Return of Organization Exempt From Income Tax

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.

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

OMB No. 1545-0047

December 1999/1999 Comparation AMERICAN CANCER SOCIETY CANCER ACTION	A F	or th	e 201		and ending				, 20		
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Name and address of principal offices LISA LACASSE Note LISA LACASSE LICA L		+		City or town, state or province, country, and ZIP or foreign postal code		Ť	· · · · · · · · · · · · · · · · · · ·				
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 1e) 16 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17 Other expenses (Part IX, column (I), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Notal assets (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Unice 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 rupe only in the line is a complex of 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 rupe only in the line is a complex of primt name and title 20 Print/Type preparer's name 21 Preparer Preparer's signature 22 Preparer Preparer's signature Preparer's signature Date Check if Prim Prim	_	D	ivet ui	melated business taxable income nom Form 990-1, line 34				7.0	Curr		
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19 Revenue less expenses. Subtract line 18 from line 12 -537,308 2,878,757											
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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 CATHERINE MICKLE CHIEF ADMIN. OFFICER Print/Type or print name and title Print/Type preparer's name LAURA KIELCZEWSKI Preparer Use Only Firm's name ERNST & YOUNG U.S. LLP Firm's address 5 TIMES SQUARE NEW YORK, NY 10036 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No							1,211,01	٠,٠	, ,	, 0) 3	, 555
Sign Here CATHERINE MICKLE CHIEF ADMIN. OFFICER				3	les and statemen	nte and	to the hest of	my k	nowledge :	and he	lief it is
Here CATHERINE MICKLE	true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer has a	ny knov	ledge.	, .	owiougo i		
Here CATHERINE MICKLE											
Here CATHERINE MICKLE	Sig	n		Signature of officer			Date				
Type or print name and title Print/Type preparer's name LAURA KIELCZEWSKI Preparer Use Only Firm's name Firm's address Time's SQUARE NEW YORK, NY 10036 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer Use Only Firm's address Preparer's signature Date Check if PTIN SQLARE NEW YORK, NY 10036 Phone no. 212-773-3000 No	He	re			ADMIN OF	a⊃Tच⊊	!R				
Print/Type preparer's name LAURA KIELCZEWSKI Preparer Use Only Firm's name ▶ ERNST & YOUNG U.S. LLP Firm's address ▶ 5 TIMES SQUARE NEW YORK, NY 10036 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if PTIN PO1740769 P00740769 P00740769 P108 34-6565596 Phone no. 212-773-3000 X Yes No					110111111						
Paid Preparer Use Only LAURA KIELCZEWSKI Self-employed P00740769			<u> </u>		Date		Chook	if F	PTIN		
Preparer Use Only Firm's name ► ERNST & YOUNG U.S. LLP Firm's EIN ➤ 34-6565596 May the IRS discuss this return with the preparer shown above? (see instructions) NY 10036 Phone no. 212-773-3000 X Yes No	Paic	i						"		769	
Use Only Firm's address ► 5 TIMES SQUARE NEW YORK, NY 10036 Phone no. 212-773-3000 No No No No No No No No No No No No No No No No No No	Pre	parer	<u> </u>	- EDNOTE & WOLDING II G. LLD							
May the IRS discuss this return with the preparer shown above? (see instructions)	Use	Only		5 10026							
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Form 990 (2018) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$17,593,976. including grants of \$15,957.) (Revenue \$20,838.) CANCER PREVENTION- ADVOCACY PROGRAMS IN SUPPORT OF PREVENTING CANCER OCCURRENCE AND REDUCING RISK.
	(Code:) (Expenses \$4,788,870. including grants of \$9,272.) (Revenue \$4,168.) CANCER DETECTION & TREATMENT - ADVOCACY PROGRAMS IN SUPPORT OF FINDING CANCER BEFORE IT IS CLINICALLY APPARENT AND PROVIDING
	INFORMATION & EDUCATION ABOUT CANCER TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT, & PAIN CONTROL.
	(Code:) (Expenses \$6,095,413. including grants of \$9,601.) (Revenue \$8,335.) CANCER PATIENT SUPPORT - ADVOCACY PROGRAMS IN SUPPORT OF PROGRAMS
	TO ASSIST CANCER PATIENTS & THEIR FAMILIES AND EASE THE BURDEN OF CANCER FOR THEM.
	Other program services (Describe in Schedule O.) (Expenses \$ 4,133,609. including grants of \$ 256,491.) (Revenue \$ 9,834.) Total program service expenses \$ 32,611,868.

Form **990** (2018)

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	37	
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Х
7	"Yes," complete Schedule D, Part I.	6		
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>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			21
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII.	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12h	Х	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		X
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? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ا	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

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Part	V 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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
		22	х	ĺ
04-	employees? If "Yes," complete Schedule J	23	21	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		l
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	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?			ĺ
	If "Yes," complete Schedule L, Part I	25b		Х
20		230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			3.5
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ŭ	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29	- · · · · · · · · · · · · · · · · · · ·	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			ĺ
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		ĺ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-55		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20		31		- 22
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		х	
D	19? Note. All Form 990 filers are required to complete Schedule O.	38	Λ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			لـــاـ
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 234			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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		X
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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	_	3.7	
	solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		37	
	gifts were not tax deductible?	6b	X	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	7 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			₹.7
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management		• • •	
0000	1011 A. Coverning Body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tay year.	5		
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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			Х
	any other officer, director, trustee, or key employee?	2		Δ.
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	Х
6	Did the organization have members or stockholders?	6	X	
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on 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?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in 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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record	s ►		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)RICK Q. NGO, MD, FACS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(2)JOHN J. MANNA, JR ESQ	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(3)WILLIAM P. UNDERRINER	3.00									
SECRETARY	0.	X		Х				0.	0.	0.
(4)MICHAEL T. MARQUARDT	3.00									
DIRECTOR	0.	X						0.	0.	0.
(5)WILLIAM E. COULTER, EDD	3.00									
DIRECTOR	0.	X						0.	0.	0.
(6)THE HONORABLE DAN GLICKMAN	1.00							_	_	_
DIRECTOR	0.	X						0.	0.	0.
(7)BERNARD JACKVONY, JD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)ROBERT E. YOULE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)RICHARD L. DEMING, MD	3.00									
CHAIR	0.	X		X				0.	0.	0.
(10)SANDRA CASSESE, MSN, RN, CNS	3.00	,		3.7				0.	0.	0.
VICE CHAIR (11)P. KAY COLEMAN	1.00	X		Х				0.	0.	0.
DIRECTOR	0.	X						0.	0.	0.
(12)SCARLOTT K MUELLER, MPH, RN	1.00	Λ						0.	0.	0.
DIRECTOR	0.	X						0.	0.	0.
(13)BRUCE D WALDHOLTZ, MD	1.00							· ·	· ·	· .
DIRECTOR	0.	X						0.	0.	0.
(14)KEVIN J CULLEN, MD	3.00								· ·	· .
ACS CHAIR OF THE BOARD	0.	Х		Х				0.	0.	0.

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Comparison Com	B	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
PAST CHAIR OF THE BOARD			Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos heck ss pe	more erson	is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	com fro orga and	stimated nount of other pensation om the anization	on n
16 MAUREEN G. MANN, MS, MBA 3.00 FACHE, TREASURER 0.	1		3.00											
FACHE, TREASURER	_	PAST CHAIR OF THE BOARD	0.	Х		Х				0.	0.			0.
17 CATHERINE E. MICKLE	1	6) MAUREEN G. MANN, MS, MBA	3.00											
CFO, OUTGOING		FACHE, TREASURER	0.	Х		Х				0.	0.			0.
18 GARY REEDY	$\bar{1}$	7) CATHERINE E. MICKLE	5.00											
CHIEF EXECUTIVE OFFICER 55.00 X 80,370. 884,069. 17,961.	_	CFO, OUTGOING	55.00			Х				36,825.	419,800.		28,9	76.
19) ROBERT M. KING	$\bar{1}$	8) GARY REEDY	5.00											
19) ROBERT M. KING	-	CHIEF EXECUTIVE OFFICER	55.00	•		Х				80,370.	884,069.		17,9	61.
CFO, INCOMING 55.00	1													
20) LISA A. LACASSE 55.00	_		+	1		Х				27.330.	311.562.		27.9	34.
VP, STRATEGY & OPS 0. X 306,362. 0. 19,096. 21) CHRISTOPHER HANSEN 55.00 X 376,205. 0. 31,681. 22) MARISSA P. BROWN 55.00 X 230,067. 0. 14,400. 23) PAMELA G. TRAXEL 55.00 X 251,270. 0. 21,554. 24) ERIN C. O'NEILL 55.00 X 177,661. 0. 10,395. 25) KEYSHA BROOKS-COLEY 55.00 X 206,677. 0. 11,352. 1b Sub-total N 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 2,086,467. 1,615,431. 215,834. d Total (add lines 1b and 1c) 37 3 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 3 X	2										322,3321		, .	
21) CHRISTOPHER HANSEN 55.00	_						x			306.362	0		19.0	196
PRESIDENT 0. X 376,205. 0. 31,681. 22) MARISSA P. BROWN 55.00	·	•								300/3021	0.			
22) MARISSA P. BROWN 55.00 SR VP, STATE & LOCAL ADVOCATE 0. X 230,067. 0. 14,400. 23) PAMELA G. TRAXEL 55.00 SR VP, ALLIANCE DVLPMNT & PHIL 0. X 251,270. 0. 21,554. 24) ERIN C. O'NEILL 55.00 VP, VLNTR ENG & GRASS STRTGIES 0. X 177,661. 0. 10,395. 25) KEYSHA BROOKS-COLEY 55.00 VP, FED ADVC & STG ALLIANCE 0. X 206,677. 0. 11,352. 1b Sub-total 0. 0. 0. 0. 0. 0. 0. C Total from continuation sheets to Part VII, Section A	_						x			376 205	0		31 6	81
SR VP, STATE & LOCAL ADVOCATE 0. X 230,067. 0. 14,400. 23) PAMELA G. TRAXEL 55.00 SR VP, ALLIANCE DVLPMNT & PHIL 0. X 251,270. 0. 21,554. 24) ERIN C. O'NEILL 55.00 VP, VLNTR ENG & GRASS STRTGIES 0. X 177,661. 0. 10,395. 25) KEYSHA BROOKS-COLEY 55.00 VP, FED ADVC & STG ALLIANCE 0. X 206,677. 0. 11,352. 1b Sub-total	· -						21			370,203.	0.		31,0	
23) PAMELA G. TRAXEL SF. VP, ALLIANCE DVLPMNT & PHIL O. X 251,270. VP, VLNTR ENG & GRASS STRTGIES VP, VLNTR ENG & GRASS STRTGIES VP, FED ADVC & STG ALLIANCE VP, FED ADV	_		+				v			230 067	0		14 4	.00
SR VP, ALLIANCE DVLPMNT & PHIL 0. X 251,270. 0. 21,554. 24) ERIN C. O'NEILL 55.00 VP, VLNTR ENG & GRASS STRTGIES 0. X 177,661. 0. 10,395. 25) KEYSHA BROOKS-COLEY 55.00 VP, FED ADVC & STG ALLIANCE 0. X 206,677. 0. 11,352. 1b Sub-total 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.										230,007.	0.		11,1	
24) ERIN C. O'NEILL VP, VLNTR ENG & GRASS STRTGIES O. X 177,661. O. 10,395. 25) KEYSHA BROOKS-COLEY VP, FED ADVC & STG ALLIANCE O. X 206,677. O. 11,352. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			+					. v		251 270			21 5	E /
VP, VLNTR ENG & GRASS STRTGIES 0. X 177,661. 0. 10,395. 25) KEYSHA BROOKS-COLEY 55.00 X 206,677. 0. 11,352. 1b Sub-total 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 2,086,467. 1,615,431. 215,834. d Total (add lines 1b and 1c) 2,086,467. 1,615,431. 215,834. 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 37 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 3	_							Λ		231,270.	0.		Z1,5	
VP FED ADVC & STG ALLIANCE D	_		+					37		177 ((1			10 7	0.5
VP, FED ADVC & STG ALLIANCE 0. X 206,677. 0. 11,352. 1b Sub-total Do.	_							X		1//,661.	0.		10,3	95.
1b Sub-total Do.	2		+											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	_	VP, FED ADVC & STG ALLIANCE	0.					X					11,3	
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 37 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	•	1b Sub-total												
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 ► 37 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		•							ightharpoons					
reportable compensation from the organization ▶ 37 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_	d Total (add lines 1b and 1c)							>	2,086,467.	1,615,431.	2	15,8	34.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	`				d al	bove	e) who	re	eceived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_												Yes	No
employee on line 1a? If "Yes," complete Schedule J for such individual		3 Did the organization list any former office	er directo	r or	tri	iste	٩	kev e	mn	lovee or highes	t compensated			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the												3		X
organization and related organizations greater than \$150.000? If "Yes." complete Schedule J for such														
Urganization and related organizations dreater than \$150.000? If Yes, comblete schedule J for SUCN	4	4 For any individual listed on line 1a, is the	sum of rep	ortab	ie (com	per	isatior	า aı . "	na other compens	sation from the			
individual												1	Х	
marriada.												_		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	•											5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 17

Form **990** (2018)

JSA 8E1055 1.000

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Emplo	yees (c	ontinuea	Page (
(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not c unle	Pos heck ss pe	c) sition more erson direct	e than c is both or/trust	one an ee)	(D) Reportable compensation from the	(E) Reportable compensation for related organizations	able ion from ed	othe compens	mated unt of her ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	9-MISC)	orgar and	n the nization related izations
26) JOHN D. KILPACK	55.00									_		
VP, REGIONAL, FIELD ADVOCACY 27) KIRSTEN A. SLOAN	55.00					X		211,824.		0.	1	4,790
VP, PUBLIC POLICY, STGY & OPS	0.					Х		181,876.		0.	1	7,695
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *					
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000	of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	. It	"Yes	5,"	complete Schedu	le J for	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or indiv	ridual	5	X
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A)								(B)			(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

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

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
evenue and Other Similar Amounts	1a b c d e f	Federated campaigns	2,014,723. 32,806,584. 2,980,049. 13,980. Business Code 900099	37,801,356. 41,675.	41,675.		
Program Service Revenue	b c d e f g	All other program service revenue Total. Add lines 2a-2f		41,675.			
Other Revenue	3 4 5 6a	Investment income (including divident and other similar amounts)	proceeds	103,490.			103,490.
	b c d 7a b	Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Other	0.			
	c d 8a	and sales expenses		0.			
	С	of contributions reported on line 1c). See Part IV, line 18	287,225.	0.			
	с 10а	Less: direct expenses	0.	0.			
	С	Less: cost of goods sold	Business Code	0.	1 500		
	11a b c d	All other revenue	900099	1,500.	1,500.		
	e 12	Total. Add lines 11a-11d		1,500. 37,948,021.	43,175.		103,490.

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					
<u>Do</u>	-		(B)		(D)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	Fundraising	
			expenses	general expenses	expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	291,321.	291,321.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.				
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16	0.				
4	Benefits paid to or for members	0.				
5	Compensation of current officers, directors, trustees, and key employees	978,242.	735,208.	242,992.	42.	
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	0.				
7	Other salaries and wages	17,347,870.	16,348,555.	72,292.	927,023.	
	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	1,802,003.	1,726,042.	26,040.	49,921.	
9	Other employee benefits	1,778,968.	1,638,320.	15,963.	124,685.	
10	Payroll taxes	1,338,927.	1,259,128.	16,008.	63,791.	
11	Fees for services (non-employees):					
	Management	0.				
	Legal	46,031.	35,670.	9,376.	985.	
	Accounting	52,560.	48,781.	788.	2,991.	
	Lobbying	1,581,343.	1,580,491.	178.	674.	
	Professional fundraising services. See Part IV, line 17	0.				
		0.				
y	Other. (If line 11g amount exceeds 10% of line 25, column	2,375,773.	2,142,045.	6,908.	226,820.	
12	(A) amount, list line 11g expenses on Schedule O.)	1,276,469.	1,137,176.	11,847.	127,446.	
	Advertising and promotion	211,206.	169,210.	1,907.	40,089.	
13	Office expenses	25,531.	23,687.	385.	1,459.	
14	Information technology	0.				
15	Royalties	1,784,602.	1,622,192.	26,186.	136,224.	
16	Occupancy	1,737,502.	1,629,824.	37,592.	70,086.	
17	Travel	2773773321	2,025,021	3.7321	707001	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.				
40		1,635,081.	1,543,992.	53,075.	38,014.	
19	Conferences, conventions, and meetings	0.	1,313,332.	33,013.	30,011.	
20	Interest	0.				
21	Payments to affiliates	125,159.	96,483.	1,559.	27,117.	
22	Depreciation, depletion, and amortization	4,722.	4,382.	71.	269.	
23	Insurance	177221	1,302.	,		
24	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
	MEMBERSHIP AND DUES	367,575.	351,755.	6,071.	9,749.	
<u>~</u>	MISCELLANEOUS	53,512.	9,658.	13,286.	30,568.	
-	TELECOMMUNICATIONS	168,343.	151,194.	1,239.	15,910.	
_	POSTAGE AND SHIPPING	86,524.	66,754.	869.	18,901.	
_		50,524.	30,731.	007.	10,701.	
	All other expenses Add lines 1 through 246	35,069,264.	32,611,868.	544,632.	1,912,764.	
26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	33,007,204.	32,011,000.	311,032.	1,712,701.	
	from a combined educational campaign and fundraising solicitation. Check here X if		22 - 55	10.000	44 0-0	
	following SOP 98-2 (ASC 958-720)	62,444.	39,761.	10,830.	11,853.	

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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
	1	Cash - non-interest-bearing			767,279.	1	854,226.
	2	Savings and temporary cash investments			4,569,804.	2	8,685,464.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net Loans and other receivables from current and former officers, directors,		0.	4	0.	
	5						
	•	trustees, key employees, and highest co		· ·			
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (as	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
SS	8	Inventories for sale or use			0.	8	0.
⋖	9	Prepaid expenses and deferred charges			157,002.	9	158,236.
	_	Land, buildings, and equipment: cost or	[
			10a	1,063,904.			
	b	Less: accumulated depreciation			382,781.	10c	278,824.
	11	Investments - publicly traded securities			0.		0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets		F	0.	14	0.
	15	Other assets. See Part IV, line 11		2,246,376.	15	1,610,837.	
	16	Total assets. Add lines 1 through 15 (must equal			8,123,242.	16	11,587,587.
	17	Accounts payable and accrued expenses			2,425,994.	17	2,787,095.
	18	Grants payable		0.	18	0.	
	19	Deferred revenue			1,033,127.	19	821,537.
	20	Tax-exempt bond liabilities	0.	20	0.		
	21	Escrow or custodial account liability. Complete Pa	0.	21	0.		
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
iab		disqualified persons. Complete Part II of Schedule			0.		0.
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		· •	440 050		005 351
		of Schedule D			449,278.	25	885,356.
_	26	Total liabilities. Add lines 17 through 25			3,908,399.	26	4,493,988.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here X and			
anc	27	Unrestricted net assets			3,552,467.	27	3,189,304.
Bal	28	Temporarily restricted net assets		[662,376.	28	3,904,295.
pu	29	Permanently restricted net assets		<u></u>	0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔃 and			
ts (30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
Ă	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances			4,214,843.	33	7,093,599.
_	34	Total liabilities and net assets/fund balances		<u></u>	8,123,242.	34	11,587,587.
_							Form 990 (2018)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			48,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			69,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			78,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,2	14,8	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		7,0	93,5	99.
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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		۰ ۱	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in 📗			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. 52-2340031 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(4) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** \mid X \mid For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person Payroll Noncash (Complete Part II for

Employer identification number 52-2340031 NETWORK INC

	NEIWORK, INC.	32 2340031	-
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
7		Person Payroll Noncash (Complete Part III noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
8		Person Payroll Noncash (Complete Part III noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
9		Person Payroll Noncash (Complete Part III is noncash contribut	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
10		Person Payroll Noncash (Complete Part III noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
11		Person Payroll Noncash (Complete Part III noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
12		Person Payroll Noncash (Complete Part III in noncash contribu	

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$5,000.	Person Payroll Noncash (Complete Part II for

Name of organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number 52-2340031

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 19 Χ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 20 Person **Payroll** 378,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 21 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Χ Person **Payroll** 12,387. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 Χ Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 24 Χ Person **Payroll** 168,000. \$ Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person Payroll Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$62,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person Payroll Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$67,500.	Person Payroll Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$1,315.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ 5,010.	Person Payroll Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$	Person Payroll Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$15,000.	Person Payroll Noncash (Complete Part II for

noncash contributions.)

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Name of organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number 52-2340031

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 Χ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 62 Person **Payroll** 92,500. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 63 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 64 Χ Person **Payroll** 5,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 Χ Person **Payroll** 66,274. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 66 Χ Person **Payroll** 5,000. \$ Noncash (Complete Part II for noncash contributions.)

AMERICAN CANCER SOCIETY CANCER ACTION Name of organization **Employer identification number** 52-2340031 NETWORK, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 67 Χ Person **Payroll** 7,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 68 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 69 Person **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 Χ Person **Payroll** 265,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 Χ Person **Payroll** 575,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 72 Χ Person **Payroll** 82,250. \$ Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$ 5,000.	Person Payroll Noncash (Complete Part II for

Name of organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number 52-2340031

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 79 Χ Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 80 Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 81 Person **Payroll** 60,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 Χ Person **Payroll** 5,660. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 Χ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 84 Χ Person **Payroll** 5,000. \$ Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90_		\$\$	Person Payroll Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$12,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96_		\$ 5,000.	Person Payroll Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$10,000.	Person Payroll Noncash (Complete Part II for

	NETWORK, INC.		52-2340031
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number 52-2340031

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 109 Χ Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 110 Person **Payroll** 5,290. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 111 Person **Payroll** 5,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 112 Χ Person **Payroll** 5,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 113 Χ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 114 Χ Person **Payroll** 150,000. \$ Noncash (Complete Part II for

Employer identification number 52-2340031 NETWORK, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number NETWORK, INC. 52-2340031

Part II	Nanasch Branarty	(coo instructions)	Lleo duplicato co	pies of Part II if additiona	al enace is needed
- ai u ii	Noncash Property	(See monuclions)). Use duplicate co	pies di Part II il additioni	al space is needed.

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

Name of organization AMERICAN CANCER SOCIETY CANCER ACTION

	NETWORK, INC.			52-2340031	
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ne year from any one ns completing Part III, e year. (Enter this inform	contributor. Comenter the total of e	plete columns (a) through (e) and xclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	-	(d) Description of how gift is held	
		(e) Transfer of	nift		
	Transferee's name, address, and			p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	·	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of giff	t	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of q		p of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► 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.

(-)(-)				
` , ` , ` ,	ons that have NOT filed Form 5768 (elec	,		•
If the organization answered "Ye Tax) (see separate instructions), t	es," on Form 990, Part IV, line 5 (Prox	y Tax) (see separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
• Section 501(c)(4), (5), or (6)				
	N CANCER SOCIETY CANCER A	ACTION	Employer ide	ntification number
NETWORK, INC.			52-234	0031
Part I-A Complete if the	e organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1 Provide a description of t	he organization's direct and indirect	political campaign a	ctivities in Part IV. (see in	nstructions for
definition of "political cam				
2 Political campaign activity	y expenditures (see instructions)		\$	392,423.
3 Volunteer hours for politic	cal campaign activities (see instruction	ons)		582.
Part I-B Complete if the	e organization is exempt under	section 501(c)(3).		
1 Enter the amount of any	excise tax incurred by the organization	on under section 495	55 ▶ \$	
2 Enter the amount of any	excise tax incurred by organization r	nanagers under sect	ion 4955 🕨 🕏 🚬	
	ed a section 4955 tax, did it file Form			
				Yes No
b If "Yes," describe in Part I	V			
	e organization is exempt under			<u>3).</u>
	y expended by the filing organization			392,423.
2 Enter the amount of the	filing organization's funds contribute	d to other organizat	ions for section	
3 Total exempt function e	xpenditures. Add lines 1 and 2. E	nter here and on F	orm 1120-POL,	
5 Enter the names, address organization made paym the amount of political or	a file Form 1120-POL for this year? sees and employer identification numents. For each organization listed, eontributions received that were profund or a political action committee	ber (EIN) of all secti nter the amount pai nptly and directly de	on 527 political organiz d from the filing organiz elivered to a separate po	ations to which the filing zation's funds. Also enter plitical organization, such
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

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Sch	hedule C (Form 990 or 990-EZ) 2018 AMERT(CAN CANCI	ER SOCIETY CAN	CER ACTION	52-2	340031 Page 2
P	art II-A Complete if the organization 501(h)).	on is exer	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under
Α	Check ▶ if the filing organization be address, EIN, expenses,				ach affiliated group mem	ber's name,
В	Check ▶ if the filing organization ch	ecked box	A and "limited contro	l" provisions app	ly.	
	Limits on Lobl (The term "expenditures" m)	(a) Filing organization's totals	(b) Affiliated group totals
18	a Total lobbying expenditures to influence	public opin	ion (grass roots lobb	ying)		
	b Total lobbying expenditures to influence			-		
(c Total lobbying expenditures (add lines 1	a and 1b) .				
(d Other exempt purpose expenditures					
•	e Total exempt purpose expenditures (ad	d lines 1c ar	nd 1d)	[
f	f Lobbying nontaxable amount. Enter the	ne amount	from the following	table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is	The lobbying	ng 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 p	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 p	lus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 p	lus 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 2			_		
	h Subtract line 1g from line 1a. If zero or l					
	i Subtract line 1f from line 1c. If zero or le					
j	j If there is an amount other than zero			•		п п
	reporting section 4911 tax for this year?					Yes No
			raging Period Under	` ,	ata all af tha five aglum	una halaw
	(Some organizations that made See		te instructions for I			ins below.
	Lob	bying Expe	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year (a beginning in)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
28	a 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	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

8E1265 1.000 8314AA 2217 V 18-7.6F 60103581 PAGE 40 Schedule C (Form 990 or 990-EZ) 2018 Page **3**

Ec.	(election under section 501(h)).	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amou	nt	
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:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
c d	Media advertisements?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i :	Other activities? Total. Add lines 1c through 1i						
J 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						
С	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?						
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	C)(5)	, or s	ection	1		
					-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				2	X	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	\dashv	X
	till-B Complete if the organization is exempt under section 501(c)(4), section 501(_		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (I	b) Pa		, line 3	, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts (of				
а	political expenses for which the section 527(f) tax was paid). Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ıg	4			
5	and political expenditure next year?			5			
Par							
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	ıp list); Part	II-A, lin	es 1	and
SEE	PAGE 4						

Schedule C (Form 990 or 990-EZ) 2018

60103581

Schedule C (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supplemental Information (continued)

FORM 990, SCHEDULE C, PART I-A, LINE 1 ACS CAN STAFF AND VOLUNTEERS SENT CANDIDATE QUESTIONNAIRES TO 14 CANDIDATES IN SIX STATE AND FEDERAL RACES. IN ADDITION, ACS CAN ASKED CANDIDATES RUNNING FOR STATE OFFICES IN CALIFORNIA AND NEW MEXICO TO DECLINE TOBACCO CONTRIBUTIONS; FEDERAL CANDIDATES IN CALIFORNIA WERE ALSO ASKED WHETHER THEY WOULD OPPOSE CUTS TO MEDICAID. VOLUNTEERS HELD IN-PERSON MEETINGS WITH STAFF AND CANDIDATES IN FIVE DIFFERENT RACES TO DISCUSS ACS CAN PRIORITIES AND THE CANCER VOTES PROGRAM THAT EDUCATES THE PUBLIC, INCLUDING CANDIDATES, ABOUT THE ACTIONS LAWMAKERS SHOULD TAKE TO MAKE FIGHTING CANCER A NATIONAL PRIORITY. ACS CAN SPONSORED NINE CANDIDATE DEBATES AND FORUMS, AND VOLUNTEERS ATTENDED PUBLIC EVENTS TO ASK CANDIDATES TO GO ON RECORD ABOUT CANCER ISSUES; THEY ALSO REACHED OUT TO THE CANDIDATES VIA SOCIAL MEDIA TO ASK THEM THEIR POSITIONS ON THESE ISSUES. VOLUNTEERS ALSO CANVASSED AND MAILED VOTER GUIDES IN TARGETED AREAS. ACS CAN DOES NOT EXPRESSLY ADVOCATE FOR THE ELECTION OR DEFEAT OF CANDIDATES.

DESCRIPTION OF THE ORG'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

12a, or 12b.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

	of the organization AMERICAN CANCER SOCIET WORK, INC.	Y CANCER ACTION	52-2340031
	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	
Г6	Complete if the organization answered		i Addunta.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and af year	(a) Bonor advisou rando	(b) i unas ana salai associno
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	advisors in writing that the assets hold	in donor advised
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
U	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Ps	rt Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (conservation)	c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminate	nated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg	:	-
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation easements during the year
_	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
		0/41) also as a stick at the control of the control	: 470(h)(4)(D)(:)
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		· ·
	organization's accounting for conservation easeme	•	oral oral oral oral describes the
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a			revenue statement and halance sheet
	If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	ar assets held for public exhibition, edu	ucation, or research in furtherance of
_			
b	If the organization elected, as permitted under sworks of art historical traceures or other similar		
	works of art, historical treasures, or other similar public service, provide the following amounts relations		ucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Tre	asures, o	r Other Similar	Assets (cont	inued)	rage =
3	Using the organization's acquisition	n, accession, a	nd other reco	rds, check	c any of th	e following that	are a significa	int use	of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan	or exchange				
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collec	tions and expl	ain how t	hey further	the organizatio	n's exempt pur	rpose ii	n Part
	XIII.								
5	During the year, did the organization							_	
	assets to be sold to raise funds rath		aintained as pa	art of the o	organization	n's collection?	<u> </u>	res	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition answered	"Yes" on For	m 990, F	Part IV, line	9, or reported	an amount or	n Form	
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								_
	included on Form 990, Part X?						۱ 📖 ۰	res _	No
b	If "Yes," explain the arrangement i	n Part XIII and o	omplete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				<u> 1f</u>				
2a	Did the organization include an am							res _	⊣ No
	If "Yes," explain the arrangement i	n Part XIII. Chec	ck nere if the e	xpianation	nas been p	rovided on Part X	<u> </u>		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered	"Ves" on For	m 990 E	Part IV/ line	10			
	Complete ii the organiza	(a) Current year			(c) Two year		e years back (e)	Four year	e hack
_		.,,		n year	(6) 1110 300	(u) Tillee	years back (e)	i oui yeai	3 Dack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
_	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	- (1) 1		- /l' 4 -		the Libert			
2 a	Provide the estimated percentage Board designated or quasi-endown		ear end baland %	e (line 1g,	column (a)	neid as:			
b	Permanent endowment	%							
C	Temporarily restricted endowment		%						
·	The percentages on lines 2a, 2b, a	•	- ' '						
3a	Are there endowment funds not in			ation that	are held ar	nd administered fo	or the		
	organization by:	p 000000.0	oo o. ga		a. o a.		J. 11.0	Yes	No
	(i) unrelated organizations							ı(i)	
	(ii) related organizations						<u> </u>	(ii)	
b	If "Yes" on line 3a(ii), are the relate							b	
4	Describe in Part XIII the intended u	uses of the orga	nization's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organization	uipment.	L \	000 1	D = = (1) / 1!:=	- 44- O F	000 Dt V	lin n 4	
	Description of property		ost or other basis		or other basis	e 11a. See Fort (c) Accumulated		, IINE 1 ok value	υ
			investment)		ther)	depreciation	(a) Bot	ok value	
1 a	Land						4		
b	Buildings							4 = -	
С	Leasehold improvements				73,092.	413,377			715.
d	Equipment			4	183,087.	370,674			413.
<u>e</u>	Other				7,725.	1,029			696.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal	Form 990, Part	X, columi	n (B), line 10	0c.)	▶	278,	824.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	Part IV line 11b See Form 990 I	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuatio Cost or end-of-year market	n:
	(including name of security)		Cost or end-or-year market	value
	al derivatives			
	-held equity interests			
(3) Other_				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
T di C VIII	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
			Cost of end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
Pailix	Complete if the organization answered	1 "Yes" on Form 990	Part IV line 11d See Form 990 I	Part X line 15
		scription	, 1 411 17, 11110 1 14. 000 1 01111 000, 1	(b) Book value
(1) DUE	FROM AFFILIATES	Soription		1,138,461
	R DEPOSITS			319,361
	R RECEIVABLES			153,015
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) i	line 15.)		1,610,837
Part X	Other Liabilities.	/		<u>`</u>
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
	line 25.		,	, ,
1.	(a) Description of liability	(b) Book valu	e	
(1) Feder	ral income taxes	, ,		
	TO AFFILIATES	885,3	356.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 885,3	356.	
2 Liability fo	or uncertain tax positions. In Part XIII provide the	text of the footnote to the	organization's financial statements that ren	orts the

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

Schedule D (Form 990) 2018

JSA 8E1270 1.000 8314AA 2217

60103581

Schedule D (Form 990) 2018 Page **4**

scheau	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	41,705,534.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	<u>.</u>	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-	2 858 512
е	Add lines 2a through 2d	2e	3,757,513.
3	Subtract line 2e from line 1	3	37,940,021.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Lat All.)	4c	
С 5	Add lines 4a and 4b	5	37,948,021.
Part		_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	38,826,777.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	3,757,513.
3	Subtract line 2e from line 1	3	35,069,264.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	١. ١	
_	Add lines 4a and 4b	4c	35,069,264.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	33,007,204.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part	art V. li	ne 4: Part X. line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	nation.	

JSA 8E1271 1.000

Schedule D (Form 990) 2018

8314AA 2217 V 18-7.6F 60103581 PAGE 46

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

JSA

8E1226 1.000 8314AA 2217 V 18-7.6F 60103581 PAGE 47

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

AMERICAN CANCER SOCIETY CANCER ACTION

oyer identification number

	ORK, INC.	ER SOCIETI CA	ANCER A	CIION		52-2340031	on number
					LIIVaallaa Farra		47
Part					r Yes" on Form	990, Part IV, line	17.
	Form 990-EZ filers are not	<u> </u>	.				
1	Indicate whether the organization rai	sed funds through		_			
а	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f			government grants	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written of						
	or key employees listed in Form 990	•		•		•	Yes No
D	If "Yes," list the 10 highest paid indi		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the	organization.					
		T	_			T	Т
	(i) Name and address of individual			ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
			Yes	No		col. (i)	organization
1			163	140			
•							
_							
3							
•							
4							
5							
6							
7							
8							
9							
10							
		1					
Total				▶			
3	List all states in which the organiza				contributions or	has been notified	it is exempt from
	registration or licensing.	•					·

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

Schedule G (Form 990 or 990-EZ) 2018

Sche	edule	G (Form 990 or 990-EZ) 2018				Page 2
Pa	rt I	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut			
		events with gross receipts gre	(a) Event #1 POLICY EVENT (event type)	(b) Event #2 LIGHTS OF HOPE (event type)	(c) Other events 38. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,542,737.	332,725.	426,486.	2,301,948
œ	2	Less: Contributions Gross income (line 1 minus	1,416,957.		314,691.	2,014,723
	4	Line 2)	125,780.	49,650.	111,795.	287,225
Se		Noncash prizes				
Direct Expenses		Rent/facility costs	55,860. 56,586.	18,034.	25,636.	81,496
		Food and beverages	50,560.	10,034.	9,709. 5,500.	84,329 5,500
		Other direct expenses	13,335.		102,565.	115,900
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)		287,225 reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
enses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	▶	

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

Schedule G (Form 990 or 990-EZ) 2018

9

а

10a

If "No," explain:

If "Yes," explain:

Is the organization licensed to conduct gaming activities in each of these states?

Enter the state(s) in which the organization conducts gaming activities:

No

Sched	ule G (Form 990 or 990-EZ) 2018							
11	Does the organization conduct gaming activities with nonmembers?							
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?							
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility							
b	An outside facility							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and							
	records:							
	Name ▶							
	Address ▶							
15 a	Does the organization have a contract with a third party from whom the organization receives gaming							
	revenue?							
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the							
~	amount of gaming revenue retained by the third party \$\bigs\ \bigs\ \bigs\							
С	If "Yes," enter name and address of the third party:							
•								
	Name ►							
	Address ▶							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation ► \$							
	Description of services provided ▶							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?							
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 ▶ \$							
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information							
	(see instructions).							

Schedule G (Form 990 or 990-EZ) 2018

JSA 8E1503 1.000

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

AMERICAN CANCER SOCIETY CANCER ACTION

Inspection
Employer identification number

NETWORK, INC.						52-23400	31
Part I General Information on Grants and	d Assistanc	е				•	,
1 Does the organization maintain records to so	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant	s or assistand	ce?					X Yes No
2 Describe in Part IV the organization's proceed	dures for moi	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Go	vernments. Com	plete if the organiz	ation answered "\	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can	be duplicated if	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LUNGEVITY FOUNDATION							CHANGE OUTCOME OF
228 S WABASH AVE #700 CHICAGO, IL 60604	36-4433410	501(C)(3)	27,500.				LUNG CANCER
(2) THE BOARD OF REGENTS OF THE U OF WI							UPDATE MTHDLGY TO
21 N. PARK ST, STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	139,421.				EVAL US PAIN
(3) THE HEALTH INITIATIVE							
1520 DEKALB AVENUE ATLANTA, GA 30307	58-2271500	501(C)(3)	71,900.				TOBACCO ADVOCACY
(4) SAN ANTONIO COUNCIL ON ALCOHOL & DRUG ABUSE							
7500 HWY 90 STE 201 SAN ANTONIO, TX 78227	74-1340188	501(C)(3)	30,000.				TOBACCO ADVOCACY
(5) AMERICAN HEART ASSOCIATION							CANCER RESEARCH
3311 RDU CENTER DR STE 100 MORRISVILLE, NC	13-5613797	501(C)(3)	15,000.				PREVENTION
_(6)	_						
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							_
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	ted in the line	1 table					5.
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 9	990.				Sc	hedule I (Form 990) (2018)

JSA 951288 1 000 Schedule I (Form 990) (2018)

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

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

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

DESCRIPTION OF ORGANIZATION'S PROCEDURE FOR MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2

THE GRANT AGREEMENT REQUIRES NARRATIVE AND FINANCIAL REPORTS TO BE

FURNISHED BY GRANTEE TO ACS CAN WITHIN 60 DAYS OF THE COMPLETION OF

GRANTEE'S AUDITED FINANCIAL STATEMENTS. REPORTING CONTINUES ON AN ANNUAL

BASIS UNTIL GRANTEE HAS EXPENDED ALL FUNDS TRANSFERRED UNDER THE GRANT

AGREEMENT. THE NARRATIVE REPORT DESCRIBES THE PROGRESS MADE BY THE

GRANTEE TOWARDS ACHIEVING THE STATED GRANT PURPOSES. THE FINANCIAL REPORT

SHOWS ACTUAL EXPENDITURES AGAINST THE APPROVED BUDGET AND SHOWS THAT THE

GRANTEE HAS COMPLIED WITH THE LOBBYING CAP DESCRIBED IN THE AGREEMENT.

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
_ 5					
_ 6					
7					

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

THESE REPORTS ARE TO BE RETAINED IN THE GRANTEE'S FILES FOR A PERIOD OF

NOT LESS THAN SEVEN (7) YEARS AFTER THE EXPIRATION OF THE GRANT PERIOD.

SCHEDULE J (Form 990)

Compensation InformationFor 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NETWORK, INC.

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

AMERICAN CANCER SOCIETY CANCER ACTION

Employer identification number 52-2340031

Part	Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
•	explain	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
•	· · · · · · · · · · · · · · · · · · ·	5a		Х
a b	The organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
'	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2018

AMERICAN CANCER SOCIETY CANCER ACTION 52-2340031

Schedule J (Form 990) 2018 Page 2

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.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PAMELA G. TRAXEL	(i)	250,128.	0.	1,142.	14,281.	7,273.	272,824.	0.
1 ^{SR VP, ALLIANCE DVLPMNT & PHIL}	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA A. LACASSE	(i)	284,096.	21,038.	1,228.	17,779.	1,317.	325,458.	0.
2 ^{VP, STRATEGY & OPS}	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIN C. O'NEILL	(i)	177,428.	0.	233.	3,260.	7,135.	188,056.	0.
3 ^{VP, VLNTR ENG & GRASS STRTGIES}	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHERINE E. MICKLE	(i)	32,667.	3,209.		1,331.	1,006.	39,162.	0.
4 ^{CFO, OUTGOING}	(ii)	372,399.	36,587.		15,169.	11,470.	446,439.	0.
CHRISTOPHER HANSEN	(i)	339,304.	33,887.	3,014.	17,690.	13,991.	407,886.	0.
5 PRESIDENT	(ii)	0.	0.	i	0.	0.	0.	0.
GARY REEDY	(i)	62,622.	9,334.		1,375.	122.	81,867.	4,269.
6 ^{CHIEF} EXECUTIVE OFFICER	(ii)	688,837.	102,679.		15,125.	1,339.	900,533.	46,960.
ROBERT M. KING	(i)	24,531.	2,774.		1,657.	595.	29,582.	0.
7 ^{CFO, INCOMING}	(ii)	279,652.	31,624.		18,894.	6,788.	337,244.	0.
MARISSA P. BROWN	(i)	229,569.	0.	498.	13,827.	573.	244,467.	0.
8 ^{SR VP, STATE & LOCAL ADVOCATE}	(ii)	0.	0.	0.	0.	0.	0.	0.
KEYSHA BROOKS-COLEY	(i)	206,483.	0.	194.	10,820.	532.	218,029.	0.
9 ^{VP, FED ADVC & STG ALLIANCE}	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN D. KILPACK	(i)	194,639.	0.	17,185.	9,019.	5,771.	226,614.	0.
10 ^{VP} , REGIONAL, FIELD ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
KIRSTEN A. SLOAN	(i)	180,821.	0.	,	10,552.	7,143.	199,571.	0.
11 VP, PUBLIC POLICY, STGY & OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2018

AMERICAN CANCER SOCIETY CANCER ACTION 52-2340031

Schedule J (Form 990) 2018

Part | 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.

SCHEDULE J, PART I, LINE 3

THE FILING ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS AN EMPLOYEE OF A RELATED PARTY, THE AMERICAN CANCER SOCIETY, INC. (ACS, INC.).

ACCORDINGLY, HIS COMPENSATION IS DETERMINED BY THE FOLLOWING METHODS:

COMPENSATION COMMITTEE; INDEPENDENT COMPENSATION CONSULTANT; COMPENSATION STUDY OR SURVEY; AND APPROVAL BY THE BOARD OF COMPENSATION COMMITTEE. THE RESPONSIBILITIES OF THE COMPENSATION COMMITTEE FOR ACS, INC. ARE DETAILED IN THE FORM 990 FOR ACS, INC.

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION AND A RELATED FILING ORGANIZATION MAINTAIN 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 401(K)PLAN IN THE 457(B) AND 457(F) PLANS. AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES,

Schedule J (Form 990) 2018

AMERICAN CANCER SOCIETY CANCER ACTION 52-2340031

Schedule J (Form 990) 2018 Page 3

Part | 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.

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.

SCHEDULE J, PART II, COLUMN C

INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN. THE CHANGE IS CAUSED BY CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS. A SIGNIFICANT DECREASE IN INTEREST RATES AND AN INCREASE IN THE LIFE EXPECTANCY OF PARTICIPANTS RESULTED IN A LARGE INCREASE IN ESTIMATED VALUE OF BENEFITS FROM THE PRIOR YEAR. PRIOR TO ACTUAL RETIREMENT, THE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AMERICAN CANCER SOCIETY CANCER ACTION Employer ide

Name of the organization NETWORK, INC.

Employer identification number 52-2340031

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES ARE FOR ADVOCACY PROGRAMS IN SUPPORT OF INCREASED

INVESTMENT IN CANCER RESEARCH. \$4,133,609

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. IS A NONPROFIT CORPORATION WHOSE SOLE CORPORATE MEMBER IS THE AMERICAN CANCER SOCIETY, INC. THE BYLAWS ALSO PROVIDE FOR NON-VOTING MEMBERS.

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 7B

THE AMERICAN CANCER SOCIETY, INC. HAS VOTING RIGHTS WITH REGARD TO AMENDMENT OF THE FILING ORGANIZATION'S ARTICLES OF INCORPORATION OR TO MERGE, CONSOLIDATE, OR DISSOLVE THE FILING ORGANIZATION.

PROCESS USED TO REVIEW THE FORM 990

FORM 990, PART VI, LINE 11B

MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM, PREPARES

AND REVIEWS THE FORM 990. THEN, PRIOR TO FILING WITH THE IRS, THE FORM

990 IS PROVIDED TO THE BOARD OF DIRECTORS' FINANCE/AUDIT COMMITTEE FOR

REVIEW DURING A REGULARLY SCHEDULED MEETING. AN ELECTRONIC COPY OF THE

FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO

Name of the organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number
NETWORK, INC. 52-2340031

THE FORM BEING FILED WITH THE IRS.

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C

THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, 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, TRUSTEES, OFFICERS, KEY
EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO
CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND
SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS.
THE 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, 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 FOR DETERMINING COMPENSATION

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

THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER ARE EMPLOYEES OF
THE AMERICAN CANCER SOCIETY, INC. (ACS, INC.), AND ACCORDINGLY THEIR
COMPENSATION IS SUBJECT TO DETERMINATION AND REVIEW BY ACS, INC.'S
COMPENSATION COMMITTEE. THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR
DETERMINING THE ADEQUACY AND REASONABLENESS OF THE TOTAL COMPENSATION

Name of the organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number

NETWORK, INC. 52-2340031

PAID TO EMPLOYEES WHO MAY BE CHARACTERIZED AS DISQUALIFIED PERSONS WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE SHALL BE ASSIGNED TO, AND VESTED IN, THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE AMERICAN CANCER SOCIETY, INC., WHICH SHALL BE A DESIGNATED BODY OF THE CORPORATION.

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC

BY POSTING TO THE ORGANIZATION'S WEBSITE AT WWW.FIGHTCANCER.ORG.

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE

UPON REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES FORM 990, PART XI, LINE 9

ROUNDING -1

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. (ACS CAN) IS
THE NONPROFIT, NONPARTISAN ADVOCACY AFFILIATE OF THE AMERICAN CANCER
SOCIETY INC., DEDICATED TO ELIMINATING CANCER AS A MAJOR HEALTH
PROBLEM. ACS CAN WORKS TO ENCOURAGE LAWMAKERS, CANDIDATES AND
GOVERNMENT OFFICIALS TO SUPPORT LAWS AND POLICIES THAT WILL MAKE
CANCER A TOP NATIONAL PRIORITY. ACS CAN GIVES ORDINARY PEOPLE
EXTRAORDINARY POWER TO FIGHT CANCER. FOR MORE INFORMATION, VISIT
WWW.FIGHTCANCER.ORG.

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization AMERICAN CANCER SOCIETY CANCER ACTION

NETWORK, INC.

Employer identification number
52-2340031

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,CA,CT,

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

 $\mathtt{MN}, \mathtt{MS}, \mathtt{NH}, \mathtt{NJ}, \mathtt{NM}, \mathtt{NY}, \mathtt{NC}, \mathtt{ND}, \mathtt{OH}, \mathtt{OK}, \mathtt{OR}, \mathtt{PA},$

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

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TARPLIN DOWNS & YOUNG 1212 NEW YORK AVENUE STE 1050 WASHINGTON, DC 20005	STRATEGIC ADVISEMENT	300,000.
PERRY UNDEM 4800 HAMPDEN LN STE 200 BETHESDA, MD 20814	STRATEGIC ADVISEMENT	261,250.
CORNERSTONE GOVERNMENT AFFAIRS LLC 300 INDEPENDENCE AVE SE WASHINGTON, DC 20003	STRATEGIC ADVISEMENT	180,000.
PUBLIC OPINION STRATEGIES, LLC 214 NORTH FAYETTE ST ALEXANDRIA, VA 22314	STRATEGIC ADVISEMENT	168,767.
ADVOCACY SMITHS INC 4515 DRUMMOND AVE CHEVY CHASE, MD 20815	STRATEGIC ADVISEMENT	168,000.

Schedule O (Form 990 or 990-EZ) 2018

JSA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization NETWORK, INC.

AMERICAN CANCER SOCIETY CANCER ACTION

Employer identification number 52-2340031

Part I

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) ACS DEVELOPMENT COMPANY I, INC. 46-5439010							
250 WILLIAMS ST, NW, STE 400 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.		X
(2) ACS DEVELOPMENT COMPANY II, INC. 82-1993189							
250 WILLIAMS ST, NW, STE 400 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.		X
(3) ACS CAPITAL, INC. 46-5429467							
250 WILLIAMS ST, NW, STE 400 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS CAN	X	
(4) AMERICAN CANCER SOCIETY, INC PUERTO RICO 66-0321594							
566 CABO ALERIA STREET HATO REY, PR 00918	ELIM. CANCER	PR	501(C)(3)	7	ACS, INC.		X
(5) AMERICAN CANCER SOCIETY, INC. 13-1788491							
250 WILLIAMS ST ATLANTA, GA 30303	ELIM. CANCER	GA	501(C)(3)	7	N/A		X
(6) ACS PRODUCTS 02-0651055							
250 WILLIAMS ST, STE 400 ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12A	ACS, INC.		X
(7)							
							İ

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

Schedule R (Form 990) 2018

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8314AA 2217

V 18-7.6F

60103581

PAGE 62

Schedule R (Form 990) 2018 Page 2

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
I alt III	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) (g) Share of total income year assets	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		ij) eral or aging tner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

Schedule R (Form 990) 2018

Schedule K (Fulli 990) 2016

Par	Iransactions with Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pai	rt IV, line 34, 35b, or 36.				
Not	e: 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 lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		Х
					1f		Х
Ť	Dividends from related organization(s)						X
	Sale of assets to related organization(s)				1g 1h		X
	Purchase of assets from related organization(s)				1ii		X
	Exchange of assets with related organization(s).				1j		X
J	Lease of facilities, equipment, or other assets to related organization(s)				1)		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
ï	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
g	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
•	(,, , , , , , , , , , , , , , , , , , ,						
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	ered relationships and trans	action thre	shold	s.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining amount involved		g
(1)	AMERICAN CANCER SOCIETY, INC.	С	32,806,584.	FMV			
(2)	AMERICAN CANCER SOCIETY, INC.	P	11,455,054.	FMV			

3	type (a-s)		amount involved
(1) AMERICAN CANCER SOCIETY, INC.	С	32,806,584.	FMV
(2) AMERICAN CANCER SOCIETY, INC.	Р	11,455,054.	FMV
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2018

JSA

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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?		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
					No			Yes	No		Yes	No	
(1)													
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Part VII Supplemental Information

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

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