PUBLIC INSPECTION COPY

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)

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public
Inspection

A Fo	or the 2	2016 calendar year, or tax year beginning , 2016,	and ending		, 20
B Che	ck if applical	C Name of organization AMERICAN CANCER SOCIETY CANCER A	CTION	D Employer ide	ntification number
	Address	NETWORK, INC.		F0 0340	0.2.1
	change	Doing Business As	.	52-2340	
	Name chai	, ,	Room/suite	E Telephone nu	
	Initial retur		300	(202) 661	. – 5700
	Terminated				
	Amended return	WASHINGTON, DC 20004		G Gross receipts	
	Application pending	Tham and address of philospai shiest. CHRISTOPHER W. HANSE		H(a) Is this a group subordinates?	return for Yes X No
		555 11TH STREET, SUITE 300 WASHINGTON, DC 20	0004	H(b) Are all subordin	nates included? Yes No
	ax-exemp	1 2 (3)(7)	r 527	If "No," attach	a list. (see instructions)
		▶ WWW.ACSCAN.ORG		H(c) Group exempt	<u>-</u>
		rganization: X Corporation Trust Association Other	L Year of for	rmation: 2001 M S	State of legal domicile: DC
Pa		Summary			
		efly describe the organization's mission or most significant activities: NONPRO			CACY AFFILIATE
9	0	F THE AMERICAN CANCER SOCIETY INC., DEDICATED TO	ELIMINAT	CING CANCER	
nar	A	S A MAJOR HEALTH PROBLEM.			
Governance	2 Ch	eck this box 🕨 🔛 if the organization discontinued its operations or disposed	d of more than 2	25% of its net assets.	
		mber of voting members of the governing body (Part VI, line 1a)			3 18.
ა		mber of independent voting members of the governing body (Part VI, line 1b)			4 18.
Activities	5 To	tal number of individuals employed in calendar year 2016 (Part V, line 2a)			5 295.
Ę		tal number of volunteers (estimate if necessary)			6 117,318.
ĕ	7a To	tal unrelated business revenue from Part VIII, column (C), line 12			7a 0
	b Ne	t unrelated business taxable income from Form 990-T, line 34			7b 0
				Prior Year	Current Year
ø	8 Co	ntributions and grants (Part VIII, line 1h)	, <u></u>	37,925,236	5. 39,162,617
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g) PUBLIC IN	FOR	57,01	5. 81,719
è	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTION	35,75	3. 65,161
	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	31,030	0. 11,610
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		38,049,034	4. 39,321,107
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)		494,45	7. 223,450
		nefits paid to or for members (Part IX, column (A), line 4)			0. 0
တ္သ		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		24,260,524	4. 25,670,297
Expenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		183,098	8. 8,000
x	b To	tal fundraising expenses (Part IX, column (D), line 25) 2,174,434.			
ш		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,161,589	9. 12,965,270
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		37,099,668	38,867,017
		venue less expenses. Subtract line 18 from line 12		949,366	6. 454,090
or			В	eginning of Current Ye	
sets	20 To	tal assets (Part X, line 16)		8,053,559	9. 8,334,741
Net Assets or Fund Balances		tal liabilities (Part X, line 26)		3,761,190	0. 3,623,705
Pur		t assets or fund balances. Subtract line 21 from line 20		4,292,369	9. 4,711,036
Par	t II	Signature Block	·		
Unde	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedul	es and statemen	ts, and to the best of	my knowledge and belief, it is
true,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer has ar	ny knowledge.	
	1			08/17	//2017
Sigr		Signature of officer		Date	
Her	າ ∣	CATHERINE E. MICKLE CFO			
		Type or print name and title			
	Pi	rint/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid		AURA KIELCZEWSKI		self-employed	
Prep	arer 📙	rm's name ERNST & YOUNG U.S. LLP	1	Firm's EIN ▶ 3	84-6565596
Use	oniv —	rm's address > 5 TIMES SQUARE NEW YORK, NY 10036			212-773-3000
May		discuss this return with the preparer shown above? (see instructions)			X Yes No
<u> </u>		ork Reduction Act Notice, see the separate instructions.			Form 990 (2016)

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-	Check if Schedule O contains a response or note to any line in this Part III
	ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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?
	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.
	(Code:) (Expenses \$
	(Code:) (Expenses \$
	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.
4-	(Code: \(\sum_{Compared to the control of the control of the code of the
	(Code:) (Expenses \$
	ASSIST CANCER PATIENTS & THEIR FAMILIES AND EASE THE BURDEN OF
	CANCER FOR THEM.
	CANCER FOR THEM. Chancer for them.

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Part	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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
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,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.7	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			3.5
	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			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	Х	
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization report an amount for other habilities in Part X, line 25? If Yes, Complete Scredule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 1	
•	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
. _ u	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
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		Х
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		Х
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		Х
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		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
20	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		21
34	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	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		
~	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	- 3		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
			~~~	

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Part V Statements Regarding Other IRS Filings and Tax Compliance 94 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 Χ **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 Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or Χ 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which 

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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . Χ

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18	3		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?			
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	_	ر <del>د</del>	
-	on bit one content biroqueete intermation about peneree hetroquired by the internal revenue	- Cour	Yes	No
40-	Did the expenientian have level shorters branches as efficience?	10a		x
	Did the organization have local chapters, branches, or affiliates?	- Tu		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	- Tu		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
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?	15a		Х
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	130	21	
40-	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	16a		Х
	with a taxable entity during the year?	Toa		21
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?	16h		
Socti		16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2	<b>5011</b>	) (6)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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)	501(0	c)(3)s	only)
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: <b>&gt;</b>		

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

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

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

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

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

					C)	•		-					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)			
Name and Title	Average hours per	,						Reportable compensation	Reportable compensation from	Estimated amount of			
	week (list any	box, unless person is both an officer and a director/trustee)						from	related	other			
	hours for related organizations below dotted line)	Individua or direct	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee		Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee		Former Highest compensated employee Key employee Officer		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)SANDRA CASSESE, MSN, RN, CNS	3.00												
TREASURER	0.	X		Х				0.	0.	0.			
(2)MAUREEN G MANN, MS, MBA, FACHE	3.00							· ·	· ·				
SECRETARY	0.	Х		Х				0.	0.	0.			
(3)WILLIAM J. MAYER, MD	1.00												
DIRECTOR	0.	Х						0.	0.	0.			
(4)JOHN HAMILTON, DDS	3.00												
CHAIR OF THE BOARD	0.	Х		Х				0.	0.	0.			
(5)RICK Q. NGO, MD, FACS	1.00												
DIRECTOR	0.	Х						0.	0.	0.			
(6)JOHN J. MANNA, JR	1.00												
DIRECTOR	0.	Х						0.	0.	0.			
(7)DANIEL P. HEIST, CPA	1.00												
DIRECTOR	0.	Х						0.	0.	0 .			
(8)WILLIAM P. UNDERRINER	1.00												
DIRECTOR	0.	Х						0.	0.	0 .			
(9)MICHAEL T. MARQUARDT	1.00												
DIRECTOR	0.	Х						0.	0.	0 .			
(10)WILLIAM E. COULTER, EDD	1.00												
DIRECTOR	0.	Х						0.	0.	0 .			
(11)THE HONORABLE DAN GLICKMAN	1.00												
DIRECTOR	0.	Х						0.	0.	0			
(12)BERNARD JACKVONY, JD	1.00												
DIRECTOR	0.	Х						0.	0.	0			
(13)ROBERT E. YOULE	1.00												
DIRECTOR	0.	Х						0.	0.	0			
(14)RICHARD L. DEMING, MD	3.00												
VICE CHAIR	0.	X		Χ				0.	0.	0.			

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinue	ed)			
(A)	(A) (B) (C)								(D) (E)					
Name and title	Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or Officer and a director/trustee)  Or Officer and a director/trustee)  Or Officer and ploye e e officer and a director or line titutional trustee				e than o is both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	stimated nount of other pensation the anizatiod related	f on on d			
		ustee	trustee		ee	npensated								
15) ALLISON JONES THOMSON	1.00													
DIRECTOR	0.	Х						0.	0.			0.		
16) PAMELA K. MEYERHOFFER, FAHP	1.00													
DIRECTOR	0.	X						0.	0.			0.		
17) SCARLOTT K. MUELLER, MPH, RN	1.00													
DIRECTOR	0.	Х						0.	0.			0.		
18) SHERRY LANSING	1.00													
DIRECTOR	0.	Х						0.	0.			0.		
19) CHRISTY RUSSELL, MD	3.00													
IMMEDIATE PAST CHAIR	0.	X		Х				0.	0.			0.		
20) CATHERINE E. MICKLE	5.00													
CHIEF FINANCIAL OFFICER	57.00			Х				46,140.	525,987.	1	.03,6	543.		
21) CHRISTOPHER HANSEN	55.00													
PRESIDENT	1.00			Х				487,608.	0.		55,0	)43.		
22) GARY REEDY	5.00	-												
CHIEF EXECUTIVE OFFICER	55.00			Х				60,708.	667,778.		92,2	291.		
23) KATHERINE L. HEADRICK  VP, FIELD OPERATIONS, OUTGOING	55.00 0.				Х			314,598.	0.		53,1	L64.		
24) PAMELA G. TRAXEL  VP OF INCOME DEVELOPMENT	55.00 1.00	-				Х		236,521.	0.		51,3	380.		
25) JOHN D. KILLPACK	55.00													
MNGNG DRCTR, WESTERN REGION	0.					Х		180,992.	0.		44,4	169.		
1b Sub-total							<b></b>	0.	0.			0.		
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	2,011,942.	1,193,765.	5	52,6	21.		
d Total (add lines 1b and 1c)							$\blacktriangleright$	2,011,942.	1,193,765.	5	52,6	21.		
2 Total number of individuals (including but not reportable compensation from the organization		hose 3'		d a	bov	e) who	re	ceived more than	\$100,000 of					
											Yes	No		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3		Х		
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	oortab	ole d	com	per	satior	n ai	nd other compens	sation from the					
individual										4	Х			
5 Did any person listed on line 1a receive or														
for services rendered to the organization? If "Ye										5		Х		

#### 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 ▶ 15

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Part VII Section A. Officers, Directors, Tru	ustees. Ke	v Fm	olar	)Ve	es.	and F	-lia	hest Compensat	ed Emplo	vees (c	Page ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl unles	Pos heck ss pe	C) sition more	e than contemployee	ne an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reports compensat relate organiza (W-2/1099	able ion from ed ations	(F) Estimated amount of other compensation from the organization and related organizations
26) KIRSTEN SLOAN	55.00		Ф			ated					
SR DRCTR, PLCY ALYS & LEGI SPT	0.					X		172,869.		0.	40,282
27) LISA A. LACASSE	55.00							,			•
VP, STRATEGY & OPS	1.00					Х		271,133.		0.	54,141
28) RICHARD P. WOODRUFF	55.00									_	
SENIOR DIRECTOR, FED RELATIONS	0.					X		241,373.		0.	58,208
	<del></del>										
	<del> </del>										
	<u> </u>										
	ļ										
	<del> </del>										
	<del> </del>	-									
	†										
Sub-total     C Total from continuation sheets to Part VII, S     d Total (add lines 1b and 1c)      Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				> P	eceived more than	\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"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 "Y	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or indiv	ridual	5 X
Section B. Independent Contractors											
1 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

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

		Check if Schedule O contains a respoi	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts tr	1a	Federated campaigns 1a					
iran	b	Membership dues					
s, G	C	Fundraising events 1c	2,543,765.				
ar,	d	Related organizations 1d	34,771,281.				
imil imil	u .	Government grants (contributions) 1e	31/1/1/2011				
Contributions, Gifts, Grants and Other Similar Amounts	e	grante (continuations) 1 1					
the	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	1,847,571.				
d Q							
a S	g	Noncash contributions included in lines 1a-1f: \$		20 160 615			
<u>e</u>	h	Total. Add lines 1a-1f	Business Code	39,162,617.			
enr							
Şe	2a	PROGRAM SERVICE FEES	900099	81,719.	81,719.		
93	b						
Ξ	С						
Š	d						
ran	е						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f		81,719.			
	3	Investment income (including divider	, , ,				
		and other similar amounts).		65,161.			65,161
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> </u>	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
ø.	8a	Gross income from fundraising					
ň		events (not including \$2,543,765.					
eve		of contributions reported on line 1c).					
<u>بر</u> حد		See Part IV, line 18	260,914.				
Other Revenue	b	Less: direct expenses b					
O	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
	""	See Part IV, line 19	0.				
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	.va	returns and allowances	0.				
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code	0.			
	110	MISCELLANEOUS REVENUE	900099	11,610.			11,610
	11a		,,,,,,	11,010.			11,010
	b						
	C	All other revenue					
	d	All other revenue		11,610.			
	12	Total revenue. See instructions.		39,321,107.	81,719.		76,771
				JJ   JG 1   1 U   .	U1,117.		10,771

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## 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					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	223,450.	223,450.		
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.	2,131.		
4	Benefits paid to or for members	0.	2,131.		
	Compensation of current officers, directors,				
	trustees, and key employees	949,454.	796,400.	153,054.	
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.	16,406,392.	278,659.	1,066,142.
	Other salaries and wages	17,751,193.	10,400,392.	270,039.	1,000,142.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,797,421.	3,605,111.	57,848.	134,462.
9	Other employee benefits	1,826,114.	1,643,282.	10,892.	171,940.
10		1,346,115.	1,252,702.	19,283.	74,130.
	Fees for services (non-employees):				
a	Management	0.			
b	Legal	88,605.	66,291.	18,336.	3,978.
	Accounting	37,480.	34,519.	877.	2,084.
	Lobbying	2,041,383.	2,041,336.	14.	33.
	Professional fundraising services. See Part IV, line 17.	8,000.			8,000.
	f Investment management fees	0.			
٤	J Other. (If line 11g amount exceeds 10% of line 25, column  (A) amount, list line 11g expenses on Schedule O.)	3,741,374.	3,400,777.	162,801.	177,796.
12	Advertising and promotion	951,511.	944,830.	1,718.	4,963.
13	Office expenses	456,552.	375,675.	7,881.	72,996.
14	Information technology	30,348.	24,629.	649.	5,070.
15	Royalties	0.			
16	Occupancy	1,777,684.	1,610,738.	38,782.	128,164.
17	Travel	2,019,956.	1,803,150.	98,037.	116,638.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	910,957.	842,985.	29,690.	38,282.
20	Interest	0.	0127505.	257050.	3072021
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	132,568.	101,050.	2,567.	28,951.
23	Insurance	1,983.	1,827.	46.	110.
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.)				
_	PRINTING-EDUCATION&FNDRSG	423,392.	304,413.	15,359.	103,620.
-	MEMBERSHIP FEES & DUES	252,250.	234,805.	12,031.	5,414.
	MISCELLANEOUS	99,227.	64,094.	3,529.	31,604.
		,	. ,	-,	- ,
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	38,867,017.	35,780,587.	911,996.	2,174,434.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	106,003.	62,020.	16,987.	26,996.
JSA		100,003.	04,040.	10,501.	Z0,990.

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#### Part X Balance Sheet

ı а	ILA	Dalatice Stieet					
		Check if Schedule O contains a response of	r note	to any line in this Pa	art X		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,699,485.	1	1,457,733.
	2	Savings and temporary cash investments			3,642,594.	2	4,658,053.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co	ompen	sated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	, .		0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu	intary e	mployees' beneficiary			
S		organizations (see instructions). Complete Part II of Sche	edule L		0.		0.
Assets	7	Notes and loans receivable, net			0.		0.
As	8	Inventories for sale or use			0.		0.
	9	Prepaid expenses and deferred charges			174,874.	9	222,298.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	1,056,179.			4=0 400
		Less: accumulated depreciation			588,216.		_
	11	Investments - publicly traded securities				11	0.
	12	Investments - other securities. See Part IV, line 11				12	0.
	13	Investments - program-related. See Part IV, line 11				13	0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11			1,948,390.		1,518,159.
	16	Total assets. Add lines 1 through 15 (must equal			8,053,559. 1,995,751.		8,334,741. 2,128,822.
	17 18	Accounts payable and accrued expenses				18	2,120,022.
	19	Grants payable			1,293,510.		1,205,947.
	20	Deferred revenue				20	0.
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Pa	art IV o	Schodulo D	0.		0.
'n	22	Loans and other payables to current and for		<u> </u>	21	0.	
Liabilities		trustees, key employees, highest compen					
iliq		disqualified persons. Complete Part II of Schedule			0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelate				23	0.
	24	Unsecured notes and loans payable to unrelated			0.		0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			471,929.	25	288,936.
	26	Total liabilities. Add lines 17 through 25			3,761,190.	26	3,623,705.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
Fund Balances	27	Unrestricted net assets			2,687,212.	27	3,036,996.
3al	28	Temporarily restricted net assets			1,605,157.	28	1,674,040.
l pu	29	Permanently restricted net assets		<u></u> [	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, check	here  and			
ts (	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
Į.	32	Retained earnings, endowment, accumulated inco				32	
Ne	33	Total net assets or fund balances			4,292,369.	33	4,711,036.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	8,053,559.	34	8,334,741.

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39,3	21,1	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2		38,8	67,0	17.
3	Revenue less expenses. Subtract line 2 from line 1	3		4	54,0	90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,2	92,3	369.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6			-3,3	326.
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		_	32,0	97.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,7	11,0	36.
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," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?				Х	
	If the organization changed either its oversight process or selection process during the tax year, $\epsilon$	explair	n in			
	Schedule O.					
3a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_	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

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2016

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. 52-2340031 Organization type (check one): Filers of: Section: X 501(c)(4 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1_		\$\$	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		\$ 30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ 70,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
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 noncash contributions.)		

JSA 6E1253 1.000

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$\$5,000.	Person   X		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

JSA 6E1253 1.000

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
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		\$ 15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15		\$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			
16		\$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			
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		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

JSA 6E1253 1.000

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
19		\$ 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	
20		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
21		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22		\$\$17,500.	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	
23		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
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		\$ 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	
29		\$\$	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 noncash contributions.)	

JSA 6E1253 1.000

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
31		\$\$.	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 noncash contributions.)		

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
37		\$\$ \$	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	
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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

JSA 6E1253 1.000

Part I	Contributors (See instructions). Use duplicate copie	es of Part I if additional space is no	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		\$\$.	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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
49		\$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			
50		\$\$	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		\$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			
53		\$7,531.	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 noncash contributions.)			

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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
55		\$\$5,300.	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		
56		\$\$.	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		
57		\$\$.	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		
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		\$\$,500.	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

JSA 6E1253 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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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
61		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$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
65		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

JSA 6E1253 1.000

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
67		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
68		\$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		
69		\$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		
70		\$ 187,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
71		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
72		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (See instructions). Use duplicate copie	s of Part I if additional space is no	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_		\$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
76		\$5,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	ntributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
79_		\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
80		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
81		\$ 55,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
82		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
83		\$ 37,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
84		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (See instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$	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 X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
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		\$\$.	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_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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Part I	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$ \$	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 noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_53	EVENT ROOM & FOOD		
		\$7,531.	04/26/2016
(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 or	rganization AMERICAN CANCER SOCIET	Y CANCER ACTION		Employer identification number	
Dorf III	NETWORK, INC.	aantributiana ta argan	inations door	52-2340031	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any one ons completing Part III, e e year. (Enter this inform	<b>contributor.</b> Center the total o	omplete columns (a) through (e) and of exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
		(e) Transfer of g	jift		
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship 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, ar	nd ZIP + 4	Relation	ship 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 g	jift		
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee	

#### 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

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

	e organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) (see separate instructions), then	or Form 9	990-EZ, Part V, line 35c (P	roxy
•	Section 501(c)(4), (5), or (6) organizations: Complete Part III.			
Nam	e of organization AMERICAN CANCER SOCIETY CANCER ACTION	Employer	r identification number	
NET	WORK, INC.	52-2	2340031	
Pa	rt I-A Complete if the organization is exempt under section 501(c) or is a section	n 527 o	rganization.	
1	Provide a description of the organization's direct and indirect political campaign activities in F	art IV. (s	see instructions for definition	วท
	of "political campaign activities")			
2	Political campaign activity expenditures (see instructions)	▶\$	1,041,895.	
3	Volunteer hours for political campaign activities (see instructions)		874.	
Par	t I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶\$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No
4a	Was a correction made?		Yes	No
	If "Yes," describe in Part IV.			
Pai	t I-C Complete if the organization is exempt under section 501(c), except sect	ion 501(	c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt fund	ction		
	activities	▶\$_	1,041,895.	
2	Enter the amount of the filing organization's funds contributed to other organizations for sec	ction		
	527 exempt function activities	▶\$_		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-F	OL,		
	line 17b	. ▶\$_		
4	Did the filing organization file Form 1120-POL for this year?			No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 pol			
	organization made payments. For each organization listed, enter the amount paid from the	0 0	,	
	the amount of political contributions received that were promptly and directly delivered to a sa separate segregated fund or a political action committee (PAC). If additional space is need	•		

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

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

Schedule C (Form 990 or 990-EZ) 2016

Sch	edule C (Form 990 or 990-EZ) 2016	AMERIC	AN CANCE	R SOCIETY CAN	CER ACTION	52-2	340031 Page Z	
Pa	cart II-A Complete if the org section 501(h)).	ganizati	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under	
Α	name, address, I	EIN, exp	enses, and	share of excess lo	obbying expend	•	roup member's	
В	Check ▶ if the filing orga	nization	checked b	oox A and "limited	control" provision	ons apply.		
	Limits	on Lobb	ying Expend	ditures		(a) Filing	(b) Affiliated	
	(The term "expendit	ures" me	eans amour	nts paid or incurred.	)	organization's totals	group totals	
1a	Total lobbying expenditures to	influence	public opini	on (grass roots lobb	ying)			
	Total lobbying expenditures to		-		· - · – ·			
	Total lobbying expenditures (ac		_					
	Other exempt purpose expendi							
		otal exempt purpose expenditures (add lines 1c and 1d)						
	Lobbying nontaxable amount.			·	_			
	columns.			J				
		ount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			s:			
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000	0.000		us 15% of the excess	over \$500,000.			
				us 10% of the excess				
	Over \$1,500,000 but not over \$17.			us 5% of the excess o				
	Over \$17,000,000	,	\$1,000,000.					
g	Grassroots nontaxable amount	(enter 25	% of line 1f)					
_	Subtract line 1g from line 1a. If	•	•		<u> </u>			
	Subtract line 1f from line 1c. If							
	If there is an amount other the					ion file Form 4720		
•	reporting section 4911 tax for t	his year?					Yes No	
	· · · · · ·			aging Period Unde				
	(Some organizations that	t made a	section 50	1(h) election do no	t have to comple	ete all of the five colun	nns below.	
		See	the separat	te instructions for I	ines 2a through	2f.)		
	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a)	2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total	
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
C	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2016

JSA

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Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	d For	m 5768			
2 %		(a)		(b)			
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	,	Amoui	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	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	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?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?    It Ill-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	-\/5\					
га	501(c)(6).	င်)(၁)	, or s	ection			
	301(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pa	rt III-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	rt III-A,	line 3	, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	nts d	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b Carryover from last year							
c 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	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyin	ng				
_	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	rt IV Supplemental Information  vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	aroi	ın liet	·)· Part II.	Δ lin	ae 1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	gioc	יטוו קג	), i ait ii	, iii i	00 1	ana
`							
SE	E PAGE 4						

Schedule C (Form 990 or 990-EZ) 2016

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

Schedule C (Form 990 or 990-EZ) 2016 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 95 CANDIDATES IN 43 FEDERAL AND STATE RACES AT ALL LEVELS. THEY ALSO HELD IN-PERSON MEETINGS WITH STAFF AND CANDIDATES IN 13 DIFFERENT RACES TO DISCUSS ACS CAN PRIORITIES AND THE CANCER VOTES PROGRAM THAT EDUCATES THE PUBLIC, INCLUDING CANDIDATES, ABOUT THE ACTION LAWMAKERS SHOULD TAKE TO MAKE FIGHTING CANCER A NATIONAL PRIORITY. ACS CAN DOES NOT EXPRESSLY ADVOCATE THE ELECTION OR DEFEAT OF CANDIDATES. IN ALL OF THOSE 13 RACES, ALL CANDIDATES WHO RECEIVED THE QUESTIONNAIRE WERE INVITED TO MEET WITH ACS CAN. TO DEMONSTRATE TO CANDIDATES THE IMPORTANCE OF CANCER ISSUES AMONG THE ELECTORATE, ACS CAN ALSO CONDUCTED POLLS, SURVEYING VOTERS ABOUT THEIR OPINIONS ON CANCER RESEARCH FUNDING, AND EDUCATED CANDIDATES ON VOTER POSITIONS. VOLUNTEERS ALL OVER THE COUNTRY ATTENDED PUBLIC EVENTS TO ASK CANDIDATES TO GO ON RECORD ABOUT CANCER ISSUES; THEY ALSO REACHED OUT TO CANDIDATES THROUGH SOCIAL MEDIA TO ASK THEM THEIR POSITIONS ON THESE ISSUES. VOLUNTEERS ALSO CANVASSED NEIGHBORHOODS WITH CANCER VOTES MATERIAL, HELD EVENTS WHERE BOTH CANDIDATES WERE INVITED TO TALK OVER A MEAL WITH ACS CAN VOLUNTEERS, AND ATTENDED AND ORGANIZED CANDIDATE DEBATES AND FORUMS.

Schedule C (Form 990 or 990-EZ) 2016

8314AA 2217

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# 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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization AMERICAN CANCER SOCIETY CANCER ACTION

NETWORK, INC.

Employer identification number
52-2340031

$\overline{}$	WORK, IN							2-234003	<u> </u>	
Pa		ganizations Maintainir	-				Accou	ınts.		
	<u> </u>	mplete if the organizat	ion answered Ye	(a) Donor advi			(1-)	. Funda and	-th a r a a a a	<b>.</b>
_				(a) Donor advi	seu rui	nus	(0)	runus and	other account	.5
1		ber at end of year								
2		value of contributions to								
3		value of grants from (dui								
4		value at end of year								
5		ganization inform all dor								
_		the organization's propert		•	_	•			Yes _	No
6		ganization inform all grar								
		naritable purposes and no							□ vaa □	□ Na
- Do		impermissible private be							Yes _	No
Pa		enservation Easements emplete if the organizat		os" on Form 000	Dart	IV line 7				
1		on piete in the organization of conservation easeme								
•			-	:			of a bio	tariaally imr	ortant land	oroo
		servation of land for publi tection of natural habitat	d use (e.g., recreat	ion or education)		Preservation Preservation				area
		servation of open space				rieservation	oi a cei	tilled filstor	ic structure	
2		lines 2a through 2d if the	organization hold	a gualified concerv	ation	contribution in	the for	m of a conc	orvotion	
2	-	on the last day of the tax	_	a qualified conserv	alion	CONTINUUTON			End of the Ta	ax Year
_		ber of conservation easen					2a			
a							2b			
b		age restricted by conserver f conservation easements					2c			
c d		f conservation easements					20			
u		ucture listed in the Nation		•			2d			
3		f conservation easements						the organ	ization duri	na the
•	tax year ▶		inodilica, transic	rrea, releasea, exti	iguisi	nea, or termin	ated by	Tile organ	ization dum	ing the
4	•	f states where property s	– ubject to conservat	tion easement is loc	ated I	•				
5		organization have a wri	-				ion hai	ndling of		
•		and enforcement of the c		- '		-		_	Yes	☐ No
6		olunteer hours devoted to m								
•	<b>&gt;</b>	, a	oo,op oog	, manaling or moralion	,	a oo.og oo			aamig me y	<b>.</b>
7	Amount of	expenses incurred in mo	nitorina, inspectina	. handling of violatio	ns. aı	nd enforcina co	onserva	tion easeme	ents durina i	the vear
	<b>S</b>	'	5, I 0	,	,	9			J	,
8	,	conservation easement re	eported on line 2(d)	above satisfy the re	quire	ments of section	on 170(l	h)(4)(B)(i)		
		n 170(h)(4)(B)(ii)?	. ,	•	•		,	, , , , , , , ,	Yes	☐ No
9		I, describe how the organ							t, and	
		neet, and include, if applic	•				-			е
		on's accounting for conse								
Pa		ganizations Maintainir					r Simila	ar Assets.		
	Со	mplete if the organizat	ion answered "Ye	es" on Form 990,	Part	IV, line 8.				
1a	If the orga	anization elected, as pern	nitted under SFAS	116 (ASC 958), r	ot to	report in its i	evenue	statement	and baland	ce sheet
	works of a	art, historical treasures, vice, provide, in Part XIII, t	or other similar a he text of the footn	issets held for pub note to its financial :	olic e stater	xhibition, edu nents that des	cation, cribes tl	or researci hese items.	n in further	rance of
b	-	anization elected, as per							and balance	ce sheet
~		art, historical treasures,								
	public serv	vice, provide the following	amounts relating t	to these items:						
		ue included in Form 990,								
		included in Form 990, Pa								
2	If the orga	anization received or he	ld works of art, h	nistorical treasures	or c	other similar a	assets f	or financia	l gain, prov	vide the
		amounts required to be re								
а		ncluded in Form 990, Par								
h	Assets incl	luded in Form 990. Part X						<b>▶</b> ¢		

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

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 Page **2** 

Par	t III Organizations Maintaining	Collections of	Art, Hist	orical T	reasure	es, c	or Oth	er Simila	r Asse	ts (conti	nued)
3	Using the organization's acquisition,	accession, and	other recor	ds, check	any of	the	follow	ing that ar	e a sigr	ificant us	e of its
	collection items (check all that apply)	:		_							
а	Public exhibition		d		r excha						
b	Scholarly research		e	Other							
С	Preservation for future generated										
4	Provide a description of the organiz	cation's collections	s and expla	in how t	hey furt	ther	the org	ganization's	exemp	purpose	in Part
_	XIII.	P 4									
5	During the year, did the organization								_	¬	
Por	assets to be sold to raise funds rather t IV Escrow and Custodial Arra		ained as pa	rt or the c	rganiza	tions	s collec	tion?		Yes	No_
Pai	Complete if the organizatio 990, Part X, line 21.	•	s" on Form	n 990, Pa	art IV, li	ne 9	, or re	ported an	amoun	t on Form	า
1 a	Is the organization an agent, trustee,	, custodian or oth	er intermed	iary for co	ontributi	ions d	or other	assets not			
	included on Form 990, Part X?								[	Yes	No
b	If "Yes," explain the arrangement in F	Part XIII and com	plete the fol	lowing tab	le:						
								Ar	nount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f O-	Ending balance					1f	.41! - 1		:11:4-0	V	N.
2a	Did the organization include an amou									Yes	No No
Par	If "Yes," explain the arrangement in F  t V Endowment Funds.	Part Alli. Check ii	ere ii trie ez	фіапаціоп	nas bee	en pro	videa	JII Palt Alli			
Гаг	Complete if the organization	n answered "Ye	s" on Form	990. Pa	art IV. lir	ne 1	0.				
	Complete ii ale organization	(a) Current year	<b>(b)</b> Prio		(c) Two			(d) Three ye	ars back	(e) Four ye	ears back
1.	Paginning of year balance	.,	(4)	7 7 2	(-,	, ,		(,		(-)	
1a	Beginning of year balance Contributions										
b	Net investment earnings, gains,										
·	and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of	the current year	end balance	e (line 1g,	column	(a)) h	neld as:				
а	Board designated or quasi-endowmen		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment		4000/								
20	The percentages on lines 2a, 2b, and Are there endowment funds not in the			tion that	ara bald	l and	admin	ictored for t	ho		
Sa	organization by:	e possession or ti	ne organiza	llion mat e	are neiu	anu	aumm	istered for t	i ie	Ye	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related									3b	
4	Describe in Part XIII the intended use	•									
Par	Land, Buildings, and Equiper Complete if the organization	ment.				•			.00 D		
	Description of property	on answered "Ye	other basis	n 990, P (b) Cost o	art IV, I	ine 1	(c) Acc	ee Form 9	190, Par	t X, IINE 1 I) Book value	10.
		(inves	tment)		her)	515		eciation	,,	) BOOK Value	<i>,</i> 
1 a	Land										
b	Buildings										
C	Leasehold improvements				73,09	_		00,637.			2,455.
d	Equipment			4	83,08	7.	2'	77,044.		206	5,043.
<u>е</u>	Other	al)	000 D- 1	V t	· /D\ "	- 40	- 1			450	100
<u>ı ota</u>	I. Add lines 1a through 1e. (Column (d	a) must equal Fori	т 990, Part	x, column	1 (B), line	e 100	;.) <u></u>	<u> ▶</u>		4.78	3,498.

Schedule D (Form 990) 2016

Page 3 Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B) (C)				
(C)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year mag	
(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.  Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11d. See Form 99	90, Part X, line 15.
	<b>(a)</b> De	escription		(b) Book value
	FROM AFFILIATES			1,264,371.
	R DEPOSITS			232,739.
	R RECEIVABLES			21,049.
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		1,518,159
Part X	Other Liabilities.	,		
	Complete if the organization answered line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See F	orm 990, Part X,
1.	(a) Description of liability	(b) Book value	ue	
(1) Feder	al income taxes			
	TO AFFILIATES	288,	936.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 288,	936	
	or uncertain tax positions. In Part XIII, provide the	<u> </u>		that reports the
•	bi uncertain tax positions. In Part Alli, provide 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

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Schedule D (Form 990) 2016

8314AA 2217

Schedule D (Form 990) 2016 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation 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	41,752,338.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	2,431,231.
3	Subtract line 2e from line 1	3	39,321,107.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · ·
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	1	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	39,321,107.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	41,301,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses	1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	2,434,557.
3	Subtract line 2e from line 1	3	38,867,017.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	investment expenses not included on Form 350, Fait Vin, inc 75 1 1 1 1 1 1	1	
b	Other (Beschibe in Late Ann.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	38,867,017.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, li nation.	ne 4; Part X, line

JSA Schedule D (Form 990) 2016

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Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2016

JSA 6E1226 1.000

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#### 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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2016
Open to Public

Department of the Treasury Internal Revenue Service ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number NETWORK, INC. 52-2340031 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016

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

			(a) Event #1 RSRCH BREAKFAST	(b) Event #2 LIGHTS OF HOPE	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,112,020.	362,261.	1,330,398.	2,804,679
ď		Less: Contributions Gross income (line 1 minus	1,029,298.	313,491.	1,200,976.	2,543,765
		line 2)	82,722.	48,770.	129,422.	260,914
	4	Cash prizes			0.	
	5	Noncash prizes			0.	
Expenses	6	Rent/facility costs	20,636.		17,419.	38,055
t Expe	7	Food and beverages	58,094.	20,075.	56,988.	135,157
Direct	8	Entertainment		219.	4,655.	4,874
	9	Other direct expenses	3,992.	28,476.	50,360.	82,828
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 through 9 in column (d)	) 		260,914
Pa			anization answered "Y			orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	lumn (d)	<u></u>	
	l Is	Inter the state(s) in which the organizates the organization licensed to conduct (		of these states?		Yes No
		Vere any of the organization's gaming "Yes," explain:	licenses revoked, suspe	ended or terminated duri	ng the tax year?	_ Yes No

Sched	lule G (Form 990 or 990-EZ) 2016		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b			
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par			
		-	

Schedule G (Form 990 or 990-EZ) 2016

JSA 6E1503 1.000

## SCHEDULE I (Form 990)

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

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

**Open to Public** Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CANCER SOCIETY CANCER ACTION

**Employer identification number** 

OMB No. 1545-0047

2016

	TWORK, INC.	52-2340031	
Pa	rt I General Information on Grants and Assistance		
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or	or assistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	N
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		

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

(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
						CA TOBACCO TAX
46-3001004	501(C)(4)	200,000.				COALITION WEBSITE
_						
_						
_						
_						
_						
_						
_						
_						
_						
_						
			(if applicable) grant	(if applicable) grant cash assistance		

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

Schedule I (Form 990) (2016)

1.

JSA 6E1288 1.000

Schedule I (Form 990) (2016)

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

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

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

DESCRIPTION OF ORG'S PROCEDURE FOR MONITORING

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. THESE REPORTS ARE TO BE RETAINED IN THE

Schedule I (Form 990) (2016)

Page 2

Schedule I (Form 990) (2016)

art 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>(b)</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.

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public** 

OMB No. 1545-0047

Inspection Employer identification number

Name of the organization NETWORK, INC.

Department of the Treasury Internal Revenue Service

AMERICAN CANCER SOCIETY CANCER ACTION

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  Travel for companions  Housing allowance or residence for personal use 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  Independent compensation consultant Form 990 of other organizations  Written employment contract Compensation survey or study 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	X	
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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the revenues of:			
•	The organization?	5a		Х
a		5a		X
b	Any related organization?	อม		Λ
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
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)?	9		
	- ' '			

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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

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

CATHERINE E. MICKLE  (i) 30,171. 0. 15,  1CHIEF FINANCIAL OFFICER (ii) 343,944. 0. 182,  CHRISTOPHER HANSEN (i) 324,221. 0. 163,  2PRESIDENT (ii) 0. 0.  PAMELA G. TRAXEL (i) 234,341. 0. 2,  3VP OF INCOME DEVELOPMENT (ii) 0. 0.  KATHERINE L. HEADRICK (i) 189,837. 0. 124,  4VP, FIELD OPERATIONS, OUTGOING (ii) 0. 0.  JOHN D. KILLPACK (i) 179,346. 0. 1,  5MNGNG DRCTR, WESTERN REGION (ii) 0. 0.  GARY REEDY (i) 60,262. 0.  6CHIEF EXECUTIVE OFFICER (ii) 662,878. 0. 4,  KIRSTEN SLOAN (ii) 170,962. 0. 1,  7SR DRCTR, PLCY ALYS & LEGI SPT (ii) 0. 0.  LISA A. LACASSE (i) 269,500. 0. 1,  8VP, STRATEGY & OPS (ii) 0. 0.  RICHARD P. WOODRUFF (ii) 238,631. 0. 2,  9SENIOR DIRECTOR, FED RELATIONS (ii) 0. 0.	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation			
(A) Name and Title		17		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CATHERINE E. MICKLE	(i)	30,171.	0.	15,969.	7,350.	1,008.	54,498.	14,220.
1CHIEF FINANCIAL OFFICER	(ii)	343,944.	0.	182,043.	83,792.	11,493.	621,272.	162,113.
	(i)	324,221.	0.	163,387.	42,786.	12,257.	542,651.	153,333.
2PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	234,341.	0.	2,180.	44,773.	6,607.	287,901.	0.
3 OF INCOME DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHERINE L. HEADRICK	(i)	189,837.	0.	124,761.	37,926.	15,238.	367,762.	0.
$oldsymbol{4}^{ ext{VP}}$ , FIELD OPERATIONS, OUTGOING	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN D. KILLPACK	(i)	179,346.	0.	1,646.	38,342.	6,127.	225,461.	0.
<b>5</b> MNGNG DRCTR, WESTERN REGION	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY REEDY	(i)	60,262.	0.	446.	7,559.	132.	68,399.	0.
6CHIEF EXECUTIVE OFFICER	(ii)	662,878.	0.	4,900.	83,150.	1,450.	752,378.	0.
KIRSTEN SLOAN	(i)	170,962.	0.	1,907.	33,860.	6,422.	213,151.	0.
7 ^{SR} DRCTR, PLCY ALYS & LEGI SPT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	269,500.	0.	1,633.	52,385.	1,756.	325,274.	0.
<b>8</b> VP, STRATEGY & OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD P. WOODRUFF	(i)	238,631.	0.	2,742.	57,263.	945.	299,581.	0.
9SENIOR DIRECTOR, FED RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

#### 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 DIRECTORS 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 4A

KATHERINE L. HEADRICK: OTHER REPORTABLE COMPENSATION OF \$124,761 (PART

II, LINE 4B(III)) INCLUDES A SEVERANCE PAYMENT OF \$105,780. HEADRICK

RETIRED FROM THE SOCIETY IN 2016 AFTER SERVING ACS CAN IN A VARIETY OF

PROFESSIONAL STAFF ROLES FOR 17 YEARS.

SCHEDULE J, PART I, LINE 4B

THE FILING ORGANIZATION AND A RELATED FILING ORGANIZATION MAINTAIN A

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS PART OF THE TOTAL

COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES. THE SERP IS DESIGNED TO

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 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.

RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN.

AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES,

THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS

PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE. THE

COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV,

LINE 15.

INCLUDED IN PART II, COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR CHANGE IN ACTUARIAL VALUE OF BENEFITS. THESE AMOUNTS WERE NOT ACTUALLY PAID TO THE ELIGIBLE EXECUTIVE DURING THE YEAR.

THE INDIVIDUAL LISTED BELOW PARTICIPATED IN A SERP. THE AMOUNT OF THE SERP BENEFIT IS NOTED NEXT TO THE NAME OF THE INDIVIDUAL:

CATHERINE E. MICKLE: \$11,531

Schedule J (Form 990) 2016 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.

SCHEDULE J, PART II, COLUMN C

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

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

AMERICAN CANCER SOCIETY CANCER ACTION

Attach to Form 990.

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

Employer identification number

52-2340031

NETWORK, INC.

Part I Types of Property

гаі	Types of Froperty							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Closely field stock							
• • •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate - Residential							
	Real estate - Commercial							
16								
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ►( MISC ITEMS )	X	345.	42,068.	FMV			
25	,,	^	343.	42,000.	FMV			
26	Other ► ()							
27 28	Other ►() Other ►()							
29	Number of Forms 8283 received	by the ora	onization during the tax w	oor for contributions for				
29	which the organization completed F				29			
	which the organization completed i	-01111 0203,	rait iv, Donee Acknowledg	jenieni	20		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through			.,,
Jua	28, that it must hold for at least the				_			
	to be used for exempt purposes for	-				30a		Х
h	If "Yes," describe the arrangement i		oranig penoa:			Ju		
31	Does the organization have a		tance nolicy that require	s the review of any	nonstandard			
J 1	contributions?					31	Х	
322	Does the organization hire or use							
JZa	contributions?	•	_			32a		Х
h	If "Yes," describe in Part II.					JEA		21
Ŋ	ii 100, ucoulbe III Falt II.							

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

Schedule M (Form 990) (2016)

describe in Part II.

60103581

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2016) Page **2** 

Part II Supplem

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

JSA Schedule M (Form 990) (2016)

6E1508 2.000

# 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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CANCER SOCIETY CANCER ACTION

Employer identification number 52-2340031

NETWORK, INC.

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. \$6,840,425

SIGNIFICANT CHANGES

FORM 990, PART VI, LINE 4

DURING 2016, THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.

CHANGED IT'S NUMBER OF VOTING MEMBERS OF THE BOARD OF DIRECTORS FROM 21

TO 18.

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.

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.

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

NETWORK, INC. 52-2340031

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. THE

CFO THEN CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH THE COMMITTEE

MEMBERS. AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF

THE BOARD OF DIRECTORS PRIOR TO 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.

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, WHICH FOLLOWS A SIMILAR PROCESS AS THE FILING ORGANIZATION OUTLINED BELOW.

THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC. USES AN INDEPENDENT COMPENSATION COMMITTEE ("THE COMMITTEE") TO DETERMINE COMPENSATION FOR THE PRESIDENT AND ALL DISQUALIFIED PERSONS (DEFINED BELOW).

THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE "BOARD")
IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE
ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE
PRESIDENT. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING
OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER
SOCIETY CANCER ACTION NETWORK, INC. WHO THE COMMITTEE DETERMINES TO BE OR
TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO
EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER
SOCIETY CANCER ACTION NETWORK, INC. WITHIN THE MEANING OF SECTION 4958 OF
THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER
("DISQUALIFIED PERSONS").

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

NETWORK, INC. 52-2340031

THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL:

- (A) CONDUCT AN ANNUAL REVIEW OF AND COMMENT ON THE PRESIDENT'S PERFORMANCE AGAINST DEFINED GOALS;
- (B) REVIEW ANNUALLY THE PRESIDENT'S COMPENSATION AND BENEFITS IN RELATION
  TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA;
- (C) REVISE IF NECESSARY THE PRESIDENT'S PERFORMANCE GOALS;
- (D) DECIDE ON ANY CHANGES IN THE PRESIDENT'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT;
- (E) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD;
- (F) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE PRESIDENT ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE PRESIDENT) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE;
- (G) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON;
- (H) CONSIDER ALL BENEFITS PROVIDED BY THE TO THE PRESIDENT AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS;
- (I) DETERMINE WHETHER THE COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY

JSA 6E1228 1.000 Name of the organization AMERICAN CANCER SOCIETY CANCER ACTION Employer identification number

NETWORK, INC. 52-2340031

ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE BOARD;

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

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

FORM 990, PART VI, LINE 19

THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW.ACSCAN.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

NET CHANGE IN RETIREMENT PLAN LIABILITY: (\$32,097)

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, 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.ACSCAN.ORG.

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Schedule O (Form 990 or 990-EZ) 2016 Page **2** 

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

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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
PUBLIC OPINION STRATEGY 214 NORTH FAYETTE ST. ALEXANDRIA, VA 22314	STRATEGIC ADVISEMENT	441,043.
WINNING CONNECTIONS 317 PENNSYLVANIA AVE, SE WASHINGTON, DC 20003	STRATEGIC ADVISEMENT	294,767.
PERRY UNDEM 4800 HAMPDEN LN, STE 200 BETHESDA, MD 20814	STRATEGIC ADVISEMENT	284,046.
ADVOCACYSMITHS, INC. 4515 DRUMMOND AVE CHEVY CHASE, MD 20815	STRATEGIC ADVISEMENT	228,000.
REINGOLD, INC. 433 E MONROE AVE ALEXANDRIA, VA 22301	COMMUNICATIONS & ADV	204,454.

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#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

AMERICAN CANCER SOCIETY CANCER ACTION

Employer identification number 52-2340031

NETWORK, INC.

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> 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	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
							Yes	No
(1) AMERICAN CANCER SOCIETY, INC.	13-1788491							
250 WILLIAMS STREET	ATLANTA, GA 30303	ELIM. CANCER	NY	501(C)(3)	7	N/A		X
(2) ACS PRODUCTS, INC.	02-0651055							
250 WILLIAMS STREET, STE 400	ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12	ACS, INC.		X
(3) ACS DEVELOPMENT COMPANY I, INC.	46-5439010							
250 WILLIAMS STREET, STE 600	ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12	ACS, INC.		X
(4) ACS CAPITAL, INC.	46-5429467							
250 WILLIAMS STREET, STE 600	ATLANTA, GA 30303	SUPPORT ACS	GA	501(C)(3)	12	ACS CAN	X	
(5) AMERICAN CANCER SOCIETY INC, PUERT	O RICO 66-0321594							
566 CABO ALVERIO ST	HATO REY, PR 00918	ELIM. CANCER	PR	501(C)(3)	7	ACS, INC.		X
(6)								
		1						
(7)								

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

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Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34
al t 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or naging tner?	(k) Percentage ownership
		Country)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

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Schedule R (Form 990) 2016

Schedule R (For	rm 990) 2016	Page 🕻
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part 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 listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		X
b	Gift, grant, or capital contribution to related organization(s)		1b		X
С	Gift, grant, or capital contribution from related organization(s)		1c	Х	
d	Loans or loan guarantees to or for related organization(s)		1d		X
е	Loans or loan guarantees by related organization(s)		1e		X
f	Dividends from related organization(s).		1f		X
g	Sale of assets to related organization(s)		1g		X
h	Purchase of assets from related organization(s)		1h		X
i	Exchange of assets with related organization(s)		1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)		1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)		11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).		1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Х	
0	Sharing of paid employees with related organization(s)		10	Χ	
-	Reimbursement paid to related organization(s) for expenses	1	1р	Х	
q	Reimbursement paid by related organization(s) for expenses		1q		X
r	Other transfer of cash or property to related organization(s)		1r		X
S	Other transfer of cash or property from related organization(s)		1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thres	sholds	s.	
	(a) (b) (c) Name of related organization Transaction Amount involved Me	ethod c	(d) of dete	rminir	na
	type (a-s)	amoui			.9
1)					

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
<u>(5)</u>				
(6)				

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Schedule R (Form 990) 2016

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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.

<b>(b)</b> Primary activity	country) u	from tax under orga		unrelated, excluded   501(c)(3)   assets   of Schedul   from tax under   organizations?   (Form 10)		come (related, section solded 501(c)(3) total income end-of-year allocations? amount i of Sched on tax under organizations?		I income end-of-year allocations? amount in box 20		) managing partner?		ox 20 managing K-1 partner?		oox 20 managing		(k) Percentag ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No					
_																
_																
_																
_																
_																
	Primary activity	Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)	country) unrelated, excluded	country) unrelated, excluded 501 from tax under organic	country) unrelated, excluded 501(c)(3) from tax under organizations?	country) unrelated, excluded 501(c)(3) from tax under organizations?	country) unrelated, excluded 501(c)(3) assets from tax under organizations?	country) unrelated, excluded 501(c)(3) assets organizations?	country) unrelated, excluded 501(c)(3) assets organizations?	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 (Form 1065)	country) unrelated, excluded 501(0)(3) assets of Schedule K-1 part from tax under organizations? (Form 1065)	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 partner? from tax under organizations?				

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6E1310 1.000

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 Page 5

# Part VII Supplemental Information

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