

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

% LINDA JENSEN CFO
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2318 MILL ROAD Suite 800

City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 22314

D Employer identification number
13-6180380

E Telephone number
(571) 483-1300

G Gross receipts \$ 164,682,134

F Name and address of principal officer:
CLIFFORD HUDIS MD CEO
2318 MILL ROAD 800
ALEXANDRIA, VA 22314

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ASCO.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1964

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ASCO IS A PROFESSIONAL ONCOLOGY SOCIETY COMMITTED TO CONQUERING CANCER THROUGH RESEARCH, EDUCATION, AND PROMOTION OF THE HIGHEST QUALITY AND EQUITABLE PATIENT CARE.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	564
6 Total number of volunteers (estimate if necessary)	2,981
7a Total unrelated business revenue from Part VIII, column (C), line 12	22,759,889
7b Net unrelated business taxable income from Form 990-T, line 39	7,625,514

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,575,801	7,525,300
9 Program service revenue (Part VIII, line 2g)	136,574,903	145,628,204
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,398,200	6,514,346
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,335,190	3,043,571
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,884,094	162,711,421
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,168,748	2,492,264
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	59,231,331	61,964,764
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,350,660		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	85,406,395	83,651,841
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	145,806,474	148,108,869
19 Revenue less expenses. Subtract line 18 from line 12	14,077,620	14,602,552
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	227,652,015	269,484,782
21 Total liabilities (Part X, line 26)	118,594,943	131,909,947
22 Net assets or fund balances. Subtract line 21 from line 20	109,057,072	137,574,835

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-11-02

LINDA JENSEN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P01871563

Firm's name ▶ BDO USA LLP Firm's EIN ▶

Firm's address ▶ 8401 GREENSBORO DRIVE 800 Phone no. (703) 893-0600
MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ 45,034,199 including grants of \$ 622,505) (Revenue \$ 75,048,988)
See Additional Data

4b (Code:) (Expenses \$ 39,058,114 including grants of \$ 5,000) (Revenue \$ 23,830,960)
See Additional Data

4c (Code:) (Expenses \$ 14,973,319 including grants of \$ 57,500) (Revenue \$ 32,305,592)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 35,073,915 including grants of \$ 1,767,383) (Revenue \$ 14,442,664)

4e Total program service expenses ▶ 134,139,547

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
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	Yes	
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	Yes	
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)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
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.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, a numeric column (e.g., 2a, 564), and Yes/No columns. Row 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. Row 16: Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, governance changes, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NY, VA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LINDA JENSEN CFO 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 (571) 483-1300

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

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

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

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							7,296,476	0	670,467	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 184

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

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
TEMPUS LABS, 600 WEST CHICAGO AVE CHICAGO, IL 60654	DATA CURATION SVC	3,773,700
SPARGO INC, PO 828795 PHILADELPHIA, PA 191828795	EVENT PLANNING SVC	2,970,147
AMAZON WEB SERVICE, PO BOX 84023 SEATTLE, WA 981248423	CLOUD COMPUTING SVC	2,559,170
FREEMAN DECORATING, PO BOX 660613 DALLAS, TX 725660613	EVENT PLANNING SVC	2,405,197
DARTMOUTH PRINTING COMPANY, PO BOX 419817 BOSTON, MA 022419817	PRINTING SERVICE	1,998,136

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 76

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f for DUES, EDUCATIONAL MEETINGS & PRODUCTS, etc.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 for Investment income, Royalties, Rental income, Net gain or loss, Fundraising events, Gaming activities, and Sales of inventory.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,287,513	2,287,513		
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.	204,751	204,751		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,438,819	3,119,741	3,120,419	198,659
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	44,563,815	41,232,294	3,331,521	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,993,232	2,808,746	184,486	
9 Other employee benefits	4,213,614	3,915,784	297,830	
10 Payroll taxes	3,755,284	3,463,551	291,733	
11 Fees for services (non-employees):				
a Management	0			
b Legal	533,024	528,619	4,405	
c Accounting	183,472	2,375	181,097	
d Lobbying	290,516	290,516		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	79,584		79,584	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,897,419	27,728,640	168,445	334
12 Advertising and promotion	585,630	582,672	2,958	
13 Office expenses	2,529,096	2,318,566	210,530	
14 Information technology	8,595,316	8,299,877	294,845	594
15 Royalties	0			
16 Occupancy	3,014,972	2,931,523	83,449	
17 Travel	6,468,203	6,221,588	245,542	1,073
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	14,272,170	13,818,850	453,320	
20 Interest	2,651,464	2,092,645	558,819	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,037,458	2,410,091	627,367	
23 Insurance	687,702	209,558	478,144	
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.)				
a PRINTING & PRODUCTION	4,834,824	4,833,353	1,471	
b DEVELOPMENT FEE TO RELATED ORG	3,150,000	0	0	3,150,000
c UBI TAX	1,251,310	1,250,935	375	0
d POSTAGE & SHIPPING	1,211,639	1,209,927	1,712	0
e All other expenses	2,378,042	2,377,432	610	
25 Total functional expenses. Add lines 1 through 24e	148,108,869	134,139,547	10,618,662	3,350,660
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	10,106,685	2	18,722,737
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	16,453,791	4	26,850,085
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	7,481,194	9	7,946,486
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	78,793,752		
	b Less: accumulated depreciation	30,659,003		
	11 Investments—publicly traded securities	142,567,125	11	167,830,725
	12 Investments—other securities. See Part IV, line 11	1,992,977	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	227,652,015	16	269,484,782	
Liabilities	17 Accounts payable and accrued expenses	17,199,923	17	18,849,700
	18 Grants payable	0	18	0
	19 Deferred revenue	31,345,157	19	37,609,894
	20 Tax-exempt bond liabilities	38,400,000	20	38,400,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	31,649,863	25	37,050,353
	26 Total liabilities. Add lines 17 through 25	118,594,943	26	131,909,947
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	109,057,072	27	136,574,835
	28 Net assets with donor restrictions	0	28	1,000,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	109,057,072	32	137,574,835	
33 Total liabilities and net assets/fund balances	227,652,015	33	269,484,782	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	162,711,421
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,108,869
3	Revenue less expenses. Subtract line 2 from line 1	3	14,602,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,057,072
5	Net unrealized gains (losses) on investments	5	16,856,803
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,941,592
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	137,574,835

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 13-6180380

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

SCIENTIFIC AND MEDICAL EDUCATION: SEE SCHEDULE O

Form 990, Part III, Line 4b:

QUALITY OF CARE: SEE SCHEDULE O

Form 990, Part III, Line 4c:

EDUCATIONAL PUBLICATIONS: SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Clifford Hudis MD CEO, NON-VOTING DIRECTOR	36.0 1.5			X				898,194	0	24,233
Dina Michels Esq EVP, CHIEF LEGAL OFFICER	36.0 1.5			X				581,731	0	39,055
Richard Schilsky MD EVP, Chief Medical Officer	37.5 0.0				X			576,789	0	37,756
Bernie Khoo VP, INFORMATION TECHNOLOGY	37.5 0.0				X			429,423	0	43,541
CORY WIEGERT EVP, CEO CANCERLINQ	37.5 0.0				X			414,423	0	47,574
Linda Jensen MBA EVP, Chief Financial Officer	36.0 1.5			X				401,924	0	38,536
Stephen Grubbs MD VP, Clinical Affairs	37.5 0.0					X		391,923	0	37,756
Nancy Daly MS MPH EVP, CHIEF PHILANTHROPIC OFF.	3.0 34.5				X			387,673	0	38,537
Jamie Von Roenn MD VP, Education	37.5 0.0				X			392,173	0	31,472
Robert Miller MD MEDICAL DIRECTOR, CANCERLINQ	37.5 0.0					X		362,119	0	43,811

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARMEN JACKSON COO, CANCERLINQ	37.5 0.0					X		314,738	0	43,811
Deborah Kamin RN PHD VP, POLICY AND ADVOCACY	37.5 0.0				X			307,923	0	38,537
Kristin Ludwig VP, MKTG. & Communications	36.5 1.0				X			306,192	0	24,233
ANIL NAIR CTO, CANCERLINQ	37.5 0.0					X		291,546	0	36,301
DAVID SAMPSON VP, JOURNALS & PUBLISHER	37.5 0.0				X			281,211	0	43,321
CAROLYN WHITEHEAD DIVISION DIR., CONQUER CANCER	1.0 36.5					X		294,412	0	22,524
Krista Barnes VP, Member Services	37.5 0.0				X			257,496	0	41,475
Amanda Davis-Aitken VP, Meeting Services	37.5 0.0				X			255,192	0	28,656
CHRISTOPHER MERLAN EVP, CHIEF DIGITAL OFFICER	37.5 0.0				X			145,269	0	9,338
BLASE N POLITE MD M BOARD MEMBER	1.0 0.0	X						3,625	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL A THOMPSON M BOARD MEMBER	1.0 0.0	X						2,500	0	0
Bruce Johnson MD PAST President - PARTIAL YEAR	1.0 0.0	X		X				0	0	0
Monica Bertagnolli MD President/Chair	1.0 0.0	X		X				0	0	0
Peter Adamson MD Board Member	1.0 0.0	X						0	0	0
Stephen B Edge MD Board Member	1.0 0.0	X						0	0	0
Maha HussainMD Board Member	1.0 0.0	X						0	0	0
J Chris Nunnink MD Board Member	1.0 0.0	X						0	0	0
Reshma Jagsi MD Dphi Board Member	1.0 0.0	X						0	0	0
Michael KostyMD Board Member	1.0 0.0	X						0	0	0
Eric Small MD Board Member	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jedd Wolchok MD PHD Board Member	1.0 0.0	X						0	0	0
HOWARD A BURRIS III PRESIDENT-ELECT/President	1.0 0.0	X		X				0	0	0
LAURIE GASPAR MD MBA TREASURER	1.0 0.0	X		X				0	0	0
A WILLIAM BLACKSTOCK BOARD MEMBER	1.0 0.0	X						0	0	0
LEE ELLIS MD FACS BOARD MEMBER	1.0 0.0	X						0	0	0
TONY SHU KAM MOK MD BOARD MEMBER	1.0 0.0	X						0	0	0
JAAP VERWEIJ MD PHD BOARD MEMBER	1.0 0.0	X						0	0	0
TRACEY WEISBERG MD BOARD MEMBER	1.0 0.0	X						0	0	0
Lori J Pierce MD President Elect	1.0 0.0	X		X				0	0	0
ELIZABETH A MITTENDOR BOARD MEMBER	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ETHAN M BASCH MD BOARD MEMBER	1.0 0.0	X						0	0	0

SCHEDULE A
 (Form 990 or 990-EZ)

Public Charity Status and Public Support
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
 13-6180380

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,960,857	11,941,446	9,978,694	8,575,801	7,525,300	51,982,098
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	88,958,786	78,719,498	93,297,144	136,574,903	123,116,955	520,667,286
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	102,919,643	90,660,944	103,275,838	145,150,704	130,642,255	572,649,384
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	13,914,277	11,641,675	9,856,323	8,575,801	7,525,300	51,513,376
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.	13,914,277	11,641,675	9,856,323	8,575,801	7,525,300	51,513,376
8 Public support. (Subtract line 7c from line 6.)						521,136,008

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	102,919,643	90,660,944	103,275,838	145,150,704	130,642,255	572,649,384
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,401,944	5,651,063	5,969,247	7,763,043	8,610,595	34,395,892
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	6,401,944	5,651,063	5,969,247	7,763,043	8,610,595	34,395,892
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	3,133,751	3,414,649	2,871,782	4,855,029	7,776,132	22,051,343
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	306,781	277,776	248,859	255,345	251,085	1,339,846
13 Total support. (Add lines 9, 10c, 11, and 12.)	112,762,119	100,004,432	112,365,726	158,024,121	147,280,067	630,436,465
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	82.663 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	81.649 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	5.456 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	5.400 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 13-6180380

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC	Employer identification number 13-6180380
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

263	
439,341	
439,604	
133,699,943	
134,139,547	
1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

250,000	

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	259,559	291,378	198,306	439,604	1,188,847
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	3,346	2,905	1,947	263	8,461

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,342,677		7,342,677
b Buildings		48,003,287	14,507,866	33,495,421
c Leasehold improvements		773,776	637,110	136,666
d Equipment		2,471,905	1,626,244	845,661
e Other		20,202,107	13,887,783	6,314,324
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				48,134,749

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	37,050,353

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	176,881,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	16,856,803
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-2,941,592
e	Add lines 2a through 2d	2e	13,915,211
3	Subtract line 2e from line 1	3	162,966,052
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,584
b	Other (Describe in Part XIII.)	4b	-334,215
c	Add lines 4a and 4b	4c	-254,631
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	162,711,421

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	148,363,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	334,215
e	Add lines 2a through 2d	2e	334,215
3	Subtract line 2e from line 1	3	148,029,285
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,584
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	79,584
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	148,108,869

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-6180380

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	IN ACCORDANCE WITH GAAP, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS PRIOR TO DECEMBER 31, 2016.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D	LOSS ON INTEREST RATE SWAP (\$2,941,592)

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B	RENTAL EXPENSES -\$334,215

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D	RENTAL EXPENSES \$334,215

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	5			4,225,577
b Total from continuation sheets to Part I					68,466
c Totals (add lines 3a and 3b)	0	5			4,294,043

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	CONTRIBUTION	79,625	WIRE			
		Europe (Including Iceland and Greenland)	CONTRIBUTION	18,000	WIRE			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**
- 3 Enter total number of other organizations or entities **2**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 1	<p>INTERNATIONAL DEVELOPMENT AND EDUCATION AWARDS (IDEA) - THE INTERNATIONAL DEVELOPMENT AND EDUCATION AWARDS PROVIDE SUPPORT FOR EARLY-CAREER ONCOLOGISTS IN DEVELOPING COUNTRIES TO LEARN ABOUT ONCOLOGY CARE AND RESEARCH BY ESTABLISHING STRONG RELATIONSHIPS WITH LEADING ASCO ONCOLOGISTS WHO SERVE AS SCIENTIFIC MENTORS TO EACH RECIPIENT. RECIPIENTS LEARN ABOUT QUALITY CANCER CARE AND RESEARCH BY ATTENDING THE ASCO ANNUAL MEETING AND VISITING THEIR MENTOR'S CANCER CENTER IN THE UNITED STATES AND CANADA. RECIPIENTS ARE EXPECTED TO SHARE THE KNOWLEDGE AND TRAINING THEY RECEIVE THROUGH THE PROGRAM WITH COLLEAGUES IN THEIR HOME COUNTRIES ONCE THEY RETURN. IDEAS ARE PROVIDED TO RECIPIENTS BASED ON MERIT THROUGH A PEER REVIEW PROCESS USING ESTABLISHED ELIGIBILITY CRITERIA. IDEA RECIPIENTS ARE REQUIRED TO AGREE TO TERMS AND CONDITIONS APPLICABLE TO THE IDEA, ARE REQUIRED TO COMMUNICATE WITH THEIR MENTORS, TO ATTEND ALL IDEA-RELATED EVENTS, TO SUBMIT EVALUATIONS AFTER THE ANNUAL MEETING AND MENTOR SITE VISIT, AND TO SUBMIT ONE-YEAR REPORTS. BREAKTHROUGH SUMMIT AND MERIT AWARDS These awards recognize oncology fellows, junior faculty, and trainees for their valuable research in clinical cancer treatment and technology innovations in cancer care. Awardees presented their research at the inaugural ASCO Breakthrough: A Global Summit for Oncology meeting held during October 11-13, 2019, in Bangkok, Thailand. Abstract Awards supported the first authors of the 50 highest-rated abstracts selected for presentation at the ASCO Breakthrough Summit. Merit Awards recognized the quality and scientific merit of research submitted by oncology fellows and trainees to an ASCO meeting.</p>

Additional Data

Software ID:

Software Version:

EIN: 13-6180380

Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	SCIENTIFIC MEETING	1,825,415
East Asia and the Pacific			Program Services	OUTREACH & EDUCATIONAL	177,409

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	OUTREACH & EDUCATIONAL	89,694
North America	0	5	Program Services	OUTREACH & EDUCATIONAL	63,319

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	OUTREACH & EDUCATIONAL	68,983
South America			Program Services	OUTREACH & EDUCATIONAL	265,111

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	OUTREACH & EDUCATIONAL	740,704
Sub-Saharan Africa			Program Services	OUTREACH & EDUCATIONAL	790,191

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		106,522
Central America and the Caribbean			Grantmaking		2,212

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		24,731
North America			Grantmaking		5,045

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Grantmaking		8,563
South Asia			Grantmaking		27,926

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking		1,000
Russia and the Newly Independent States			Grantmaking		2,228

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		26,524
Central America and the Caribbean			Program Services	OUTREACH & EDUCATIONAL	68,466

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
idea award	Central America and the Caribbean	1	1,320	WIRE	892	Travel	Book
idea award	East Asia and the Pacific	2	2,625	WIRE	3,106	travel	book

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
idea award	Europe (Including Iceland and Greenland)	1	1,480	WIRE	1,417	travel	book
idea award	North America	1	1,320	WIRE	725	travel	book

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
idea award	Russia and the Newly Independent States	1	1,320	WIRE	908	travel	book
idea award	South America	3	3,960	WIRE	4,603	travel	book

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
idea award	South Asia	8	11,025	WIRE	12,901	travel	book
idea award	Sub-Saharan Africa	7	10,200	WIRE	15,324	travel	book

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Breakthrough Award	East Asia and the Pacific	19	19,000	WIRE			
Breakthrough Award	Europe (Including Iceland and Greenland)	6	6,000	WIRE			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Breakthrough Award	Middle East and North Africa	1	1,000	WIRE			
Breakthrough Award	North America	3	3,000	WIRE			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Breakthrough Award	South Asia	4	4,000	WIRE			
Breakthrough Award	Sub-Saharan Africa	1	1,000	WIRE			

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number

13-6180380

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10
3 Enter total number of other organizations listed in the line 1 table 1

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 1	ASCO provides assistance to 501(c)(3) organizations that serve the cancer community.
SCHEDULE I, PART I, LINE 2	ASCO PROVIDES ASSISTANCE TO ORGANIZATIONS THAT SERVE THE CANCER CARE COMMUNITY. THE MAJORITY OF THESE GRANTS ARE MADE TO OTHER 501(C)(3) ORGANIZATIONS. THE GRANT MADE TO A NON-501(C)(3) ORGANIZATION WAS MADE PURSUANT TO A WRITTEN AGREEMENT THAT REQUIRED THE GRANT FUNDS TO BE USED FOR SPECIFIC EDUCATIONAL AND CHARITABLE PROJECTS, THAT THE GRANTEE RETURN ANY PORTION OF THE GRANT FUNDS THAT WERE NOT USED FOR SUCH PROJECTS, AND THAT THE GRANTEE PROVIDE ANNUAL NARRATIVE AND FINANCIAL REPORTS TO ASCO REGARDING GRANTEE'S USE OF THE GRANT FUNDS.

Additional Data

Software ID:
Software Version:
EIN: 13-6180380
Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Conquer Cancer Foundation of ASCO 2318 Mill Rd Ste 800 Alexandria, VA 22314	31-1667995	501(c)(3)	1,764,000				Contribution
Banner Health 2901 N Central Ave Phoenix, AZ 85012	45-0233470	501(c)(3)	60,000				Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brigham & Women's Hospital 75 Francis St Tower 1 Boston, MA 02215	04-2312909	501(c)(3)	167,500				Contribution
Dana Farber Cancer Institute 450 Brookline Avenue Boston, MA 02215	04-2263040	501(c)(3)	25,000				Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke University Medical Center 2424 Erwin Rd Suite 601 Durham, NC 27705	56-0532129	501(c)(3)	6,667				Contribution
Friends of Cancer Research 1800 M Street NW Washington, DC 20036	52-1983273	501(c)(3)	32,000				Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of Michigan 300 N Ingalls St Ann Arbor, MI 48109	38-6006309	501(C)(3)	40,000				contribution
Susan G Komen Foundation 5005 LBJ Freeway Ste 250 Dallas, TX 75244	75-1835298	501(c)(3)	10,000				Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARAH CANNON RESEARCH INSTITUTE ONE PARK PLAZA NASHVILLE, FL 32703	20-1557751	LLC	109,166				CONTRIBUTION
Health Volunteers Overseas 1900 L Street NW Washington, DC 20036	52-1485477	501(c)(3)	10,000				CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Coalition for Cancer Survivorship 8455 Colesville Rd Silver Springs, MD 20910	85-0357897	501(c)(3)	10,000				CONTRIBUTION

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC	Employer identification number 13-6180380
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Part I 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.											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., 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, 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.											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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:											
a Receive a severance payment or change-of-control payment?	4a		No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
Only 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:											
a The organization?	5a		No								
b Any related organization?	5b		No								
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:											
a The organization?	6a		No								
b Any related organization?	6b		No								
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 in lines 5 and 6? If "Yes," describe in Part III.	7	Yes									
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		No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 7:	PERFORMANCE-BASED BONUS PAYMENTS CAN BE MADE TO SOME EMPLOYEES LISTED ON SCHEDULE J AND INCLUDED AS PART OF THE TOTAL COMPENSATION. THE BONUS PAYMENTS ARE NOT ON A FIXED BASIS BUT RATHER ARE BASED ON PERFORMANCE AND DETERMINED BY THE CEO WITH REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD, WHERE APPROPRIATE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number

13-6180380

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDUSTRIAL DEVELOPMENT AUTHORITYCITY OF ALEXANDRI	52-1381432	01530lad2	08-01-2012	38,400,000	Buy/Buildout 5 floors HQ building		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	38,400,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	38,400,000			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2008			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		4.590 %						
6 Total of lines 4 and 5		4.590 %						
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	FMS WERTMANAGEMENT							
c Term of hedge		30 %						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
PART IV, QUESTION 3	ASCO HAS AN INTEREST RATE SWAP AGREEMENT WITH FMS WERTMANAGEMENTBANK THROUGH 2038. ASCO MAKES FIXED INTEREST PAYMENTS AT A 3.587% RATE. VARIABLE SWAP PAYMENTS, BASED ON ONE-MONTH LIBOR, RECEIVED FROM THE SWAP COUNTERPARTY ARE USED TO MAKE THE VARIABLE INTEREST PAYMENTS AS THEY COME DUE. THIS INTEREST RATE SWAP AGREEMENT QUALIFIES AS A DERIVATIVE INSTRUMENT AND IS USED TO MITIGATE THE EFFECT OF INTEREST RATE FLUCTUATIONS.

Return Reference	Explanation
PART VI, QUESTION 2C	THE LATEST REBATE COMPUTATION DATE FOR THE REPORTED BOND ISSUE WAS OCTOBER 2, 2019.

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.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number

13-6180380

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	ASCO IS A PROFESSIONAL ONCOLOGY SOCIETY COMMITTED TO CONQUERING CANCER THROUGH RESEARCH, EDUCATION, AND PROMOTION OF THE HIGHEST QUALITY AND EQUITABLE PATIENT CARE. ASCO'S VISION IS A WORLD WHERE CANCER IS PREVENTED OR CURED, AND EVERY SURVIVOR IS HEALTHY. ASCO PROMOTES AND PROVIDES FOR: - LIFELONG LEARNING FOR ONCOLOGY PROFESSIONALS, - CANCER RESEARCH, - AN IMPROVED ENVIRONMENT FOR ONCOLOGY PRACTICE, - ACCESS TO QUALITY CANCER CARE, - A GLOBAL NETWORK OF ONCOLOGY EXPERTISE, AND - EDUCATED AND INFORMED PATIENTS WITH CANCER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SCIENTIFIC AND MEDICAL EDUCATION: ASCO PROVIDES SCIENTIFIC AND EDUCATIONAL PROGRAMS AND CONTENT ON A BROAD RANGE OF ONCOLOGY-RELATED TOPICS IN A VARIETY OF FORMATS. WORKING WITH VOLUNTEER ASCO MEMBERS, ASCO PLANS AND PRESENTS LIVE MEETINGS ON THE LATEST RESEARCH AND ADVANCES IN THE FIELD OF CLINICAL ONCOLOGY. THE ONCOLOGY-SPECIFIC INFORMATION PRESENTED AT THESE MEETINGS ENHANCES KNOWLEDGE ABOUT TREATING CANCER AND CARING FOR CANCER PATIENTS. THE ASCO ANNUAL MEETING IS THE WORLD'S PREMIER SCIENTIFIC AND EDUCATIONAL MEETING IN THE ONCOLOGY COMMUNITY. THE THEMATIC MEETINGS, PRESENTED OR CO-SPONSORED BY ASCO, PROVIDE OPPORTUNITIES FOR FOCUSED EDUCATIONAL AND SCIENTIFIC SESSIONS ON SPECIFIC TYPES OF CANCERS. ASCO'S PROGRAMS ARE DESIGNED TO SERVE THE DIVERSE NEEDS OF ONCOLOGY PRACTITIONERS WORLDWIDE TO ASSIST THEM IN DELIVERING HIGH QUALITY CANCER CARE AND CONDUCTING CLINICAL RESEARCH THROUGH THE CONTINUUM OF THEIR CAREERS. PROGRAMS ADDRESS THE MODERN-DAY PRACTICE OF ONCOLOGY FOR ALL LEVELS OF PRACTITIONERS INCLUDING ONCOLOGY FELLOWS, JUNIOR FACULTY MEMBERS, ONCOLOGY PROGRAM DIRECTORS, ETC. WORKING WITH VOLUNTEER ASCO MEMBERS, ASCO PLANS, IMPLEMENTS AND EVALUATES CONTINUING MEDICAL EDUCATION (CME) TO SUPPORT THE CONTINUED EDUCATION OF ONCOLOGISTS AND OTHER MEMBERS OF THE CANCER CARE TEAM TO ENABLE THEM TO BETTER MEET THE PREVENTION, DIAGNOSIS AND TREATMENT NEEDS OF THEIR PATIENTS. CURRENTLY, ASCO HOLDS THE STATUS OF ACCREDITATION WITH COMMENDATION FROM THE ACCREDITATION COUNCIL FOR CME FOR ASCO'S CME PROGRAM. ASCO MAKES MUCH OF THE CONTENT FROM ITS MEETINGS AND OTHER EDUCATIONAL AND SCIENTIFIC CONTENT PUBLICLY AVAILABLE THROUGH TWO ASCO WEBSITES: WWW.ASCO.ORG AND WWW.CANCER.NET. ADDITIONALLY, ASCO MAKES SCIENTIFIC AND EDUCATIONAL MATERIALS AVAILABLE THROUGH A VARIETY OF CHANNELS, INCLUDING BOOKS, DVDS, VIRTUAL MEETINGS, PODCASTS AND PUBLIC FORUMS. HIGHLIGHTS OF THE 2019 ACTIVITIES INCLUDE: OVER 42,500 PEOPLE ATTENDED THE 2019 ASCO ANNUAL MEETING, INCLUDING PHYSICIANS, NURSES, CAREGIVERS, PATIENTS, AND PATIENT ADVOCATES. APPROXIMATELY 40% OF THE ATTENDEES AT THE 2019 ASCO ANNUAL MEETING WERE INTERNATIONAL ATTENDEES. THE 2019 ANNUAL MEETING FEATURED OVER 265 EDUCATIONAL AND SCIENTIFIC SESSIONS AND OVER 5,000 ABSTRACTS WERE PRESENTED OR PUBLISHED. NEARLY 5,000 PRESENTATIONS WERE CAPTURED IN AUDIO AND VIDEO TO BE MADE AVAILABLE ELECTRONICALLY. IN ADDITION TO THE ASCO ANNUAL MEETING, ASCO SPONSORS OR CO-SPONSORS MORE THAN 40 EDUCATIONAL AND SCIENTIFIC SYMPOSIA, WORKSHOPS, AND COURSES IN-SIDE AND OUTSIDE THE UNITED STATES ON A WIDE VARIETY OF CANCER-RELATED TOPICS TO IMPROVE ONCOLOGY CARE WORLDWIDE. THESE MEETINGS INCLUDE: - BEST OF ASCO - PALLIATIVE AND SUPPORTIVE CARE IN ONCOLOGY SYMPOSIUM - QUALITY CARE SYMPOSIUM - GASTROINTESTINAL (GI) CANCERS SYMPOSIUM - GENITOURINARY (GU) CANCERS SYMPOSIUM - CLINICAL IMMUNO-ONCOLOGY SYMPOSIUM INTERNATIONAL AFFAIRS MEETINGS AND COURSES: - ASCO BREAKTHROUGH - BEST OF ASCO INTERNATIONAL - JOINT SYMPOSIA - ADVANCED CANCER C</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	COURSES - MULTIDISCIPLINARY CANCER MANAGEMENT COURSES ASCO PUBLISHES DAILY NEWS PRODUCTS FOR EACH OF ITS MAJOR MEETINGS (E.G., ASCO ANNUAL MEETING, GI CANCERS SYMOSIUM, GU CANCERS SYMOSIUM). THESE PRODUCTS INCLUDE PRINT NEWSPAPERS THAT ARE DISTRIBUTED ONSITE TO ALL ATTENDEES AND PUBLICLY AVAILABLE ONLINE. THE DAILY NEWS PRODUCTS PROVIDE EDITORIAL COVERAGE OF KEY MEETING SESSIONS, COMMENTARIES BY EXPERTS IN VARIOUS SUBSPECIALTIES, INFORMATION ABOUT ASCO PRODUCTS AND RESOURCES, PROFILES OF GRANT AND AWARD WINNERS, AND OTHER TOPICS OF INTEREST TO ASCO MEMBERS AND MEETING ATTENDEES FROM AROUND THE WORLD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>QUALITY OF CARE: ASCO PRODUCES EVIDENCE-BASED GUIDELINES, DEVELOPS AND VALIDATES QUALITY MEASURES IN ONCOLOGY, AND CONDUCTS QUALITY MEASUREMENT, IMPROVEMENT, AND CERTIFICATION ACTIVITIES PROGRAMS INCLUDE: - CANCERLINQ. THIS BIG-DATA PLATFORM DELIVERS VALUABLE INSIGHTS AND TOOLS TO IMPROVE PATIENT CARE BY COLLECTING AND ANALYZING REAL-WORLD CANCER DATA FROM HEALTHCARE IT SYSTEMS ACROSS THE COUNTRY. THE CANCERLINQ DATABASE REFLECTS CANCER CARE IN ALL ITS REAL-WORLD VARIABILITY - ALLOWING CLINICIANS TO LEARN FROM THE EXPERIENCE OF EVERY PATIENT. - QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI). A QUALITY ASSESSMENT AND IMPROVEMENT PROGRAM FOR OUTPATIENT MEDICAL ONCOLOGY AND HEMATOLOGY-ONCOLOGY PRACTICES: QOPI PROVIDES A WEB-BASED DATA COLLECTION TOOL THAT ALLOWS PRACTICE STAFF TO 1) REPORT ON VARIOUS CANCER CARE QUALITY MEASURES, 2) RECEIVE ANALYZED DATA ON PRACTICE PERFORMANCE, AND 3) COMPARE PERFORMANCE AGAINST THEIR PEERS FOR DATA-DRIVEN IMPROVEMENT ACTIVITIES. QOPI CERTIFICATION PROGRAM. THE QOPI CERTIFICATION PROGRAM PROVIDES A THREE-YEAR CERTIFICATE RECOGNIZING HIGH QUALITY CARE FOR OUTPATIENT HEMATOLOGY-ONCOLOGY PRACTICES. THE CERTIFICATION PROCESS CREATES A CULTURE OF EXCELLENCE AND SELF-EXAMINATION THAT HELPS PRACTICES DELIVER THE BEST CARE TO THEIR PATIENTS - CLINICAL PRACTICE GUIDELINES AND UPDATES. ASCO HAS PUBLISHED MORE THAN 50 PRACTICE GUIDELINES, ENDORSEMENTS, AND PROVISIONAL CLINICAL OPINIONS (PCO'S) ADDRESSING A WIDE RANGE OF CANCER TREATMENT, DIAGNOSIS, AND MANAGEMENT ISSUES. - QOPI REPORTING REGISTRY. ASCO PROVIDES A QUALIFIED CLINICAL DATA REGISTRY TO HELP MEMBERS SATISFY THE FEDERAL GOVERNMENTS MIPS REPORTING REQUIREMENTS. - QUALITY TRAINING PROGRAM. ASCOS QUALITY TRAINING PROGRAM IS DESIGNED TO HELP PRACTICES IMPROVE CLINICAL CARE AND OPERATIONAL PERFORMANCE. IN ADDITION, ASCO OFFERS PRACTICE MANAGEMENT PROGRAMS AND PRODUCTS DESIGNED TO SUPPORT PRACTICE HEALTH TO ENABLE PRACTICES TO DELIVER HIGH QUALITY CARE. THESE RESOURCES INCLUDE: - PRACTICE.NET. THIS LEARNING NETWORK IS FOCUSED ON HELPING PRACTICES IMPROVE THEIR BUSINESS OPERATIONS - FDA ALERTS. ASCO PARTNERS WITH THE FDA TO PROVIDE ITS MEMBERS TIMELY SAFETY ALERTS AND NOTICES OF NEWLY APPROVED CANCER THERAPIES. - PRACTICE EVALUATION. ASCO PROVIDES BOTH OPERATIONAL AND CLINICAL EVALUATION SERVICES INCLUDING READINESS AND PRACTICE OPERATIONS ASSESSMENTS, ANALYTICS, TRIAGE PATHWAYS, NURSE TRAINING SUPPORT, AND A VALUE BASED CARE DELIVERY MODEL.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>SCIENTIFIC PUBLICATIONS: ASCO PRODUCES A NUMBER OF PROFESSIONAL PUBLICATIONS FOCUSED ON CLINICAL ONCOLOGY. ◦ ASCO PUBLISHES SEVERAL PEER-REVIEWED SCIENTIFIC JOURNALS: ◦ JOURNAL OF CLINICAL ONCOLOGY (JCO) IS A HIGHLY REGARDED, PEER-REVIEWED JOURNAL THAT DISSEMINATES QUALITY ARTICLES ON SIGNIFICANT CLINICAL ONCOLOGY RESEARCH IN PRINT AND ELECTRONIC FORMATS. ◦ JCO ONCOLOGY PRACTICE (JCO OP) INCLUDES ORIGINAL RESEARCH AND PERSPECTIVES ON CLINICAL AND ADMINISTRATIVE MANAGEMENT ADDRESSING THE PRACTICE OF ONCOLOGY, WHICH ARE EDITED BY ONCOLOGISTS. ◦ JCO GLOBAL ONCOLOGY (JCO GO) IS AN ONLINE ONLY, OPEN ACCESS JOURNAL FOCUSED ON CANCER CARE, RESEARCH AND CARE DELIVERY ISSUES UNIQUE TO COUNTRIES AND SETTINGS WITH LIMITED HEALTHCARE RESOURCES. ◦ JCO CLINICAL CANCER INFORMATICS (JCO CCI) IS AN ONLINE-ONLY INTERDISCIPLINARY JOURNAL PUBLISHING CLINICALLY RELEVANT RESEARCH BASED ON BIOMEDICAL INFORMATICS METHODS AND PROCESSES APPLIED TO CANCER-RELATED DATA, INFORMATION AND IMAGES. ◦ JCO PRECISION ONCOLOGY (JCO PO) IS A PEER-REVIEWED, ONLINE-ONLY, ARTICLE BASED JOURNAL PUBLISHING ORIGINAL RESEARCH, REPORTS, OPINIONS AND REVIEWS THAT ADVANCE THE SCIENCE AND PRACTICE OF PRECISION ONCOLOGY AND DEFINE GENOMICS-DRIVEN CLINICAL CARE OF PATIENTS WITH CANCER. ASCO PUBLISHES THE ANNUAL CLINICAL CANCER ADVANCES (CCA) REPORT. THIS PUBLICLY-AVAILABLE REPORT ESTABLISHES THE MOST IMPORTANT CLINICAL ADVANCES IN ONCOLOGY EACH YEAR. THE REPORT SERVES TO DOCUMENT THE PROGRESS BEING MADE AGAINST CANCER THROUGH CLINICAL RESEARCH, PARTICULARLY THROUGH FEDERALLY FUNDED RESEARCH. ASCO IS INVOLVED IN THE PRODUCTION OF THE ASCO POST, A TRADE PUBLICATION. WHILE NOT OWNED OR PUBLISHED BY ASCO, THIS TRADE COVERS NEWS AND INFORMATION OF INTEREST TO THE PROFESSIONAL ONCOLOGY COMMUNITY AND ASCO PROVIDES ASCO-SPECIFIC CONTENT FOR INCLUSION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>MEMBER SERVICES: ASCO WORKS TO SUPPORT AND EDUCATE ITS MORE THAN 45,000 MEMBERS THROUGH ITS DAILY ACTIVITIES, INCLUDING PROCESSING NEW MEMBERSHIP APPLICATIONS AND MEMBER DUES, PHONE AND EMAIL COMMUNICATIONS, RESEARCHING AND FULFILLING MEMBER REQUESTS, MAINTAINING THE INTEGRITY OF MEMBER DATA, AND NEW MEMBER RECRUITMENT AND RETENTION EFFORTS. ASCO CONNECTION IS THE OFFICIAL MEMBER MAGAZINE FOR AND ABOUT MEMBERS OF ASCO AND THE PRIMARY SOURCE OF INFORMATION ABOUT ASCO'S PROGRAMS AND SERVICES. ALONG WITH ITS COMPANION PROFESSIONAL NETWORKING SITE, ASCOCONNECTION.ORG, ASCO CONNECTION PROMOTES OPPORTUNITIES FOR INTERACTION BETWEEN ASCO AND ITS MEMBERS, AND MEMBERS AND THEIR COLLEAGUES TO FACILITATE THE DISSEMINATION OF INFORMATION RELATING TO CLINICAL RESEARCH, BEST PRACTICES STANDARDS, AND TREATMENT OF PATIENTS. ASCOCONNECTION.ORG FEATURES COMMENTARY BY LEADERS IN THE FIELD, DISCUSSION FORUMS, ONLINE EXCLUSIVES AND COMMENT-ENABLED ARTICLES FROM THE MEMBER MAGAZINE, AS WELL AS OPPORTUNITIES TO CREATE GROUPS. EXPENSES \$9,585,095. INCLUDING GRANTS OF \$408,333. REVENUE \$7,504,263. RESEARCH: ASCO IS ACTIVELY ENGAGED IN THE SUPPORT, PROMOTION AND CONDUCT OF CLINICAL CANCER RESEARCH. RESEARCH RELATED ACTIVITIES INCLUDE: o RESEARCH COMMUNITY FORUM (RCF). ASCO PROVIDES A NETWORK (ONLINE AND IN-PERSON) FOR ALL MEMBERS OF THE ONCOLOGY RESEARCH COMMUNITY TO PROMOTE BEST PRACTICES FOR CONDUCTING AND MANAGING CLINICAL RESEARCH. o ORIGINAL RESEARCH. ASCO CONDUCTS RESEARCH TO DEVELOP EVIDENCE THAT INFORMS PATIENT CARE, PUBLIC POLICY, AND EDUCATION. RESEARCH INCLUDES SURVEYS, OBSERVATIONAL STUDIES AND CLINICAL TRIALS. o TAPUR. ASCO IS CONDUCTING A CLINICAL TRIAL TO TEST THE SAFETY AND EFFICACY OF FDA-APPROVED, TARGETED ANTICANCER DRUGS IN OTHER CANCER TYPES FOR PATIENTS WITH THE SAME GENOMIC ALTERATION. o SCIENTIFIC/RESEARCH COLLABORATIONS. ASCO WORKS WITH OTHER STAKEHOLDERS IN THE COMMUNITY, INCLUDING GOVERNMENT AGENCIES, PATIENT ADVOCACY GROUPS, AND OTHER PROFESSIONAL MEDICAL SOCIETIES TO SUPPORT AND PROMOTE RESEARCH THAT INFORMS EVIDENCE-BASED PATIENT CARE. o ASCO-FDA SCIENTIFIC COLLABORATIONS. ASCO JOINTLY HOSTS PUBLIC WORKSHOPS WITH THE FDA TO PROVIDE STAKEHOLDERS AN OPPORTUNITY TO DISCUSS EMERGING ISSUES IN RESEARCH AND FDA REVIEW OF NEW THERAPIES. o DATA/RESEARCH REQUESTS. ASCO REVIEWS 3RD PARTY REQUESTS TO CONDUCT RESEARCH USING THE SOCIETY'S PROPRIETARY ASSETS. RESEARCH GRANTS AND AWARDS. ASCO MAKES GRANTS TO CONQUER CANCER, THE ASCO FOUNDATION, WHICH PROVIDES RESEARCH GRANTS AND AWARDS TO SUPPORT THE INDEPENDENT RESEARCH INITIATIVES OF CLINICAL INVESTIGATORS AT ALL LEVELS OF THEIR CAREERS. EXPENSES \$9,003,637. INCLUDING GRANTS OF \$1,350,000. REVENUE \$5,772,767. CANCER POLICY AND ADVOCACY: ASCOS POLICY AND ADVOCACY WORK FOCUSES ON THE ISSUES OF ACCESS TO AND DELIVERY OF HIGH-QUALITY AND EQUITABLE CANCER CARE FOR CANCER PATIENTS. WORKING WITH VOLUNTEER ASCO MEMBERS, THE SOCIETY ENGAGES WITH THE ADMINISTRATION, CONGRESS, AND STATE LAW MAKERS TO ADDRESSES POLICY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>ISSUES OF CRITICAL IMPORTANCE TO THE PRACTICE OF ONCOLOGY AND PATIENT CARE. ASCO'S POLICY AND ADVOCACY PROGRAMS COVER A BROAD SPECTRUM OF ISSUES, INCLUDING CLINICAL CANCER RESEARCH, HEALTH INSURANCE, CLINICAL PRACTICE, WORKFORCE, DISPARITIES, COST/ACCESS, CANCER SURVIVORSHIP, AND CANCER PREVENTION AND CONTROL. ASCO PROVIDES EDUCATIONAL WORKSHOPS AND MATERIALS, LEGAL ANALYSIS, DEVELOPMENT OF FORMAL COMMENTS AND TESTIMONY, ADVOCACY, HOTLINES, TOOLS, AND SPECIAL STUDIES ON CRITICAL ISSUES FOR THE CANCER COMMUNITY. ASCO ROUTINELY COLLABORATES WITH OTHERS IN THE COMMUNITY TO ADVANCE COMMON GOALS RELATED TO ACCESS TO AND DELIVERY OF HIGH-QUALITY CANCER CARE.</p> <p>o STATE/REGIONAL AFFILIATE PROGRAM. THE 46 STATE/REGIONAL AFFILIATES INTERACT WITH ASCO THROUGH THE STATE AFFILIATE COUNCIL, WHERE EACH SOCIETY HAS A VOTING REPRESENTATIVE CHARGED WITH SERVING AS THE BRIDGE BETWEEN THE SOCIETY AND ASCO. AFFILIATES HAVE ACCESS TO A NUMBER OF PROGRAMS INCLUDING STATE SOCIETY MEMBERSHIP RECRUITMENT AND RETENTION ASSISTANCE, LEADERSHIP TRAINING, FEDERAL-LEVEL ADVOCACY SUPPORT, EDUCATION AND RESOURCES ON PRACTICE-RELATED ISSUES, AND A WEBSITE DEVELOPMENT TOOL.</p> <p>ORIGINAL DATA COLLECTION. ASCO CONDUCTS STUDIES AND ANALYSES TO ASSESS THE CURRENT STATE OF ONCOLOGY CARE AND RESEARCH AND DETERMINE THE NEED FOR AND IMPACT OF POLICY CHANGES. EXPENSES \$8,361,484. INCLUDING GRANTS OF \$9,050. REVENUE \$0.</p> <p>PATIENT INFORMATION & OTHER: ASCO PROVIDES IMPORTANT INFORMATION TO THE PUBLIC FREE OF CHARGE THROUGH ITS AWARD-WINNING PATIENT EDUCATION WEBSITE, CANCER.NET (WWW.CANCER.NET). CANCER.NET BRINGS THE EXPERTISE AND RESOURCES OF ASCO TO PEOPLE LIVING WITH CANCER AND THOSE WHO CARE FOR AND CARE ABOUT THEM. CANCER.NET PROVIDES ONCOLOGIST-APPROVED INFORMATION TO HELP PATIENTS AND FAMILIES MAKE INFORMED HEALTH CARE DECISIONS. THE SITE OFFERS COMPREHENSIVE GUIDES TO MORE THAN 120 TYPES OF CANCER AND CANCER-RELATED SYNDROMES, INCLUDING DISEASE-SPECIFIC TREATMENT AND SIDE EFFECTS INFORMATION. EXTENSIVE INFORMATION CAN BE FOUND ON NAVIGATING CANCER CARE, COPING WITH CANCER, CLINICAL TRIALS, MANAGING SIDE EFFECTS, CAREGIVING, SURVIVORSHIP, AND RESEARCH AND ADVOCACY; SELECT CONTENT IS AVAILABLE IN SPANISH. CANCER.NET ALSO FEATURES VIDEOS, PODCASTS, AND AN AWARD-WINNING BLOG. CANCER.NET MOBILE, ASCO'S AWARD-WINNING FREE MOBILE APPLICATION, PROVIDES A FULLY-FEATURED SET OF TOOLS TO HELP PEOPLE MANAGE THEIR CANCER CARE FROM ANYWHERE. CANCER.NET MOBILE IS SPANISH-ENABLED AND INCLUDES KEY FEATURES SUCH AS APPLE HEALTH INTEGRATION (IOS ONLY), MY HEALTH REPORT TO TRACK DATA ENTERED IN THE APP, SYMPTOM AND MEDICATION TRACKER, TOOLS TO RECORD QUESTIONS AND ANSWERS, TRUSTED INFORMATION FROM CANCER.NET, OPTIONAL PASSCODE LOCK, ICLOUD BACKUP, AND MORE. ASCO ALSO OFFERS ASCO ANSWERS PATIENT EDUCATION MATERIALS AVAILABLE IN PRINT AND/OR PDF. ASCO ANSWERS IS A COLLECTION OF ONCOLOGIST-APPROVED PATIENT EDUCATION MATERIALS DEVELOPED BY ASCO FOR PEOPLE WITH CANCER AND THEIR CAREGIVERS. SELECT TITLES ARE AVAILABLE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>IN SPANISH. ASCO ANSWERS INCLUDE:</p> <ul style="list-style-type: none">o GUIDES TO CANCER: THESE COMPREHENSIVE GUIDES HELP NEW LY DIAGNOSED PATIENTS BETTER UNDERSTAND THEIR DISEASE AND TREATMENT OPTIONS. THEY INCLUDE INFORMATION ABOUT DIAGNOSIS, TREATMENT, SIDE EFFECTS, AND PSYCHOSOCIAL EFFECTS AND ALLOW P ATIENTS TO RECORD THE SPECIFICS OF THEIR INDIVIDUAL DIAGNOSIS AND TREATMENT PLAN.o FACT S HEETS: FACT SHEETS PROVIDE AN INTRODUCTION TO A SPECIFIC TYPE OF CANCER, CANCER TREATMENT, OR SIDE EFFECT. EACH INCLUDES AN OVERVIEW OF THE SUBJECT, AN ILLUSTRATION, WORDS TO KNOW, AND QUESTIONS TO ASK THE HEALTH CARE TEAM.o TOPIC-SPECIFIC BOOKLETS: THESE BOOKLETS PROV IDE DETAILED INFORMATION FOR PATIENTS AND CAREGIVERS ABOUT PRACTICAL AND SPECIFIC CONCERNS ON TOPICS SUCH AS ADVANCED CANCER CARE PLANNING, MANAGING THE COST OF CANCER CARE, MANAGI NG CANCER-RELATED PAIN, MANAGING YOUR WEIGHT AFTER A CANCER DIAGNOSIS, PALLIATIVE CARE, AN D STOPPING TOBACCO USE AFTER A CANCER DIAGNOSIS. EXPENSES \$8,123,700. INCLUDING GRANTS OF \$0. REVENUE \$1,165,634.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	<p>AS OF DECEMBER 31, 2019, THE BOARD OF DIRECTORS OF ASCO INCLUDED 18 MEMBERS WITH THE RIGHT TO VOTE ON ALL MATTERS THAT COME BEFORE THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ALSO INCLUDES TWO EX-OFFICIO DIRECTORS WITHOUT THE RIGHT TO VOTE, WHO ARE THE CHIEF EXECUTIVE OFFICER OF ASCO (CEO) AND THE CHAIR OF THE BOARD OF DIRECTORS OF CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (A NON-PROFIT, 501(C)(3) TAX-EXEMPT RELATED ORGANIZATION OF ASCO). DURING THE REPORTING YEAR, THE BOARD OF DIRECTORS DELEGATED AUTHORITY TO ACT ON ITS BEHALF TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, CONSISTENT WITH ASCO'S BYLAWS. PURSUANT TO THE BYLAWS, THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE ARE: THE PRESIDENT, THE PRESIDENT-ELECT, THE CHAIR, THE PAST PRESIDENT, AND THOSE DIRECTORS SERVING THE FINAL YEAR OF THEIR PRESENT TERMS. THE CEO IS A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. ALL EXECUTIVE COMMITTEE MEMBERS ARE MEMBERS OF ASCO'S BOARD OF DIRECTORS. THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY IS ESTABLISHED BY ASCO'S BYLAWS, WHICH PROVIDE THAT, EXCEPT TO THE EXTENT SPECIFICALLY PROHIBITED BY RESOLUTION OF THE BOARD OF DIRECTORS OR OTHERWISE PROHIBITED BY LAW, THE EXECUTIVE COMMITTEE OF THE BOARD IS EMPOWERED TO MAKE AND IMPLEMENT MAJOR DECISIONS BETWEEN BOARD MEETINGS AND IT MAY ACT ON ITEMS REQUIRING ACTION PRIOR TO THE NEXT ANNOUNCED BOARD OF DIRECTORS. ALL ACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE, CONSISTENT WITH ASCO'S BYLAWS. FORM 990, PART VI, SECTION A, LINE 4 IN 2019, THE SOCIETY'S BYLAWS WERE AMENDED TO PROVIDE THAT ASCO MEMBERS WOULD ALSO BE MEMBERS OF THE SAME MEMBERSHIP CLASS OR CLASSES OF THE SOCIETY'S NEWLY ESTABLISHED RELATED 501(C)(6) PROFESSIONAL ORGANIZATION, ASCO ASSOCIATION (D/B/A ASSOCIATION FOR CLINICAL ONCOLOGY). MEMBERS ARE NOW MEMBERS OF BOTH THE SOCIETY AND ITS NEW ASSOCIATION. MEMBERSHIP APPLICATION REVIEW, MEMBER INDUCTION, AND MEMBERSHIP DISCIPLINE AND TERMINATION ARE CONDUCTED SUBJECT TO PROCESSES APPROVED BY BOTH THE SOCIETY'S BOARD OF DIRECTORS AND THE ASSOCIATION'S BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>NO ASCO MEMBER IS ENTITLED TO RECEIVE A SHARE OF ASCO'S PROFITS OR EXCESS DUES OR A SHARE OF ASCO'S NET ASSETS UPON DISSOLUTION. THE CATEGORIES OF MEMBERSHIP WITH VOTING RIGHTS AND SPECIFIED RIGHTS ARE AS FOLLOWS: 1. FULL MEMBERS. a. 1.A. FULL MEMBERS ARE (A) EXPERIENCED LICENSED PHYSICIANS OF ANY NATION WHO DEVOTE A MAJORITY OF THEIR PROFESSIONAL ACTIVITY TO CANCER PATIENT CARE AND/OR RESEARCH OR EDUCATION IN THE BIOLOGY, DIAGNOSIS, PREVENTION OR TREATMENT OF HUMAN CANCER (IN EXCEPTIONAL CASES, OTHER PHYSICIANS WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE FIELD ARE ELIGIBLE FOR FULL MEMBER STATUS), AND (B) OTHER HEALTH PROFESSIONALS AT THE DOCTORAL LEVEL (E.G., EPIDEMIOLOGISTS, BIostatISTIcIANS, PUBLIC HEALTH SPECIALISTS, NURSES, OTHER SCIENTISTS, ETC.) OR INDIVIDUALS WITH EQUIVALENT ACADEMIC RANKS WHO DEVOTE A MAJORITY OF THEIR PROFESSIONAL ACTIVITY TO CANCER PATIENT CARE AND/OR RESEARCH OR EDUCATION IN THE BIOLOGY, DIAGNOSIS, PREVENTION OR TREATMENT OF HUMAN CANCER. b.1.B. RIGHTS OF FULL MEMBERS INCLUDE THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION. 2. EMERITUS MEMBERS. a.2.A. EMERITUS MEMBERS ARE FULL, ALLIED PHYSICIAN/DOCTORAL SCIENTIST, INTERNATIONAL CORRESPONDING AND AFFILIATED HEALTH PROFESSIONAL MEMBERS WHO HAVE REQUESTED EMERITUS STATUS AT AGE 70, UPON RETIREMENT OR EARLIER IF PERMANENTLY DISABLED. b.2.B. EMERITUS MEMBERS WHO AT THE TIME OF THE REQUEST WERE FULL MEMBERS RETAIN THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION. 3. HONORARY MEMBERS. a.3.A. HONORARY MEMBERS ARE INDIVIDUALS WHO HAVE MADE AN OUTSTANDING CONTRIBUTION TO CLINICAL ONCOLOGY WHO ARE DESIGNATED AS AN HONORARY MEMBER BY THE BOARD OF DIRECTORS. b.3.B. MEMBERS HAVE THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	VOTING MEMBERS OF ASCO ELECT ALL VOTING MEMBERS OF THE ASCO BOARD OF DIRECTORS. THE CATEGORIES OF MEMBERS WHO ARE ELIGIBLE TO VOTE FOR THE ELECTION OF MEMBERS OF THE GOVERNING BODY ARE: FULL MEMBERS, EMERITUS MEMBERS WHO WERE FULL MEMBERS AT THE TIME OF REQUEST FOR EMERITUS MEMBER STATUS, AND HONORARY MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ASCO'S CERTIFICATE OF INCORPORATION MAY ONLY BE AMENDED UPON THE VOTE OF THE MEMBERS ENTITLED TO VOTE, AND THE BYLAWS MAY ONLY BE AMENDED, AND DISSOLUTION OF THE CORPORATION MAY ONLY BE APPROVED WITH THE APPROVAL OF BOTH THE BOARD OF DIRECTORS AND VOTING MEMBERS OF ASCO. THE CATEGORIES OF MEMBERS WHO ARE ELIGIBLE TO VOTE ARE: FULL MEMBERS, EMERITUS MEMBERS WHO WERE FULL MEMBERS AT THE TIME OF REQUEST FOR EMERITUS MEMBER STATUS, AND HONORARY MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT ELECTRONIC COPY OF THE ASCO FORM 990 WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS AND WAS DISCUSSED AT A MEETING OF THE BOARD. AN ELECTRONIC COPY OF THE FINAL FORM WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS, AND WAS REVIEWED BY THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER, THE CHIEF EXECUTIVE OFFICER, AND THE EXECUTIVE VICE PRESIDENT & CHIEF LEGAL OFFICER PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ASCO MAINTAINS A NUMBER OF WRITTEN CONFLICT OF INTEREST POLICIES AND STANDARDS REGARDING THE DISCLOSURE AND MANAGEMENT OF CONFLICTS OF INTEREST. THESE POLICIES AND STANDARDS COVER ALL ASCO MEMBERS AND EMPLOYEES, DIRECTORS, OFFICERS, COMMITTEE MEMBERS, AND CERTAIN FAMILY MEMBERS (E.G. SPOUSE, DEPENDENT CHILDREN). COVERED INDIVIDUALS ARE ASKED TO DISCLOSE FINANCIAL INTERESTS IN OR OTHER RELATIONSHIPS WITH ENTITIES THAT HAVE RELEVANT COMMERCIAL INTERESTS, INCLUDING EMPLOYMENT OR LEADERSHIP POSITIONS, CONSULTANT OR ADVISORY ROLES, STOCK OWNERSHIP, HONORARIA, RESEARCH FUNDING, AND SERVICE AS AN EXPERT WITNESS. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE SERVICE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF ANY OTHER PROFESSIONAL OR ADVOCACY ORGANIZATION RELATING TO SCIENCE OR HEALTH CARE. COMPLETION OF A DISCLOSURE FORM IS REQUIRED AT THE INITIATION OF SERVICE AND UPDATED ANNUALLY THEREAFTER AND WHEN ANY MATERIAL CHANGES OCCUR. ASCO'S CONFLICT OF INTEREST POLICIES ARE INTENDED TO HELP GUIDE THE MANAGEMENT OF ACTUAL, POTENTIAL, AND PERCEIVED CONFLICTS OF INTEREST THROUGH DISCLOSURE OF FINANCIAL INTERESTS OR OTHER RELATIONSHIPS. WHERE THE NATURE AND EXTENT OF A FINANCIAL RELATIONSHIP SUGGEST DISCLOSURE IS NOT ADEQUATE TO MANAGE A REAL OR POTENTIAL CONFLICT, COVERED INDIVIDUALS ARE REQUIRED TO RECUSE THEMSELVES FROM DECISION MAKING. RECUSAL MAY BE SELF-SELECTED, OR MAY BE REQUESTED BY THE COMMITTEE CHAIR, OFFICER, OR EXECUTIVE-LEVEL STAFF MEMBERS. IN ADDITION, IF ASCO WERE TO CONTEMPLATE ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY INTERESTED PERSON (I.E. AN ASCO DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF AN ASCO COMMITTEE WITH BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE TRANSACTION), IT MUST FOLLOW A SPECIFIC PROCEDURE TO MANAGE THE CONFLICT, INCLUDING CONSIDERING ALTERNATIVE TRANSACTIONS THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<p>COMPENSATION OF CHIEF EXECUTIVE OFFICER (CEO): THE DUTIES OF THE CEO OF ASCO INCLUDE SERVING AS: THE CEO OF ASCO, THE CEO OF ASCO'S NON-PROFIT, 501(C)(3) TAX-EXEMPT RELATED ORGANIZATION, CONQUER CANCER FOUNDATION OF ASCO (CC); THE CEO OF ASCO'S NON-PROFIT, 501(C)(6) TAX-EXEMPT RELATED ORGANIZATION, ASCO ASSOCIATION (D/B/A ASSOCIATION FOR CLINICAL ONCOLOGY)(ASSOCIATION), THE PRESIDENT OF QOPI CERTIFICATION PROGRAM, LLC; THE PRESIDENT OF ASCO LEASING LLC, AND THE CHAIR OF THE BOARD OF GOVERNORS OF CANCERLINC LLC. ALL ORGANIZATIONS LISTED ARE RELATED ORGANIZATIONS OF ASCO. THE WRITTEN EMPLOYMENT CONTRACT BETWEEN THE CEO AND ASCO ADDRESSES COMPENSATION OF THE CEO. THE COMPENSATION OF THE CEO WAS DETERMINED BY THE ASCO BOARD OF DIRECTORS, FOLLOWING THE REVIEW AND RECOMMENDATION OF THE BOARD COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE CONSULTED WITH INDEPENDENT LEGAL COUNSEL AND ITS INDEPENDENT COMPENSATION CONSULTANT. THE INDEPENDENT COMPENSATION CONSULTANT COLLECTED AND REPORTED ON COMPARABLE MARKET DATA (INCLUDING DATA ON COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS) AND PROVIDED ITS OPINION THAT THE COMPENSATION FOR THE CEO WAS REASONABLE. THE REVIEW, RECOMMENDATION, AND DETERMINATION OF THE CEO'S COMPENSATION BASED ON THE ABOVE DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2019. THE COMPENSATION OF THE FOLLOWING POSITIONS WERE CONSIDERED AND APPROVED BY THE ASCO BOARD COMPENSATION COMMITTEE, AFTER RECEIVING THE RECOMMENDATION OF THE CEO AND AN INDEPENDENT COMPENSATION CONSULTANT. THE INDEPENDENT COMPENSATION CONSULTANT COLLECTED AND REPORTED ON COMPARABLE MARKET DATA (INCLUDING DATA ON COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS) AND PROVIDED ITS OPINION THAT THE COMPENSATION FOR THE POSITIONS WAS REASONABLE. - SENIOR VICE PRESIDENT & CHIEF LEGAL OFFICER (SVP & CLO) : THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE SVP & CLO BASED ON THE ABOVE DESCRIBED PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2019. - VICE PRESIDENT AND CHIEF FINANCIAL OFFICER (VP & CFO): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE VP & CFO BASED ON THE ABOVE DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2019. - SENIOR VICE PRESIDENT & CHIEF MEDICAL OFFICER (SVP & CMO): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE SVP & CMO BASED ON THE ABOVE DESCRIBED PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2019. - CHIEF DIGITAL OFFICER (CDO): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE CDO BASED ON THE ABOVE DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2019. - VICE PRESIDENT, INFORMATION TECHNOLOGY (VP, IT): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE VP, IT BASED ON THE ABOVE DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2017. - EXECUTIVE VICE PRESIDENT & CHIEF PHILANTHROPIC OFFICER OF THE CONQUER CANCER FOUNDATION OF CLINICAL ONCOLOGY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	(CC): THE EXECUTIVE VICE PRESIDENT & CHIEF PHILANTHROPIC OFFICER OF CC IS AN EMPLOYEE OF ASCO. THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EXECUTIVE VICE PRESIDENT & CHIEF PHILANTHROPIC OFFICER OF CC BASED ON THE ABOVE DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2019. - CHIEF EXECUTIVE OFFICER OF CANCERLINQ LLC (CEO OF CLQ): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE CEO OF CLQ BASED ON THE ABOVE DESCRIBED PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ASCO'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST. ASCO'S CERTIFICATE OF INCORPORATION IS ALSO AVAILABLE TO THE PUBLIC THROUGH THE SECRETARY OF STATE OF NEW YORK. ASCO'S CONFLICT OF INTEREST POLICY IS POSTED ON ASCO'S WEBSITE AND IS AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST. ASCO'S ANNUAL ACCOMPLISHMENTS AND FINANCIAL INFORMATION IS POSTED ON ASCO'S WEBSITE AND AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSS ON INTEREST RATE SWAP (\$2,941,592)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COMMISSIONS TOTAL FEES:6170594

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PUBLIC RELATIONS COORDINATOR TOTAL FEES:1115702

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY STAFF TOTAL FEES:1234733

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CLINICAL TRIAL SITES TOTAL FEES:2509000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PROFESSIONAL FEES TOTAL FEES:16867390

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number

13-6180380

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) QOPI Certification Program LLC 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 27-1629211	accreditation	VA	986,911	795,305	ASCO
(2) ASCO LEASING LLC 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 27-3378225	RENTAL	VA	578,110	697,022	ASCO
(3) CANCERLINQ LLC 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 47-2315885	QUALITY IMprv	VA	65,556,251	12,454,729	ASCO

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CONQUER CANCER FOUNDATION OF ASCO 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 31-1667995	Grants	VA	501(C)(3)	7	asco	Yes	
(2) ASCO ASSOCIATION 2318 MILL ROAD ALEXANDRIA, VA 22314 83-3561693	MEMBER SERV.	VA	501(C)(6)		ASCO	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-6180380
Name: AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
conquer cancer foundation of asco	A, J	602,493	FMV
conquer cancer foundation of asco	b	1,764,000	fmv
conquer cancer foundation of asco	c	7,525,300	fmv
conquer cancer foundation of asco	e	54,777,714	fmv
conquer cancer foundation of asco	m	3,150,000	fmv
conquer cancer foundation of asco	n	1,082,077	fmv
conquer cancer foundation of asco	o	5,955,791	fmv