

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed	Print or Type	Name of organization (Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section ☒ 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)		AMERICAN CANCER SOCIETY, INC.	13-1788491
		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions.)
		250 WILLIAMS STREET NW, SUITE 400 City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303	900003
C Book value of all assets at end of year 1,674,187,464.	F Group exemption number (See instructions.) ▶ 0580		
	G Check organization type ☒ 501(c) corporation 501(c) trust 401(a) trust Other trust		

H Enter the number of the organization's unrelated trades or businesses. ▶ 3 Describe the only (or first) unrelated trade or business here ▶ INVESTMENT IN PARTNERSHIPS. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ KAEI REICIN Telephone number ▶ 404-329-7934

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5	255,808.	255,808.
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	255,808.	255,808.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	255,808.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29		31	255,808.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICAN CANCER SOCIETY, INC.	Taxpayer identification number (TIN) 13-1788491
	Number, street, and room or suite no. If a P.O. box, see instructions. 250 WILLIAMS STREET NW, SUITE 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 7**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **CATHERINE MICKLE, CHIEF ADMINISTRATIVE OFFICER**

Telephone No. ► **404-329-7937** Fax No. ► **404-417-8011**

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . ► ☐ . If it is for part of the group, check this box . . . ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **20**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 **19** or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	276,221.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 3 STMT 4	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	276,221.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	36	276,221.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>[Signature]</i>	Date 11/12/2020	Title CHIEF FINANCIAL OFFICER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>[Signature]</i>	Date 11/11/2020	Check if self-employed ☐
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596		PTIN P01598400
	55 IVAN ALLEN JR BLVD, SUITE 1000		Phone no. 404-874-8300	
	Firm's address ▶ ATLANTA, GA 30308			

May the IRS discuss this return with the preparer shown below (see instructions)?	☒ Yes	☐ No
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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		
				Yes	No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ... ►

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2019)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
BROUNER GOTTLIEB PROPERTIES FUND IV - ORDINARY BUSINESS INCOME (LOSS)	32,950.
CEDAR FAIR LP - ORDINARY BUSINESS INCOME (LOSS)	-201.
HESS MIDSTREAM PARTNERS LP - NET RENTAL REAL ESTATE INCOME	-1,107.
HESS MIDSTREAM PARTNERS LP - NET RENTAL REAL ESTATE INCOME	-853.
MACKS 199 LSD LLC - ORDINARY BUSINESS INCOME (LOSS)	2,357.
MACKS WINSTON SALEM LLC - ORDINARY BUSINESS INCOME (LOSS)	3,229.
OASIS MIDSTREAM PARTNERS LP - NET RENTAL REAL ESTATE INCOME	122.
PENNSYLVANIA CENTER CO - ORDINARY BUSINESS INCOME (LOSS)	5,156.
EMPIRE STATE REALITY OP, L.P. - NET RENTAL REAL ESTATE INCOME	-1,608.
EMPIRE STATE REALITY OP, L.P. - NET RENTAL REAL ESTATE INCOME	-1,195.
230 FIFTH AVENUE ASSOCIATES - ORDINARY BUSINESS INCOME (LOSS)	200,209.
LOS ALAMITOS LIMITED PARTNERSHIP - ORDINARY BUSINESS INCOME (LOSS)	9,129.
G & H ENTERPRISES, LP - NET RENTAL REAL ESTATE INCOME	7,645.
KINGS COUNTRY DEVELOPMENT - NET RENTAL REAL ESTATE INCOME	-25.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	255,808.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/99	157,912.	0.	157,912.	157,912.
12/31/00	153,034.	0.	153,034.	153,034.
12/31/01	113,363.	0.	113,363.	113,363.
12/31/02	132,104.	0.	132,104.	132,104.
12/31/05	13,140.	0.	13,140.	13,140.
12/31/06	1,795.	0.	1,795.	1,795.
12/31/07	1,980.	0.	1,980.	1,980.
12/31/13	37,884.	0.	37,884.	37,884.
12/31/14	58,211.	0.	58,211.	58,211.
12/31/15	112,756.	0.	112,756.	112,756.
12/31/16	151,931.	0.	151,931.	151,931.
12/31/17	19,945.	0.	19,945.	19,945.
NOL CARRYOVER AVAILABLE THIS YEAR			954,055.	954,055.

FORM 990-T

CONTRIBUTIONS

STATEMENT 3

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

50% CASH ONLY

N/A

108,048,255.

TOTAL TO FORM 990-T, PAGE 2, LINE 34

108,048,255.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

FOR TAX YEAR 2017

FOR TAX YEAR 2018 83,593,535

TOTAL CARRYOVER

83,593,535

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

108,048,255

TOTAL CONTRIBUTIONS AVAILABLE

191,641,790

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS CONTRIBUTIONS

191,641,790

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

191,641,790

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

SCHEDULE M
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income from an
Unrelated Trade or Business

For calendar year 2019 or other tax year beginning _____, and ending _____.

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

ENTITY

1

OMB No. 1545-0047

2019

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Unrelated Business Activity Code (see instructions) ▶ 531110

Describe the unrelated trade or business ▶ RENTAL INCOME

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales					
b Less returns and allowances		c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)			2		
3 Gross profit. Subtract line 2 from line 1c			3		
4 a Capital gain net income (attach Schedule D)			4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c Capital loss deduction for trusts			4c		
5 Income (loss) from a partnership or an S corporation (attach statement)			5		
6 Rent income (Schedule C)			6 184,135.	506,381.	-322,246.
7 Unrelated debt-financed income (Schedule E)			7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10 Exploited exempt activity income (Schedule I)			10		
11 Advertising income (Schedule J)			11		
12 Other income (See instructions; attach schedule)			12		
13 Total. Combine lines 3 through 12			13 184,135.	506,381.	-322,246.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-322,246.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) STMT 5		30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31	-322,246.

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

SCHEDULE M		NET OPERATING LOSS DEDUCTION		STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	308,224.		308,224.	308,224.
NOL CARRYOVER AVAILABLE THIS YEAR			308,224.	308,224.

AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

- (1) HOPE LODGE
- (2) ATLANTA CORPCOMM STUDIO
- (3) CALIFORNIA RESOURCES PRODUCTION 1099
- (4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	SEE STATEMENT 6
(1) 0.	175,200.	504,547.
(2) 0.	5,750.	1,834.
(3) 0.	3,185.	0.
(4)		
Total 0.	Total 184,135.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 184,135.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... 506,381.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

Form 990-T (2019)

FORM 990-T (M) DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
HOPE LODGE TOTAL EXPENSES		504,547.	
- SUBTOTAL -	1		504,547.
ATLANTA CORPCOMM STUDIO TOTAL EXPENSES		1,834.	
- SUBTOTAL -	2		1,834.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			506,381.

SCHEDULE M
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income from an
Unrelated Trade or Business

For calendar year 2019 or other tax year beginning _____, and ending _____.

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

ENTITY

2

OMB No. 1545-0047

2019

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

AMERICAN CANCER SOCIETY, INC.

Employer identification number

13-1788491

Unrelated Business Activity Code (see instructions) ▶ 541800

Describe the unrelated trade or business ▶ ADVERTISING

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	4,750.				
b	Less returns and allowances		c Balance ▶	4,750.		
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c		3	4,750.		4,750.
4 a	Capital gain net income (attach Schedule D)		4 a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 b			
c	Capital loss deduction for trusts		4 c			
5	Income (loss) from a partnership or an S corporation (attach statement)		5			
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11	15,663.		15,663.
12	Other income (See instructions; attach schedule)		12			
13	Total. Combine lines 3 through 12		13	20,413.		20,413.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	20,413.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29		31	20,413.

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

AMERICAN CANCER SOCIETY, INC.

13-1788491

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ...

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals		0.	0.
Total dividends-received deductions included in column 8			0.

Form 990-T (2019)

AMERICAN CANCER SOCIETY, INC.

Schedule J - Advertising Income (see instructions)**Part I** **Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) CANCER & CANCER						
(2) CYTOPATHOLOGY	4,423.	0.	4,423.			
(3) CA: A CANCER JOURNAL FOR						
(4) CLINICIANS	11,240.	0.	11,240.			
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 15,663.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

OMB No. 1545-0074

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, TMPs, and PRs.)

Attachment
Sequence No. **84**▶ Go to www.irs.gov/Form8082 for instructions and the latest information.

Name(s) shown on return

AMERICAN CANCER SOCIETY, INC.

Identifying number

13-1788491

General Information**1** Check boxes that apply:

- (a) ☒ Notice of inconsistent treatment (go to line 2)
 (b) ☐ AAR (choose one below - see instructions)

For partnership tax years beginning **before** January 1, 2018 (unless electing into BBA)

- ☐ TEFRA AAR
☐ ELPs/REMICs

For partnership tax years beginning **after** December 31, 2017 (or that elected into BBA for tax years beginning after November 2, 2015, and before January 1, 2018)

- ☐ BBA AAR - go to Question A below

- A** Is the partnership revoking the immediately preceding partnership representative (and/or designated individual, if applicable) and appointing a successor (including the designated individual, if applicable) at the same time that the AAR is being filed? If "Yes," attach Form 8979
- B** Do the adjustments on the AAR result in an imputed underpayment for the reviewed year? If "Yes," go to Question C. If "No," go to Question D
- C** Is the partnership making an election under section 6227(b)(2) to have the adjustments taken into account by the reviewed year partners? If "Yes," go to Question D. If "No," go to Question E.
- D** The partnership is required to provide statements to the reviewed year partners containing their share of the adjustments. By signing below, the partnership representative declares, under penalties of perjury, that all statements have been provided to the reviewed year partners as required by the instructions.

▶ Partnership Representative Name (or designated individual, if appropriate) ▶ Date

- E** Is the partnership applying modifications to the imputed underpayment? If "Yes," attach Form 8980

2 Identify type of pass-through entity in which you are a partner, shareholder, or member.

- (a) ☐ TEFRA Partnership (b) ☐ S corporation (c) ☐ Estate (d) ☐ Trust (e) ☐ REMIC (f) ☒ BBA Partnership

3 Employer identification number of pass-through entity
39-1938186**5** Internal Revenue Service Center where pass-through entity filed its return
ELECTRONIC FILING

4 Name, address, and ZIP code of pass-through entity
 G & H ENTERPRISES LIMITED PARTNERSHIP
 3415 COMMERCE COURT
 APPLETON, WI 54611

6 Tax year of pass-through entity
 01/01/2019 to 12/31/2019

7 Your tax year
 01/01/2019 to 12/31/2019

Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
8 SCHEDULE K-1, UBTI	X	X	7,645	7,645	0
9					
10					
11					

For Paperwork Reduction Act Notice, see separate instructions.

Form **8082** (Rev. 12-2018)



Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back. Also, show how the imputed underpayment was calculated and how modifications were applied.

SCHEDULE K-1 NOT RECEIVED BY THE TIME THE ORGANIZATION WAS REQUIRED TO FILE ITS TAX RETURN (INCLUDING EXTENSIONS) .

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

OMB No. 1545-0074

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, TMPs, and PRs.)

Attachment
Sequence No. **84**▶ Go to www.irs.gov/Form8082 for instructions and the latest information.

Name(s) shown on return

AMERICAN CANCER SOCIETY, INC.

Identifying number

13-1788491

General Information**1** Check boxes that apply:

- (a) ☒ Notice of inconsistent treatment (go to line 2)
 (b) ☐ AAR (choose one below - see instructions)

For partnership tax years beginning **before** January 1, 2018 (unless electing into BBA)

- ☐ TEFRA AAR
☐ ELPs/REMICs

For partnership tax years beginning **after** December 31, 2017 (or that elected into BBA for tax years beginning after November 2, 2015, and before January 1, 2018)

- ☐ BBA AAR - go to Question A below

- A** Is the partnership revoking the immediately preceding partnership representative (and/or designated individual, if applicable) and appointing a successor (including the designated individual, if applicable) at the same time that the AAR is being filed? If "Yes," attach Form 8979
- B** Do the adjustments on the AAR result in an imputed underpayment for the reviewed year? If "Yes," go to Question C. If "No," go to Question D
- C** Is the partnership making an election under section 6227(b)(2) to have the adjustments taken into account by the reviewed year partners? If "Yes," go to Question D. If "No," go to Question E.
- D** The partnership is required to provide statements to the reviewed year partners containing their share of the adjustments. By signing below, the partnership representative declares, under penalties of perjury, that all statements have been provided to the reviewed year partners as required by the instructions.

▶ Partnership Representative Name (or designated individual, if appropriate)

▶ Date

E Is the partnership applying modifications to the imputed underpayment? If "Yes," attach Form 8980**2** Identify type of pass-through entity in which you are a partner, shareholder, or member.

- (a) ☐ TEFRA Partnership (b) ☐ S corporation (c) ☐ Estate (d) ☐ Trust (e) ☐ REMIC (f) ☒ BBA Partnership

3 Employer identification number of pass-through entity
95-3783146**5** Internal Revenue Service Center where pass-through entity filed its return
ELECTRONIC FILING

4 Name, address, and ZIP code of pass-through entity
 KINGS COUNTY DEVELOPMENT LTD
 30765 PACIFIC COAST HWY #374
 MALIBU, CA 90265

6 Tax year of pass-through entity
 01/01/2019 to 12/31/2019

7 Your tax year
 01/01/2019 to 12/31/2019

Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
8 SCHEDULE K-1, UBTI	X	X	-25	-25	0
9					
10					
11					

For Paperwork Reduction Act Notice, see separate instructions.

Form **8082** (Rev. 12-2018)



Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back. Also, show how the imputed underpayment was calculated and how modifications were applied.

SCHEDULE K-1 NOT RECEIVED BY THE TIME THE ORGANIZATION WAS REQUIRED TO FILE ITS TAX RETURN (INCLUDING EXTENSIONS) .

(December 2018)

Department of the Treasury
Internal Revenue Service**Tax on Base Erosion Payments of Taxpayers With
Substantial Gross Receipts**For tax year beginning 01/01, 20 19, and ending 12/31, 20 19

OMB No. 1545-0123

▶ Go to www.irs.gov/Form8991 for instructions and the latest information.

▶ See instructions.

Name

Employer identification number

AMERICAN CANCER SOCIETY, INC.

13-1788491

Applicable Taxpayer

Check box if this form is being filed by a taxpayer with which another taxpayer has been aggregated under section 59A(e)(3). ☒ X

If the above box is checked, attach a statement listing the names and EINs of all separate taxpayers taken into account in the determination of "1 person" under section 59A(e)(3).

	(a) First Preceding Tax Year	(b) Second Preceding Tax Year	(c) Third Preceding Tax Year
1 a Gross receipts of the applicable taxpayer. See instructions	1,675,936,752	1,258,277,985	1,249,605,296
b Gross receipts from partnerships	119,964	203,910	177,904
c Gross receipts of all other persons treated as 1 person as the "applicable taxpayer" pursuant to section 59A(e)(3)	53,431,725	56,363,357	54,386,542
d Gross receipts. Combine lines 1a through 1c	1,729,488,441	1,314,845,252	1,304,169,742
e Gross receipts of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 1d			1e 4,348,503,435
f 3-year average annual gross receipts (Divide line 1e by 3.0)			1f 1,449,501,145
g Is line 1f \$500 million or more? ☒ X Yes. Continue to line 2. ☐ No. STOP here and attach this form to your tax return.			
2 a Aggregate base erosion tax benefit (from Schedule A, line 14)			2a
b Aggregate amount of deductions allowable under Chapter 1 of the Internal Revenue Code			2b
c Other allowable deductions not included in line 2b above	2c		
d Base erosion tax benefits resulting from reductions in insurance premiums reported on Schedule A, line 8, column a-2	2d		
e Base erosion tax benefits resulting from reductions in gross receipts reported on Schedule A, line 10, column a-2	2e		
f Add lines 2c through 2e			2f
g Total deductions for amounts paid or accrued for services to which the exception under section 59A(d)(5) applies (from Schedule A, line 5b)	2g		
h Qualified derivative payments excepted by section 59A(h)	2h		
i Total deductions allowed under sections 172, 245A, and 250 for the tax year	2i		
j Combine lines 2g through 2i			2j
k Total Deductions. Subtract line 2j from the sum of line 2b and line 2f			2k
l Base Erosion Percentage for purposes of section 59A(c)(4)(A). Divide line 2a by line 2k			2l %
m Is the taxpayer's base erosion percentage on line 2l 3% or higher (2% or higher for a bank or securities dealer)? ☐ Yes. Continue to Part II. ☒ X No. STOP after completing Part I and Schedule A and attach this form to your tax return.			

For Paperwork Reduction Act Notice, see separate instructions.

Form **8991** (12-2018)

Modified Taxable Income (MTI)

3 a	Taxable income after net operating loss and special deductions	3a	
b	Base erosion tax benefits for the tax year with respect to base erosion payments	3b	
c	Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year. See instructions	3c	
d	Modified Taxable Income. See instructions	3d	

Regular Tax Liability Adjusted for Purposes of Computing Base Erosion Minimum Tax Amount

4 a	Regular tax liability	4a	
b	Allowable credits, as adjusted (from Schedule B, line 7)	4b	
c	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount. Subtract line 4b from line 4a	4c	

Computation of Base Erosion Minimum Tax Amount

5 a	Modified Taxable Income (from line 3d)	5a	
b	Tax rate applicable for current tax year	5b	%
c	Base Erosion Minimum Tax. Multiply line 5a by line 5b	5c	
d	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount (from line 4c)	5d	
e	Base Erosion Minimum Tax Amount. Subtract line 5d from line 5c. If zero or less, enter "-0-"	5e	

Form **8991** (12-2018)

Base Erosion Payments and Base Erosion Tax Benefits (see instructions)

Type of Base Erosion Payments	(Check all applicable boxes in columns (c), (d), and (e) below)						
	(a-1)	(a-2)	(b-1)	(b-2)	(c)	(d)	(e)
	Aggregate Base Erosion Payment for Purposes of Base Erosion Percentage	Aggregate Base Erosion Tax Benefit for Purposes of Base Erosion Percentage	Base Erosion Payment for Purposes of Modified Taxable Income	Base Erosion Tax Benefit for Purposes of Modified Taxable Income	Any 25% Owner of the Taxpayer	Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or any 25% Owner of the Taxpayer	Any Person Related Within the Meaning of Section 482 to the Taxpayer
1 Reserved for future use							
2 Reserved for future use							
3 Purchase or creations of property rights for intangibles (patents, trademarks, etc.)							
4 Rents, royalties, and license fees							
5a Compensation/consideration paid for services NOT excepted by section 59A(d)(5)							
b Compensation/consideration paid for services excepted by section 59A(d)(5) \$ _____							
6 Interest expense							
7 Payments for the purchase of tangible personal property							
8 Premiums and/or other considerations paid or accrued for insurance and reinsurance as covered by section 59A(d)(3) and section 59A(c)(2)(A)(iii)							

Form **8991** (12-2018)

Base Erosion Payments and Base Erosion Tax Benefits (see instructions) *(continued from page 3)*

Type of Base Erosion Payments	Check all applicable boxes in columns (c), (d), and (e) below						
	(a-1)	(a-2)	(b-1)	(b-2)	(c)	(d)	(e)
	Aggregate Base Erosion Payment for Purposes of Base Erosion Percentage	Aggregate Base Erosion Tax Benefit for Purposes of Base Erosion Percentage	Base Erosion Payment for Purposes of Modified Taxable Income	Base Erosion Tax Benefit for Purposes of Modified Taxable Income	Any 25% Owner of the Taxpayer	Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or any 25% Owner of the Taxpayer	Any Person Related Within the Meaning of Section 482 to the Taxpayer
9a Nonqualified derivative payments							
b Qualified derivative payments excepted by section 59A(h) \$ _____							
10 Payments reducing gross receipts made to surrogate foreign corporation							
11 Other payments - specify							
12 Combine lines 3 through 11							
13 Base erosion tax benefits related to payments reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at 30% statutory withholding tax rate							
14 Total base erosion tax benefits for purposes of computing base erosion percentage. Subtract line 13, column (a-2) from line 12, column (a-2). Enter on Part I, line 2a							
15 Portion of base erosion tax benefits reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at reduced withholding rate pursuant to income tax treaty. Multiply ratio of percentage withheld divided by 30% times tax benefit. See instructions							
16 Total base erosion tax benefits for purposes of determining MTI. Subtract the sum of line 13, column (b-2); and line 15, column (b-2) from line 12, column (b-2). Enter this amount on Part II, line 3b							

Form **8991** (12-2018)

Credits Reducing Regular Tax Liability in Computing Base Erosion Minimum Tax Amount (BEMTA)**Credits Allowed Against Regular Tax** (see instructions)

1	Total credits allowed in current year. Enter the amount from Form 1120, Schedule J, Part I, line 6; or the applicable line of your return	1	
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800	2	
3	Total allowed credit for increasing research activities for current year. Enter the amount of research credit reported in Form 3800, Part II, line 38. See instructions	3	
4	Enter smaller of Schedule B, Part II, line 11 or Part III, line 16	4	
5	Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)	5	
6	Adjustments to allowed credits. Add lines 3 and 5	6	
7	Credits allowed against regular tax in computing BEMTA. Subtract line 6 from line 1. Enter here and on Form 8991, line 4b	7	

Applicable section 38 credits

(Only complete Parts II and III if you have allowed applicable section 38 credits.)

8	Low income housing credit from lines 1d and 4d of all Parts III of Form 3800	8	
9	Renewable electricity production credit but only to extent of the renewable electricity under section 45(a) from lines 1f and 4e of all Parts III of Form 3800	9	
10	Investment credit but only to extent of energy credit property under section 48 from line 4a of all Parts III of Form 3800	10	
11	Total allowed applicable section 38 credits for current year. Enter the amount of applicable credits reported in Form 3800, Part II, line 38. See instructions	11	

BEMTA determined without adjustment for applicable section 38 credits

12	Base erosion minimum tax (Form 8991, line 5c)	12	
13	Regular tax liability (Form 8991, line 4a).	13	
14	Subtract Schedule B, Part I, line 3 from line 1	14	
15	Regular tax adjusted for credits that offset BEMTA. Subtract line 14 from line 13	15	
16	Base erosion minimum tax determined without adjustment for applicable section 38 credits. Subtract line 15 from line 12; if zero or less, enter -0-	16	

Form **8991** (12-2018)

Form **5713**

(Rev. December 2010)

Department of the Treasury
Internal Revenue Service**International Boycott Report**

OMB No. 1545-0216

**Attachment
Sequence No. 123****Paper filers must file in
duplicate (see When and Where
to File in the instructions)**For tax year beginning 1/1, 20 19,
and ending 12/31, 20 19.
▶ **Controlled groups, see instructions.**Name **AMERICAN CANCER SOCIETY, INC.** Identifying number **13-1788491**

Number, street, and room or suite no. If a P.O. box, see instructions.

250 WILLIAMS STREET, NW, SUITE 400

City or town, state, and ZIP code

ATLANTA, GA 30303

Address of service center where your tax return is filed

Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0027

Type of filer (check one):

☐ Individual ☐ Partnership ☒ Corporation ☐ Trust ☐ Estate ☐ Other**1 Individuals**—Enter adjusted gross income from your tax return (see instructions)**2 Partnerships and corporations:****a Partnerships**—Enter each partner's name and identifying number.**b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name	Identifying number
AMERICAN CANCER SOCIETY, INC.	13-1788491

If more space is needed, attach additional sheets and check this box ☐**c** Enter principal business activity code and description (see instructions)

Code	Description
813212	CANCER PREVENTION & RESEARCH

d IC-DISCs—Enter principal product or service code and description (see instructions)**3 Partnerships**—Each partnership filing Form 5713 must give the following information:**a** Partnership's total assets (see instructions)**b** Partnership's ordinary income (see instructions)**4 Corporations**—Each corporation filing Form 5713 must give the following information:**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)**FORM 990-T****b** Common tax year election (see instructions)**(1)** Name of corporation ▶ **AMERICAN CANCER SOCIETY, INC.****(2)** Employer identification number **13-1788491****(3)** Common tax year beginning 1/1, 20 19, and ending 12/31, 20 19**c** Corporations filing this form enter:**(1)** Total assets (see instructions) **1,674,187,464****(2)** Taxable income before net operating loss and special deductions (see instructions) **276,221****5 Estates or trusts**—Enter total income (Form 1041, page 1)**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):**a** Foreign tax credit**b** Deferral of earnings of controlled foreign corporations**c** Deferral of IC-DISC income**d** FSC exempt foreign trade income**e** Foreign trade income qualifying for the extraterritorial income exclusion**Please
Sign
Here**

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



Signature

Date

Title

	Yes	No
7a Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	☒	☐
b If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?	☐	☒
c Do you own any stock of an IC-DISC?	☐	☒
d Do you claim any foreign tax credit?	☐	☒
e Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?	☐	☒
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?	☐	☒
f Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?	☐	☒
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?	☐	☒
g Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?	☐	☒
h Are you a partner in a partnership that has reportable operations under section 999(a)?	☐	☒
i Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?	☐	☒
j Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?	☐	☒

Part I Operations in or Related to a Boycotting Country (see instructions)

	Yes	No
8 Boycott of Israel —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)	☒	☐
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐		

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a QATAR	13-1788491	813212	INVESTING - GOVERNMENT BONDS	
b SAUDI ARABIA	13-1788491	813212	INVESTING - GOVERNMENT BONDS	
c UNITED ARAB EMIRATES	13-1788491	813212	INVESTING - CORPORATE BONDS	
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

9 Nonlisted countries boycotting Israel— Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

10 Boycotts other than the boycott of Israel—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

11 Were you requested to participate in or cooperate with an international boycott? ☐ ☒
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

12 Did you participate in or cooperate with an international boycott? ☐ ☒
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part II Requests for and Acts of Participation in or Cooperation With an International Boycott		Requests		Agreements	
		Yes	No	Yes	No
13a	Did you receive requests to enter into, or did you enter into, any agreement (see instructions):				
(1)	As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—				
(a)	Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		✓		✓
(b)	Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		✓		✓
(c)	Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?		✓		✓
(d)	Refrain from employing individuals of a particular nationality, race, or religion?		✓		✓
(2)	As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?		✓		✓

b Requests and agreements—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only— Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								