 394 WILLIAMSTOWNE STE 103, DELAFIELD, WI 53018-2322	27-3779727	501 (C) (3)	30,000				PATIENT SUPPORT
(563) TRIHEALTH CANCER INSTITUTE 5520 CHEVIOT ROAD, CINCINNATI, OH 45247	20-2305158	OTHER	10,000				PATIENT SUPPORT
(564) TRINITY HEALTH PO BOX 5020, MINOT, ND 58702-5020	45-0215346	501 (C) (3)	30,000				PATIENT SUPPORT
(565) TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY, LIVONIA, MI 48152-7031	35-1443425	501 (C) (3)	10,000				PATIENT SUPPORT
(566) TRINITY HEALTH-MICHIGAN 200 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503-4502	38-2113393	501 (C) (3)	10,000				PATIENT SUPPORT
(567) TRUMAN MEDICAL CENTER CHARITABLE FOUNDATION 2310 HOLMES ST STE 735, KANSAS CITY, MO 64108-2602	43-1194064	501 (C) (3)	20,000				PATIENT SUPPORT
(568) TRUSTEES OF BOSTON UNIVERSITY 25 BUICK ST, BOSTON, MA 02215-1301	04-2103547	501 (C) (3)	643,651				EXTRAMURAL RESEARCH GRANT
(569) TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON ST STE 302 6015, HANOVER, NH 03755-2112	02-0222111	501 (C) (3)	1,200,000				EXTRAMURAL RESEARCH GRANT
(570) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST RM 310, PHILADELPHIA, PA 19104-6205	23-1352685	501 (C) (3)	5,404,260				EXTRAMURAL RESEARCH GRANT
(571) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST RM 310, PHILADELPHIA, PA 19104-6205	23-1352685	501 (C) (3)	10,000				PATIENT SUPPORT
(572) TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON ST BOX 811, BOSTON, MA 02111-1552	04-3400617	501 (C) (3)	100,000				EXTRAMURAL RESEARCH GRANT
(573) TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON ST BOX 811, BOSTON, MA 02111-1552	04-3400617	501 (C) (3)	17,500				PATIENT SUPPORT
(574) UAB EDUCATIONAL FOUNDATION 1717 11TH AVENUE SOUTH S103A, BIRMINGHAM, AL 35205-4731	63-6155094	501 (C) (3)	10,000				PATIENT SUPPORT
(575) UAMS AUXILIARY 4301 W MARKHAM SLOT 527, LITTLE ROCK, AR 72205	71-6046242	501 (C) (3)	15,000				PATIENT SUPPORT
(576) UC HEALTH FOUNDATION 3200 BURNET AVE, CINCINNATI, OH 45229-3019	26-1594868	501 (C) (3)	10,000				PATIENT SUPPORT

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(577) UCHEALTH NORTHERN COLORADO FOUNDATION 2315 E HARMONY RD STE 200, FORT COLLINS, CO 80528-8620	74-1894581	501 (C) (3)	20,000				PATIENT SUPPORT
(578) UMASS MEMORIAL HEALTH CARE INC 306 BELMONT ST, WORCESTER, MA 01604-1004	91-2155626	501 (C) (3)	10,000				PATIENT SUPPORT
(579) UMC FOUNDATION PO BOX 5980, LUBBOCK, TX 79408-5980	75-1639312	501 (C) (3)	10,000				PATIENT SUPPORT
(580) UNC HEALTH FOUNDATION INC 123 W FRANKLIN ST STE 510, CHAPEL HILL, NC 27516-2684	56-6057494	501 (C) (3)	10,000				PATIENT SUPPORT
(581) UNITEMKE 2474 N 37TH ST, MILWAUKEE, WI 53210-3044	81-4652827	501 (C) (3)	30,000				PATIENT SUPPORT
(582) UNIVERSITY COMMUNITY HEALTH SERVICES INC 601 BENTON AVE, NASHVILLE, TN 37204-2303	62-1438461	501 (C) (3)	10,000				PATIENT SUPPORT
(583) UNIVERSITY HEALTH CARE FOUNDATION INC 2260 WRIGHTSBORO RD, AUGUSTA, GA 30904-4764	58-1343550	501 (C) (3)	15,000				PATIENT SUPPORT
(584) UNIVERSITY HEALTH SYSTEM FOUNDATION 4502 MEDICAL DR MSC 1-2, SAN ANTONIO, TX 78229-4402	74-2335396	501 (C) (3)	5,500				PATIENT SUPPORT
(585) UNIVERSITY HEALTH SYSTEM INC 1924 ALCOA HWY, KNOXVILLE, TN 37920-1511	31-1626179	501 (C) (3)	15,000				PATIENT SUPPORT
(586) UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA FOUNDATION INC 690 MEDICAL DR, GREENVILLE, NC 27834-7503	20-0777374	501 (C) (3)	7,500				PATIENT SUPPORT
(587) UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO 303 N OREGON ST STE 1200, EL PASO, TX 79901-1257	74-2540513	501 (C) (3)	10,000				PATIENT SUPPORT
(588) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH, BIRMINGHAM, AL 35294	63-6005396	501 (C) (3)	1,957,700				EXTRAMURAL RESEARCH GRANT
(589) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH, BIRMINGHAM, AL 35294	63-6005396	501 (C) (3)	200,000				PATIENT SUPPORT
(590) UNIVERSITY OF ARIZONA PO BOX 3520, TUCSON, AZ 85722-3520	74-2652689	SECTION 115	1,932,000				EXTRAMURAL RESEARCH GRANT
(591) UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF BOX 0815 SUITE 425, SAN FRANCISCO, CA 94143-0000	94-6036493	501 (C) (3)	1,723,936				EXTRAMURAL RESEARCH GRANT

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(592) UNIVERSITY OF CALIFORNIA SANTA BARBARA 3201 SAASB BUILDING PAYROLL OFFICE, SANTA BARBARA, CA 93106-0001	95-6006145	501 (C) (3)	175,500				EXTRAMURAL RESEARCH GRANT
(593) UNIVERSITY OF CHICAGO 6054 S DREXEL AVESUITE 400, CHICAGO, IL 60637-0000	36-2177139	501 (C) (3)	1,606,000				EXTRAMURAL RESEARCH GRANT
(594) UNIVERSITY OF CHICAGO 6054 S DREXEL AVESUITE 400, CHICAGO, IL 60637-0000	36-2177139	501 (C) (3)	100,000				PATIENT SUPPORT
(595) UNIVERSITY OF CINCINNATI PO BOX 210061, CINCINNATI, OH 45221- 0061	31-6000989	GOVERNMENT	599,580				EXTRAMURAL RESEARCH GRANT
(596) UNIVERSITY OF COLORADO HOSPITAL AUTHORITY 7901 E LOWRY BLVD STE 350, DENVER, CO 80230-6510	84-1179794	501 (C) (3)	15,000				PATIENT SUPPORT
(597) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE, FARMINGTON, CT 06030-5360	52-1725543	GOVERNMENT	7,500				PATIENT SUPPORT
(598) UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS INC 653 W 8TH ST, JACKSONVILLE, FL 32209- 6511	59-1867557	501 (C) (3)	25,000				PATIENT SUPPORT
(599) UNIVERSITY OF ILLINOIS CHICAG 28395 NETWORK PLACE, CHICAGO, IL 60673-1283	37-6000061	501 (C) (6)	1,523,500				EXTRAMURAL RESEARCH GRANT
(600) UNIVERSITY OF IOWA S120 CARVER HAWKEYE ARENA, IOWA CITY, IA 52242	42-6004813	GOVERNMENT	748,000				EXTRAMURAL RESEARCH GRANT
(601) UNIVERSITY OF IOWA S120 CARVER HAWKEYE ARENA, IOWA CITY, IA 52242	42-6004813	GOVERNMENT	30,000				PATIENT SUPPORT
(602) UNIVERSITY OF KANSAS HOSPITAL AUTHORITY 3901 RAINBOW BLVD, KANSAS CITY, KS 66160	48-1202402	GOVERNMENT	33,000				PATIENT SUPPORT
(603) UNIVERSITY OF KENTUCKY 239 STUDENT CENTER, LEXINGTON, KY 40506-0030	61-6001218	501 (C) (3)	1,305,000				EXTRAMURAL RESEARCH GRANT
(604) UNIVERSITY OF KENTUCKY MARKEY CANCER FOUNDATION INC 800 ROSE ST, LEXINGTON, KY 40536-7001	31-0944925	501 (C) (3)	75,000				PATIENT SUPPORT
(605) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 301 PETERSON SERVICE BUILDING, LEXINGTON, KY 40506-0001	61-6033693	501 (C) (3)	100,000				PATIENT SUPPORT
(606) UNIVERSITY OF LOUISVILLE FOUNDATION INC 215 CENTRAL AVE STE 212, LOUISVILLE, KY 40208-1451	23-7078461	501 (C) (3)	85,000				PATIENT SUPPORT

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(607) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC 2215 S BROOK ST, LOUISVILLE, KY 40208-1874	61-1029626	501 (C) (3)	823,200				EXTRAMURAL RESEARCH GRANT
(608) UNIVERSITY OF MARYLAND 4101 CHESAPEAKE BUILDING, COLLEGE PARK, MD 20742	52-6002033	GOVERNMENT	978,000				EXTRAMURAL RESEARCH GRANT
(609) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC 220 ARCH ST, BALTIMORE, MD 21201-1531	31-1678679	501 (C) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(610) UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION INC 22 S GREENE ST, BALTIMORE, MD 21201-1544	52-2238893	501 (C) (3)	97,268				PATIENT SUPPORT
(611) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH, WORCESTER, MA 01655	04-6014838	GOVERNMENT	175,500				EXTRAMURAL RESEARCH GRANT
(612) UNIVERSITY OF MIAMI PO BOX 248106, CORAL GABLES, FL 33124-8106	59-0624458	501 (C) (3)	1,708,744				EXTRAMURAL RESEARCH GRANT
(613) UNIVERSITY OF MIAMI PO BOX 248106, CORAL GABLES, FL 33124-8106	59-0624458	501 (C) (3)	20,000				PATIENT SUPPORT
(614) UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE 1120 NW 14TH STREET SUITE 650K, MIAMI, FL 33136	59-2579805	501 (C) (3)	7,500				PATIENT SUPPORT
(615) UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST SE STE 500, MINNEAPOLIS, MN 55455-2010	41-6042488	501 (C) (3)	10,000				PATIENT SUPPORT
(616) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N STATE ST, JACKSON, MS 39216-4505	64-6008520	GOVERNMENT	10,000				PATIENT SUPPORT
(617) UNIVERSITY OF NEBRASKA BOARD OF REGENTS 3835 HOLDREGE ST, LINCOLN, NE 68503-1435	47-0049123	501 (C) (3)	1,272,000				EXTRAMURAL RESEARCH GRANT
(618) UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO, ALBUQUERQUE, NM 87131-0001	85-6000642	GOVERNMENT	781,000				EXTRAMURAL RESEARCH GRANT
(619) UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO, ALBUQUERQUE, NM 87131-0001	85-6000642	GOVERNMENT	135,000				PATIENT SUPPORT
(620) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CB1270, CHAPEL HILL, NC 27599-1270	56-6001393	501 (C) (3)	470,500				EXTRAMURAL RESEARCH GRANT
(621) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CB1270, CHAPEL HILL, NC 27599-1270	56-6001393	501 (C) (3)	130,000				PATIENT SUPPORT

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(622) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY, URP865-490, OKLAHOMA CITY, OK 73104	73-1563627	501 (C) (3)	186,000				EXTRAMURAL RESEARCH GRANT
(623) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY, URP865-490, OKLAHOMA CITY, OK 73104	73-1563627	501 (C) (3)	100,000				PATIENT SUPPORT
(624) UNIVERSITY OF PITTSBURGH 6614 CLAYTON ROAD, PITTSBURGH, PA 15251-7220	25-0965591	501 (C) (3)	869,781				EXTRAMURAL RESEARCH GRANT
(625) UNIVERSITY OF PITTSBURGH 6614 CLAYTON ROAD, PITTSBURGH, PA 15251-7220	25-0965591	501 (C) (3)	25,000				PATIENT SUPPORT
(626) UNIVERSITY OF ROCHESTER 910 GENESEE ST, ROCHESTER, NY 14611	16-0743209	501 (C) (3)	936,000				EXTRAMURAL RESEARCH GRANT
(627) UNIVERSITY OF ROCHESTER 910 GENESEE ST, ROCHESTER, NY 14611	16-0743209	501 (C) (3)	15,000				PATIENT SUPPORT
(628) UNIVERSITY OF SOUTH ALABAMA 307 UNIV BLVD N STE AD 170, MOBILE, AL 36688-0001	63-0477348	501 (C) (3)	35,000				PATIENT SUPPORT
(629) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK, LOS ANGELES, CA 90089-0001	95-1642394	501 (C) (3)	2,499,819				EXTRAMURAL RESEARCH GRANT
(630) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK, LOS ANGELES, CA 90089-0001	95-1642394	501 (C) (3)	120,000				PATIENT SUPPORT
(631) UNIVERSITY OF TEXAS AT AUSTIN 171 TRINITY ST, AUSTIN, TX 78712	74-6000203	GOVERNMENT	219,500				EXTRAMURAL RESEARCH GRANT
(632) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD, DALLAS, TX 75390-9020	75-6002868	GOVERNMENT	100,000				PATIENT SUPPORT
(633) UNIVERSITY OF TX MD ANDERSON CANCER CTR PO BOX 4266, HOUSTON, TX 77210-4266	74-6001118	501 (C) (3)	3,979,500				EXTRAMURAL RESEARCH GRANT
(634) UNIVERSITY OF UTAH RESEARCH FOUNDATION 201 SOUTH PRESIDENTS CIRCLE, SALT LAKE CITY, UT 84112-9049	23-7112869	501 (C) (3)	1,572,000				EXTRAMURAL RESEARCH GRANT
(635) UNIVERSITY OF UTAH RESEARCH FOUNDATION 201 SOUTH PRESIDENTS CIRCLE, SALT LAKE CITY, UT 84112-9049	23-7112869	501 (C) (3)	245,000				PATIENT SUPPORT
(636) UNIVERSITY OF VERMONT MEDICAL CENTER INC 111 COLCHESTER AVE, BURLINGTON, VT 05401-1473	03-0219309	501 (C) (3)	20,000				PATIENT SUPPORT
(637) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, SEATTLE, WA 98195-9472	91-6001537	GOVERNMENT	275,500				EXTRAMURAL RESEARCH GRANT

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(638) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, SEATTLE, WA 98195-9472	91-6001537	GOVERNMENT	10,000				PATIENT SUPPORT
(639) UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVE, MADISON, WI 53726-4090	39-0743975	501 (C) (3)	789,000				EXTRAMURAL RESEARCH GRANT
(640) UPMC 600 GRANT ST 58TH FLR CORP TAX, PITTSBURGH, PA 15219-2739	20-8295721	501 (C) (3)	20,000				PATIENT SUPPORT
(641) UPMC 600 GRANT ST58TH FLOOR TOWER, PITTSBURG, PA 15219-2739	25-0965420	501 (C) (3)	42,500				PATIENT SUPPORT
(642) UPMC COMMUNITY MEDICINE INC 600 GRANT ST 56TH FL, PITTSBURGH, PA 15219-2730	25-1727721	501 (C) (3)	15,000				PATIENT SUPPORT
(643) UPMC HILLMAN CANCER CENTER 9100 BABCOCK BLVD GROUND FL CANCER , PITTSBURGH, PA 15237	83-3640945	OTHER - C CORP	40,000				PATIENT SUPPORT
(644) UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753, DALLAS, TX 75284-1753	75-6042147	501 (C) (3)	1,544,000				EXTRAMURAL RESEARCH GRANT
(645) UT SOUTHWESTERN MONCRIEF CANCER CENTER 400 W MAGNOLIA AVE, FORT WORTH, TX 76104-7617	75-2655008	501 (C) (3)	10,000				PATIENT SUPPORT
(646) UTAH CANCER SPECIALISTS PC 1121 E 3900 S STE \$C230, SALT LAKE CITY, UT 84124	87-0519691		10,000				PATIENT SUPPORT
(647) VA ANN ARBOR HEALTHCARE SYSTEM 2215 FULLER ROAD, ANN ARBOR, MI 48105- 2303	38-3149486	GOVERNMENT	20,000				PATIENT SUPPORT
(648) VALLEYWISE HEALTH 2601 E ROOSEVELT, PHOENIX, AZ 85008	86-0830701	501 (C) (3)	19,355				PATIENT SUPPORT
(649) VAN WAGNER SPORTS & ENTERTAINMENT LLC 800 3RD AVE FL 28, NEW YORK, NY 10022	48-1290227		7,500				PROGRAM SUPPORT
(650) VANDERBILT UNIVERSITY 2301 VANDERBILT PL PMB 406310, NASHVILLE, TN 37240-7727	62-0476822	501 (C) (3)	321,834				EXTRAMURAL RESEARCH GRANT
(651) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE S SUITE D3300 MCN, NASHVILLE, TN 37232-0011	35-2528741	501 (C) (3)	2,958,000				EXTRAMURAL RESEARCH GRANT
(652) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE S SUITE D3300 MCN, NASHVILLE, TN 37232-0011	35-2528741	501 (C) (3)	157,581				PATIENT SUPPORT
(653) VENICE FAMILY CLINIC 604 ROSE AVE, VENICE, CA 90291-2767	95-2769432	501 (C) (3)	22,500				PATIENT SUPPORT

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(654) VIRGINIA COMMONWEALTH UNIV VCU STUDENT HEALTH SERVICES BOX 842, RICHMOND, VA 23284-2022	54-6001758	501 (C) (3)	1,402,000				EXTRAMURAL RESEARCH GRANT
(655) VIRGINIA COMMONWEALTH UNIV VCU STUDENT HEALTH SERVICES BOX 842, RICHMOND, VA 23284-2022	54-6001758	501 (C) (3)	217,000				PATIENT SUPPORT
(656) VIRGINIA MASON MEDICAL CENTER 1100 9TH AVE, SEATTLE, WA 98101-2756	91-0565539	501 (C) (3)	10,000				PATIENT SUPPORT
(657) VISITING NURSE ASSOCIATION HEALTH GROUP INC 23 MAIN ST STE D1, HOLMDEL, NJ 07733-2136	22-2500029	501 (C) (3)	37,500				PATIENT SUPPORT
(658) VITAL ACCESS CARE FOUNDATION 17150 NEWHOPE ST STE 203, FOUNTAIN VLY, CA 92708-4250	91-2170415	501 (C) (3)	10,000				PATIENT SUPPORT
(659) VMC FOUNDATION 2400 CLOVE DR, SAN JOSE, CA 95128-4703	77-0187890	501 (C) (3)	20,000				PATIENT SUPPORT
(660) VNA HEALTH CARE 400 N HIGHLAND AVE, AURORA, IL 60506-3814	36-2182095	501 (C) (3)	12,500				PATIENT SUPPORT
(661) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD, WINSTONSALEM, NC 27157-0001	22-3849199	501 (C) (3)	546,000				EXTRAMURAL RESEARCH GRANT
(662) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD, WINSTONSALEM, NC 27157-0001	22-3849199	501 (C) (3)	109,500				PATIENT SUPPORT
(663) WASHINGTON UNIVERSITY 700 ROSEDALE AVE MS1000042301, ST LOUIS, MO 63112-1408	43-0653611	501 (C) (3)	25,000				PATIENT SUPPORT
(664) WATAUGA MEDICAL CENTER INC PO BOX 2600, BOONE, NC 28607-2600	56-0510824	501 (C) (3)	15,000				PATIENT SUPPORT
(665) WATTS HEALTHCARE CORPORATION 10300 COMPTON AVE, LOS ANGELES, CA 90002-3628	75-3046480	501 (C) (3)	10,000				PATIENT SUPPORT
(666) WEILL MED COLLEGE OF CORNELL U 1300 YORK AVE BXO 89, NEW YORK, NY 10065	13-1623978	501 (C) (3)	1,812,000				EXTRAMURAL RESEARCH GRANT
(667) WELD LEGACY FOUNDATION 815 8TH AVE, GREELEY, CO 80631-1102	84-0718355	501 (C) (3)	10,000				PATIENT SUPPORT
(668) WELLSPAN HEALTH PO BOX 2767, YORK, PA 17405-2767	22-2517863	501 (C) (3)	15,000				PATIENT SUPPORT
(669) WELLSTAR FOUNDATION INC 793 SAWYER RD, MARIETTA, GA 30062-2222	58-1627413	501 (C) (3)	17,000				PATIENT SUPPORT
(670) WEST JEFFERSON HOSPITAL FOUNDATION 1101 MEDICAL CENTER BLVD, MARRERO, LA 70072-3147	27-0082033	501 (C) (3)	10,000				PATIENT SUPPORT

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(671) WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650, MORGANTOWN, WV 26507-1650	55-6017181	501 (C) (3)	15,000				PATIENT SUPPORT
(672) WHEELER CLINIC INC 91 NORTHWEST DR, PLAINVILLE, CT 06062-1552	06-0867065	501 (C) (3)	5,063				PATIENT SUPPORT
(673) WHITE MEMORIAL MEDICAL CENTER CHARITABLE FOUNDATION 1720 E CESAR E CHAVEZ AVE, LOS ANGELES, CA 90033-2414	95-3760201	501 (C) (3)	10,000				PATIENT SUPPORT
(674) WHITE PLAINS HOSPITAL MEDICAL CENTER 41 E POST RD, WHITE PLAINS, NY 10601-4607	13-1740130	501 (C) (3)	10,000				PATIENT SUPPORT
(675) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 455 MAIN ST, CAMBRIDGE, MA 02142-1025	06-1043412	501 (C) (3)	111,000				EXTRAMURAL RESEARCH GRANT
(676) WILLIAM MARSH RICE UNIVERSITY 6100 MAIN ST, HOUSTON, TX 77005-1827	74-1109620	501 (C) (3)	792,000				EXTRAMURAL RESEARCH GRANT
(677) WILLIS-KNIGHTON MEDICAL CENTER PO BOX 1768, SHREVEPORT, LA 71166-1768	72-0400933	501 (C) (3)	35,000				PATIENT SUPPORT
(678) WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVE, WINCHESTER, MA 01890-1446	04-3399570	501 (C) (3)	12,500				PATIENT SUPPORT
(679) WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 4 RICHMOND SQUARE 4TH FLOOR, PROVIDENCE, RI 02906-5117	05-0258937	501 (C) (3)	10,000				PATIENT SUPPORT
(680) X-RAY ASSOCIATES OF NEW MEXICO PC 8020 CONSTITUTION PLACE NE SUITE 20, ALBUQUERQUE, NM 87110	85-0264164		10,000				PATIENT SUPPORT
(681) YALE UNIVERSITY PO BOX 208356, NEW HAVEN, CT 06520-8356	06-0646973	501 (C) (3)	1,321,410				EXTRAMURAL RESEARCH GRANT
(682) YVONNE ASHLEY GALIBER FOUNDATION - YAG INC PO BOX 356, CHRISTIANSTED, VI 00821-0356	66-0687232	501 (C) (3)	7,500				PATIENT SUPPORT
(683) AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. 655 15TH STREET, NW, SUITE 503, WASHINGTON, DC 20005	52-2340031	501 (C) (4)	36,352,310				PROGRAM SUPPORT
(684) AMERICAN CANCER SOCIETY INC., PUERTO RICO INC. URB LA MERCED 566 CALLE ALVERIO, HATO REY, PR 00918	66-0321594	501 (C) (3)	1,012,908				EXTRAMURAL RESEARCH GRANT

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>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, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE TO BE SUBMITTED EACH YEAR WITHIN 60 DAYS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN 60 DAYS AFTER THE GRANT HAS TERMINATED. THE SCIENTIFIC REPORT INCLUDES:</p> <p>(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.</p> <p>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.</p> <p>FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT: INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES. BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS. IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY. THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING:</p> <ul style="list-style-type: none"> - 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 <p>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 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.</p> <p>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 GRANTEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS. NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED. 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 NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS.</p>

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

13-1788491

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KAREN E. KNUDSEN, PHD CHIEF EXECUTIVE OFFICER	(i)	782,693	160,467	2,430	57,171	27,069	1,029,830	0
	(ii)	67,474	13,833	209	4,929	2,333	88,778	0
2 KAEI REICIN CHIEF FINANCE AND STRATEGY OFFICER	(i)	536,050	255,571	906	49,926	26,908	869,361	0
	(ii)	58,478	27,881	98	5,447	2,935	94,839	0
3 MICHAEL L. NEAL CHIEF OF ORGANIZATIONAL ADVANCEMENT	(i)	500,658	126,100	23,261	18,300	22,974	691,293	0
	(ii)	0	0	0	0	0	0	0
4 ANDRE C. BOKHOOR CHIEF PEOPLE OFFICER	(i)	462,703	166,318	688	38,144	8,883	676,736	0
	(ii)	0	0	0	0	0	0	0
5 WILLIAM CANCE, MD CHIEF MEDICAL & SCIENTIFIC OFFICER - OUTGOING	(i)	182,959	107,844	300,922	13,817	7,852	613,394	0
	(ii)	0	0	0	0	0	0	0
6 TIMOTHY B. PHILLIPS CHIEF LEGAL AND RISK OFFICER	(i)	387,394	92,700	1,803	29,499	15,256	526,652	0
	(ii)	0	0	0	0	0	0	0
7 ARIF KAMAL CHIEF PATIENT OFFICER	(i)	443,657	50,000	457	13,176	7,469	514,759	0
	(ii)	0	0	0	0	0	0	0
8 JOHN B. WOODWARD SENIOR EVP, FIELD OPERATIONS	(i)	379,661	72,813	943	26,919	28,877	509,213	0
	(ii)	0	0	0	0	0	0	0
9 JEFF D. KLAAS EXECUTIVE VICE PRESIDENT, WEST REGION - OUTGOING	(i)	290,441	63,351	92,018	11,176	1,908	458,894	0
	(ii)	0	0	0	0	0	0	0
10 WILTON W. WHITE EXECUTIVE PRINCIPAL, DEVELOPMENT	(i)	350,926	61,581	1,569	24,897	11,585	450,558	0
	(ii)	0	0	0	0	0	0	0
11 WILLIAM L. DAHUT CHIEF SCIENTIFIC OFFICER	(i)	335,612	30,000	2,285	13,709	544	382,150	0
	(ii)	0	0	0	0	0	0	0
12 JUNG H. KIM FORMER CHIEF OPERATING OFFICER	(i)	0	0	308,089	27,137	0	335,226	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.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>JUNG H. KIM: OTHER REPORTABLE COMPENSATION (PART II, LINE 3B(III)) INCLUDES A SEVERANCE PAYMENT OF \$308,089. WILLIAM CANCE: OTHER REPORTABLE COMPENSATION OF \$300,922 (PART II, LINE 3B(III)) INCLUDES A SEVERANCE PAYMENT OF \$284,850. JEFF D. KLAAS: OTHER REPORTABLE COMPENSATION OF \$92,018 (PART II, LINE 3B(III)) INCLUDES A SEVERANCE PAYMENT OF \$57,362.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"), 457(B), AND 457(F) PLANS AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. THE ORGANIZATION RESTORES MATCHING CONTRIBUTION BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON THE FILING ORGANIZATION'S 403(B) PLAN IN THE 457(B) AND 457(F) PLANS. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP AND 457(F) BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV, LINE 15. THE SERP PLAN WAS FROZEN IN 2016, AND AS A RESULT PAYMENTS ARE NOW MADE ONLY AFTER RETIREMENT RATHER THAN IN INCREMENTAL AMOUNTS DURING THE EXECUTIVE'S SERVICE.</p> <p>THE FOLLOWING INDIVIDUAL RECEIVED A PAYOUT DURING THE CURRENT YEAR: JEFF D. KLAAS - \$16,346</p>
<p>SCHEDULE J, PART II, COLUMN (C) -</p>	<p>SUPPLEMENTAL INFORMATION REGARDING COMPENSATION INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AND A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE CHANGE IS CAUSED BY CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS. PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING ON WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN CANCER SOCIETY, INC.

Employer identification number
13-1788491

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		28,902,378	COST
6 Cars and other vehicles	✓	1,820	1,442,276	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	308	1,884,903	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	✓	16	110,689	MARKET VALUE
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GUEST ROOM PROGRAM)	✓	7,486	670,932	COST
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 V, Donee Acknowledgement **29** 3

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part 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
<p>SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS</p>	<p>CLOTHING AND HOUSEHOLD GOODS - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS</p> <p>CARS AND OTHER VEHICLES - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS</p> <p>SECURITIES - PUBLICLY TRADED - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS</p> <p>SECURITIES - MISCELLANEOUS - THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF DIGITAL ASSETS</p> <p>OTHER - GUEST ROOM PROGRAM THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS</p>
<p>SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS</p>	<p>ACS USED THIRD PARTY SERVICES TO LIQUIDATE VEHICLE AND CRYPTO GIFTS.</p>

**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 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the Organization
AMERICAN CANCER SOCIETY, INC.

Employer Identification Number
13-1788491

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	DURING THE FISCAL YEAR ENDED DECEMBER 31, 2022, THE BYLAWS OF AMERICAN CANCER SOCIETY, INC. WERE AMENDED TO REFLECT THE UPDATED MISSION STATEMENT AND TO UPDATE THE COMPOSITION OF THE BOARD OF DIRECTORS. THE COMPOSITION OF THE BOARD OF DIRECTORS WAS MODIFIED TO CONVERT ONE VOLUNTEER OFFICER POSITION TO AN "EX-OFFICIO" POSITION (THE IMMEDIATE PAST CHAIR OF THE BOARD OF DIRECTORS), REDUCE THE REQUIRED MINIMUM NUMBER OF AT-LARGE DIRECTORS TO THREE, AND REMOVE THE REQUIRED MAXIMUM NUMBER OF AT-LARGE DIRECTORS. THE TERMS OF THE VOLUNTEER OFFICER POSITIONS WERE AMENDED SO THAT THE CHAIR AND VICE CHAIR ARE ELIGIBLE TO SERVE TWO-YEAR TERMS AND THE TITLE OF "VICE CHAIR/CHAIR-ELECT" WAS ADDED TO DESCRIBE A VICE CHAIR IN THEIR SECOND YEAR OF THEIR TWO-YEAR TERM, IF SO ELECTED BY THE BOARD. THE BYLAWS WERE ALSO AMENDED TO ADD THAT, AT ITS SOLE DISCRETION, THE BOARD OF DIRECTORS MAY APPOINT THE CHIEF EXECUTIVE OFFICER TO SERVE AS A MEMBER OF THE BOARD OF DIRECTORS.
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	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 SO THE TERMS ARE REASONABLE;</p> <p>(L) CONTEMPORANEOUSLY DOCUMENT CONCLUSIONS AND FINDINGS AND 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	GA, HI, IL, IN, KS, KY, LA, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV										
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS 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 SYSTEMS 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 1564 1304 1591">(a) Description</th> <th data-bbox="1312 1564 1513 1591">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1602 1304 1629">CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS</td> <td data-bbox="1312 1602 1513 1629">- 20,462,745</td> </tr> <tr> <td data-bbox="467 1640 1304 1667">NET CHANGE IN PENSION LIABILITY</td> <td data-bbox="1312 1640 1513 1667">16,920,226</td> </tr> <tr> <td data-bbox="467 1677 1304 1705">PLANNED GIVING WRITE OFF</td> <td data-bbox="1312 1677 1513 1705">- 9,389,343</td> </tr> <tr> <td data-bbox="467 1715 1304 1743">OTHER RECEIVABLE WRITE OFFS</td> <td data-bbox="1312 1715 1513 1743">- 153,563</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	- 20,462,745	NET CHANGE IN PENSION LIABILITY	16,920,226	PLANNED GIVING WRITE OFF	- 9,389,343	OTHER RECEIVABLE WRITE OFFS	- 153,563
(a) Description	(b) Amount										
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	- 20,462,745										
NET CHANGE IN PENSION LIABILITY	16,920,226										
PLANNED GIVING WRITE OFF	- 9,389,343										
OTHER RECEIVABLE WRITE OFFS	- 153,563										

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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) ACS BRIGHTEDGE VENTURE, LLC (82-2597570) 3380 CHASTAIN MEADOWS PARKWAY NW, STE 200, KENNESAW, GA 30144	MISSION IMPACT INVESTING	DE	763,953	36,262,282	ACS INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACS CANCER ACTION NETWORK, INC. (52-1240031) 655 15TH STREET, NW, STE 503, WASHINGTON, DC 20005	ELIMINATE CANCER	DC	501(C)(4)		ACS, INC.	✓	
(2) ACS DEVELOPMENT I, INC. (46-5439010) 3380 CHASTAIN MDWS PKWY, KENNESAW, GA 30144	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS, INC.	✓	
(3) ACS CAPITAL, INC. (46-5429467) 3380 CHASTAIN MDWS PKWY, KENNESAW, GA 30144	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS CAN		✓
(4) AMERICAN CANCER SOCIETY, INC PUERTO RICO (66-0321594) URB LA MRCD 566 CLL ALVERIO, HATO REY, PR 00918	ELIMINATE CANCER	PR	501(C)(3)	7	ACS, INC.	✓	
(5) THE JOSEPH S AND JEANNETTE M SILBER FDTN (34-1363915) 4900 TIEDEMAN RD, OH-01-49-015, BROOKLAND, OH 44144	ELIMINATE CANCER	OH	501(C)(3)	12 TYPE III-O	N/A		✓
(6) ACS DEVELOPMENT COMPANY II, INC. (82-1993189) 3380 CHASTAIN MDWS PKWY, KENNESAW, GA 30144	SUPPORT ACS	GA	501(C)(3)	12 TYPE I	ACS, INC.	✓	
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

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) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

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

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

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

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	27,864,569	FMV
(2) ACS DEVELOPMENT COMPANY I, INC.	Q	93,232	FMV
(3) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	Q	2,757,007	FMV
(4) ACS CANCER ACTION NETWORK, INC.	B	36,352,310	FMV
(5) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	B	1,012,908	FMV
(6) (SEE STATEMENT)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(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 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	0	0		✓			✓	0.00
(2) THE BROWER-IADONE FAMILY, LLC (47-3426422) 2360 CLAUDIA STREET, CORONA, CA 92882	SUPPORT ACS	DE	N/A	RELATED	0	1,094,098		✓			✓	0.99

Part IV

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER ANNUITY TRUSTS (24) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(2) CHARITABLE REMAINDER UNITRUSTS (81) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(3) DISCRETIONARY TRUSTS (13) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(4) NET INC PRINCIPAL INVASION REMAINDER (125) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(5) NET INCOME REMAINDER TRUSTS (33) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(6) PERPETUAL TRUSTS (49) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(7) REVOCABLE LIVING TRUSTS (21) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(8) CHARITABLE LEAD ANNUITY TRUSTS (2) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(9) COMBINATION TRUSTS (5) NOT APPLICABLE, NEW YORK, NY 00000	SUPPORT ACS	NY	N/A	TRUST	N/A	N/A	N/A		✓

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	9,084,298	FMV
(9) ACS CANCER ACTION NETWORK, INC.	N	128,373	FMV
(10) ACS CANCER ACTION NETWORK, INC.	L	108,173	FMV
(11) AMERICAN CANCER SOCIETY, INC. PUERTO RICO	C	1,000,000	FMV

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning _____, 2022, and ending _____, 20

2022

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

AMERICAN CANCER SOCIETY, INC.

EIN or SSN

13-1788491

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	674,472,929
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____,

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign *Shail E. P.* 10/6/2023 CHIEF FINANCE & STRATEGY OFFICER
 Here Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	<u><i>Aerial M. Orr</i></u>	Date	9/28/23	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN	P01598400
	Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG US LLP 55 IVAN ALLEN JR BOULEVARD, ATLANTA, GA 30308			EIN	34-6565596		
							Phone no.	(404) 874-8300

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

Return of Organization Exempt From Income Tax

2022

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

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

C Name of organization **AMERICAN CANCER SOCIETY, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3380 CHASTAIN MEADOWS PKWY NW 200
 City or town, state or province, country, and ZIP or foreign postal code
KENNESAW, GA 30144

D Employer identification number
13-1788491

E Telephone number
(800) 227-2345

F Name and address of principal officer: **DR. KAREN E. KNUDSEN, PHD**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

G Gross receipts \$ **1,171,071,325**

H(c) Group exemption number **0580**

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

J Website: **WWW.CANCER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1922**

M State of legal domicile: **NY**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT, AND SURVIVE CANCER.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3,153
	6	Total number of volunteers (estimate if necessary)	6	1,235,378
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	41,573
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 652,037,712	Current Year 657,648,576
	9	Program service revenue (Part VIII, line 2g)	6,537,530	2,540,927
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,556,148	22,545,367
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(745,131)	(8,261,941)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	734,386,259	674,472,929
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	156,503,028	190,934,828
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	237,127,693	257,889,391
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,734,902	6,601,341
	b	Total fundraising expenses (Part IX, column (D), line 25)	100,135,153	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	177,295,633	213,778,136
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	577,661,256	669,203,696	
19	Revenue less expenses. Subtract line 18 from line 12	156,725,003	5,269,233	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,891,787,660	End of Year 1,780,605,245
	21	Total liabilities (Part X, line 26)	499,477,625	525,388,196
	22	Net assets or fund balances. Subtract line 21 from line 20	1,392,310,035	1,255,217,049

Part II Signature Block

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

Sign Here

Signature of officer: *Kael Reicin* Date: 10/6/2023
KAEL REICIN, CHIEF FINANCE & STRATEGY OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **AERRIAL M. ORR** Preparer's signature: *Aerial M Orr* Date: **9/28/23** Check if self-employed PTIN: **P01598400**
 Firm's name: **ERNST & YOUNG US LLP** Firm's EIN: **34-6565596**
 Firm's address: **55 IVAN ALLEN JR BOULEVARD, ATLANTA, GA 30308** Phone no.: **(404) 874-8300**

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