

**PUBLIC INSPECTION COPY**

Return of Organization Exempt From Income Tax

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

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization details, identification numbers, and tax status.

Part I Summary

Main summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

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

Signature and preparer information section including officer signature, preparer name, and firm details.

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
CONQUER CANCER FUNDS RESEARCH FOR EVERY TYPE OF CANCER TO BENEFIT  
EVERY PATIENT, EVERYWHERE. WORKING IN COLLABORATION WITH A GLOBAL  
NETWORK OF TOP SCIENTISTS AND CLINICIANS, AND LEADING ADVOCACY AND  
RESEARCH ORGANIZATIONS, CONQUER CANCER DRAWS (CONTINUED IN 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 \$ 16,665,053. including grants of \$ 12,041,145. ) (Revenue \$ \_\_\_\_\_ )  
SEE SCHEDULE O:

**4b** (Code: \_\_\_\_\_) (Expenses \$ 6,151,814. including grants of \$ 5,955,643. ) (Revenue \$ \_\_\_\_\_ )  
SEE SCHEDULE O:

**4c** (Code: \_\_\_\_\_) (Expenses \$ 1,456,370. including grants of \$ 1,437,086. ) (Revenue \$ 1,328,134. )  
SEE SCHEDULE O:

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4e** Total program service expenses 24,273,237.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | X   |    |
| <b>11</b> 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.  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   |     | X  |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....  |     | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....  |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....   |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | X   |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | X   |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   | X   |    |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   | X   |    |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....   | X   |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | X   |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>22</b> 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> .....  | X   |    |
| <b>23</b> 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> .....  | X   |    |
| <b>24a</b> 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> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....  |     | X  |
| <b>b</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> .....   |     | X  |
| <b>26</b> 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> .....   |     | X  |
| <b>27</b> 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> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> 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> .....   |     | X  |
| <b>33</b> 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> .....   |     | X  |
| <b>34</b> 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> .....   | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</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> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | X   |    |
| <b>37</b> 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> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

**Note:** All Form 990 filers are required to complete Schedule O

**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 |
|---|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |    |
|            | 2a   |            | 0  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>   | <b>3b</b>  |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | <b>4a</b>  | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                      | <b>6a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  | X  |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>   | <b>14b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                 | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | X  |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069. | <b>17</b>  |    |

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

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year ..... 21<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent ..... 20   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? .....  |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? .....  |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....  | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....   | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body? .....   | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? .....   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....  |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 MELINDA O'LEARY - (571) 483-1300  
 2318 MILL ROAD STE 800, ALEXANDRIA, VA 22314

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

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

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

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

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

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

| (A)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) CLIFFORD A. HUDIS, MD<br>EXECUTIVE VICE CHAIR         | 6.50<br>31.00   | X  |                       | X       |              |                              |        | 0.  | 1,060,801.   | 24,750.   |
| (2) NANCY DALY, MS, MPH<br>CEO & EXECUTIVE VP             | 36.50<br>1.00   |  |                       | X       |              |                              |        | 0.  | 516,637.   | 42,677.   |
| (3) LINDA JENSEN<br>CFO & EXECUTIVE VP                    | 1.00<br>36.50   |  |                       | X       |              |                              |        | 0.  | 477,532.   | 42,792.   |
| (4) HOWARD A. BURRIS, III, MD<br>BOARD CHAIR              | 1.00<br>2.00  | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) AMY C. PETERSON, MD<br>SECRETARY                      | 1.00  | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) ALEXANDER W. CASDIN<br>TREASURER                      | 1.00  | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (7) KATHRYN BEAL<br>BOARD MEMBER                          | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) WILLIAM BEHNKE<br>BOARD MEMBER (PARTIAL YEAR)         | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) RICCARDO BRAGLIA<br>BOARD MEMBER                      | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) OTIS BRAWLEY, MD<br>BOARD MEMBER (PARTIAL YEAR)      | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) LAWRENCE H. EINHORN, MD<br>BOARD MEMBER              | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) RAJ MANTENA, RPH<br>BOARD MEMBER                     | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) THOMAS A. MARSLAND, MD<br>BOARD MEMBER               | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) ROBERT J. MAYER, MD<br>BOARD MEMBER                  | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) GERALD J. MCDUGALL<br>BOARD MEMBER                   | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) ANNE MOORE, MD<br>BOARD MEMBER                       | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) W. CHARLES PENLEY, MD<br>BOARD MEMBER (PARTIAL YEAR) | 1.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) THOMAS G. ROBERTS, JR., MD<br>BOARD MEMBER (PARTIAL YEAR) | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) STEVEN T. ROSEN, MD<br>BOARD MEMBER                       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) ALEXANDRA SHAPIRO<br>BOARD MEMBER                         | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) SANDRA SWAIN, MD<br>BOARD MEMBER                          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) MARGARET A. TEMPERO, MD<br>BOARD MEMBER                   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) DEANNA B. VAN GESTEL<br>BOARD MEMBER (PARTIAL YEAR)       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 0.  | 2,054,970.   | 110,219.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 0.  | 2,054,970.   | 110,219.  |

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 0

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                    | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| TRUE NORTH INC, 12 WEST 27TH STREET, 13TH FLOOR, NEW YORK, NY 10001 | PRO FUNDRAISING SERVICES       | 168,000.            |
| THE HARRINGTON AGENCY<br>329 DICKINSON AVENUE, SWARTHMORE, PA 19081 | PRO FUNDRAISING SERVICES       | 127,500.            |
|   |                                |                     |
|   |                                |                     |

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 2

**Part VIII Statement of Revenue**

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

|  |   |  | (A)                   | (B)                                | (C)                        | (D)  |  |
|--|---|--|-----------------------|------------------------------------|----------------------------|--|--|
|  |   |  | Total revenue         | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>  | Federated campaigns .....  | <b>1a</b> 2,923.      |                                    |                            |  |  |
|  | <b>b</b>  | Membership dues .....  | <b>1b</b> 1,136,500.  |                                    |                            |  |  |
|  | <b>c</b>  | Fundraising events .....   | <b>1c</b> 2,533,767.  |                                    |                            |  |  |
|  | <b>d</b>  | Related organizations .....  | <b>1d</b> 3,652,500.  |                                    |                            |  |  |
|  | <b>e</b>  | Government grants (contributions) .....  | <b>1e</b> 678,681.    |                                    |                            |  |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b> 26,536,545. |                                    |                            |  |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f                                      | <b>1g</b> \$ 459,764. |                                    |                            |  |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f .....  |                       | 34,540,916.                        |                            |  |  |
|  | Program Service Revenue   | <b>2 a</b>   | GRANTS EXPERTISE      | <b>Business Code</b> 900099        | 1,328,134.                 | 1,328,134.   |  |
| <b>b</b>   |   |  |                       |                                    |                            |  |  |
| <b>c</b>   |   |  |                       |                                    |                            |  |  |
| <b>d</b>   |   |  |                       |                                    |                            |  |  |
| <b>e</b>   |   |  |                       |                                    |                            |  |  |
| <b>f</b>   |   | All other program service revenue .....  |                       |                                    |                            |  |  |
| <b>g</b>   |   | <b>Total.</b> Add lines 2a-2f .....  |                       | 1,328,134.                         |                            |  |  |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) ..... |                       | 2,573,994.                         |                            | 2,573,994.   |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds .....                           |                       |                                    |                            |  |  |
|  | <b>5</b>  | Royalties .....  |                       |                                    |                            |  |  |
|  | <b>6 a</b>  | Gross rents .....  | (i) Real              |                                    |                            |  |  |
|  |   |  | (ii) Personal         |                                    |                            |  |  |
|  |   |  |                       |                                    |                            |  |  |
|  | <b>b</b>  | Less: rental expenses ...  | <b>6b</b>             |                                    |                            |  |  |
|  | <b>c</b>  | Rental income or (loss)  | <b>6c</b>             |                                    |                            |  |  |
|  | <b>d</b>  | Net rental income or (loss) .....  |                       |                                    |                            |  |  |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory .....                       | (i) Securities        |                                    |                            |  |  |
|  |   |  | (ii) Other            |                                    |                            |  |  |
|  |   |  |                       | 7,552,202.                         |                            |  |  |
|  | <b>b</b>  | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>             | 6,696,905.                         |                            |  |  |
|  | <b>c</b>  | Gain or (loss) .....   | <b>7c</b>             | 855,297.                           |                            |  |  |
| <b>d</b>   | Net gain or (loss) .....  |  | 855,297.              |                                    | 855,297.                   |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 2,533,767. of contributions reported on line 1c). See Part IV, line 18 ..... |  |                       |                                    |                            |  |  |
|  |   | <b>8a</b>  | 0.                    |                                    |                            |  |  |
|  |   | <b>8b</b>  | 201,634.              |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....  |  | -201,634.             |                                    | -201,634.                  |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....   |  |                       |                                    |                            |  |  |
|  |   | <b>9a</b>  |                       |                                    |                            |  |  |
|  |   | <b>9b</b>  |                       |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....   |  |                       |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....   |  |                       |                                    |                            |  |  |
|  |   | <b>10a</b>   |                       |                                    |                            |  |  |
|  |   | <b>10b</b>   |                       |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....  |  |                       |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>   |  | <b>Business Code</b>  |                                    |                            |  |  |
|  | <b>b</b>  |  |                       |                                    |                            |  |  |
|  | <b>c</b>  |  |                       |                                    |                            |  |  |
|  | <b>d</b>  | All other revenue .....  |                       |                                    |                            |  |  |
|  | <b>e</b>  | <b>Total.</b> Add lines 11a-11d .....  |                       |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....  |  | 39,096,707.           | 1,328,134.                         | 0.                         | 3,227,657.   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 18,223,892.           | 18,223,892.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   | 393,000.              | 393,000.                        |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  | 816,981.              | 816,981.                        |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes .....  |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management .....  | 8,910,924.            | 2,888,058.                      | 1,453,334.                             | 4,569,532.                  |
| <b>b</b> Legal .....   |                       |                                 |  |                             |
| <b>c</b> Accounting .....  | 45,600.               |                                 | 45,600.                                |                             |
| <b>d</b> Lobbying .....  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 358,751.              |                                 |  | 358,751.                    |
| <b>f</b> Investment management fees .....  | 52,202.               |                                 | 52,202.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 1,901,034.            | 1,200,128.                      | 218,668.                               | 482,238.                    |
| <b>12</b> Advertising and promotion .....  | 88,750.               |                                 |  | 88,750.                     |
| <b>13</b> Office expenses .....  | 1,142,478.            | 133,119.                        | 92,442.                                | 916,917.                    |
| <b>14</b> Information technology .....   | 819,814.              | 128,249.                        | 94,160.                                | 597,405.                    |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 158,678.              | 158,550.                        | 128.                                   |                             |
| <b>17</b> Travel .....   | 531,135.              | 324,014.                        | 38,756.                                | 168,365.                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 132,441.              | 7,246.                          |  | 125,195.                    |
| <b>20</b> Interest .....   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  |                       |                                 |  |                             |
| <b>23</b> Insurance .....  |                       |                                 |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |  |                             |
| <b>a</b> _____   |                       |                                 |  |                             |
| <b>b</b> _____   |                       |                                 |  |                             |
| <b>c</b> _____   |                       |                                 |  |                             |
| <b>d</b> _____   |                       |                                 |  |                             |
| <b>e</b> All other expenses _____  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 33,575,680.           | 24,273,237.                     | 1,995,290.                             | 7,307,153.                  |
| <b>26</b> 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 X

|   |  | (A)<br>Beginning of year |              | (B)<br>End of year |
|---|--|--------------------------|--------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 9,023,972.               | <b>1</b>     | 5,985,305.         |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>     |                    |
|   | <b>3</b> Pledges and grants receivable, net .....  | 5,402,813.               | <b>3</b>     | 10,280,846.        |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>     | 25,000.            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>     |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>     |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>     |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 130,103.                 | <b>9</b>     | 85,000.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>               |              |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>               | <b>10c</b>   |                    |
|   | <b>11</b> Investments - publicly traded securities .....   | 83,560,282.              | <b>11</b>    | 93,675,452.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>    |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>    |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>    |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>    |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 98,117,170.  | <b>16</b>                | 110,051,603. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 160,281.                 | <b>17</b>    | 186,512.           |
|   | <b>18</b> Grants payable .....   | 8,376,287.               | <b>18</b>    | 6,724,249.         |
|   | <b>19</b> Deferred revenue .....   | 3,179,628.               | <b>19</b>    | 3,440,100.         |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>    |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>    |                    |
|   | <b>22</b> 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 .....     |                          | <b>22</b>    |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>    |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>    |                    |
|   | <b>25</b> 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 .....  | 2,715,846.               | <b>25</b>    | 2,674,871.         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 14,432,042.              | <b>26</b>    | 13,025,732.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |              |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 34,722,323.              | <b>27</b>    | 37,868,738.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 48,962,805.              | <b>28</b>    | 59,157,133.        |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |              |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>    |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>    |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>    |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 83,685,128.              | <b>32</b>    | 97,025,871.        |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 98,117,170.  | <b>33</b>                | 110,051,603. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 39,096,707. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 33,575,680. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 5,521,027.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 83,685,128. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 7,819,716.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 97,025,871. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____   |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____  |     |    |

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

Table with 2 columns: Name of the organization (CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY) and Employer identification number (31-1667995)

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019    | (b) 2020    | (c) 2021    | (d) 2022    | (e) 2023    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 27,209,762. | 34,795,083. | 22,059,688. | 31,125,188. | 34,540,916. | 149,730,637. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 27,209,762. | 34,795,083. | 22,059,688. | 31,125,188. | 34,540,916. | 149,730,637. |
| <b>5</b> 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) ..... |             |             |             |             |             | 29,688,773.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 120,041,864. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019    | (b) 2020    | (c) 2021    | (d) 2022    | (e) 2023    | (f) Total                |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 27,209,762. | 34,795,083. | 22,059,688. | 31,125,188. | 34,540,916. | 149,730,637.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 2,667,684.  | 1,592,952.  | 1,980,450.  | 1,978,770.  | 2,573,994.  | 10,793,850.              |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   | 269,300.    | 276,883.    |             |             |             | 546,183.                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 106,173.    |             |             |             |             | 106,173.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |             |             |             |             |             | 161,176,843.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |             |             |             |             | 12          | 2,154,069.               |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 74.48 %                             |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | <b>15</b> | 81.66 %                             |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>            |

Schedule A (Form 990) 2023

**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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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>  |     |    |
| <b>b</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>   |     |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> 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>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> 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> |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>   |  |  |  |
| <b>b</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>   |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>3b</b>   |  |  |  |

**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.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 of line 1.   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990) 2023

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|---|--|---|
| 1   | Distributable amount for 2023 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2023   |  |   |
| a   | From 2018   |  |   |
| b   | From 2019   |  |   |
| c   | From 2020   |  |   |
| d   | From 2021   |  |   |
| e   | From 2022   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2023 distributable amount  |  |   |
| i   | Carryover from 2018 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2023 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2023 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2019  |  |   |
| b   | Excess from 2020  |  |   |
| c   | Excess from 2021  |  |   |
| d   | Excess from 2022  |  |   |
| e   | Excess from 2023  |  |   |

Schedule A (Form 990) 2023

**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.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY Employer identification number 31-1667995

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring and policy.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and required amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 35,282,081.      | 39,078,370.    | 35,692,561.        | 27,740,161.          | 17,571,755.         |
| <b>b</b> Contributions                                  | 6,649,346.       | 2,822,771.     | 1,997,125.         | 6,504,115.           | 8,235,901.          |
| <b>c</b> Net investment earnings, gains, and losses     | 4,658,864.       | -5,342,139.    | 2,783,059.         | 2,786,765.           | 2,772,005.          |
| <b>d</b> Grants or scholarships                         | 1,470,639.       | 1,276,921.     | 1,394,375.         | 1,338,480.           | 839,500.            |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 45,119,652.      | 35,282,081.    | 39,078,370.        | 35,692,561.          | 27,740,161.         |

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

- a** Board designated or quasi-endowment \_\_\_\_\_ .0000 %
- b** Permanent endowment \_\_\_\_\_ 100 %
- c** Term endowment \_\_\_\_\_ .0000 %

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 |
|---------------|-----|----|
| <b>3a(i)</b>  |     | X  |
| <b>3a(ii)</b> |     | X  |
| <b>3b</b>     |     |    |

**b** If "Yes" on line 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 |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                  |                                      |                                 |                              |                |
| <b>b</b> Buildings              |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements |                                      |                                 |                              |                |
| <b>d</b> Equipment              |                                      |                                 |                              |                |
| <b>e</b> Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) \_\_\_\_\_ 0.

**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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |   |

**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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

**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)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DUE TO ASCO   | 2,674,871.     |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 2,674,871.     |

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



**Part 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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 47,065,855. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 7,819,716.  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 7,819,716.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 39,246,139. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 52,202.     |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | -201,634.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | -149,432.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 39,096,707. |

**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.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 33,725,112. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 201,634.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 201,634.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 33,523,478. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 52,202.     |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 52,202.     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 33,575,680. |

**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.

PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS OF DONOR-RESTRICTED ENDOWMENT FUNDS ARE

PRESERVED, ABSENT EXPLICIT DIRECTION FROM THE DONOR. INTEREST FROM THE

PERMANENTLY RESTRICTED FUNDS IS INTENDED TO FUND FUTURE RESEARCH AND/OR

EDUCATIONAL AWARDS.

PART X, LINE 2:

CONQUER CANCER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE ("IRC"). IT HAS BEEN GRANTED PUBLIC CHARITY

STATUS BY THE INTERNAL REVENUE SERVICE (THE "IRS") AND HAS BEEN CLASSIFIED

AS OTHER THAN A PRIVATE FOUNDATION. IN 2023 AND 2022, CONQUER CANCER

GENERATED NO UNRELATED BUSINESS INCOME AND ACCORDINGLY HAD RELATED

**Part XIII** Supplemental Information (continued)

BUSINESS INCOME TAX OF \$0 IN 2023 AND 2022, RESPECTIVELY.

CONQUER CANCER ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH

THE INCOME TAX TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD

ACCOUNTING STANDARDS CODIFICATION ("FASB ASC"). CONQUER CANCER BELIEVES

THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH,

DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE

FINANCIAL STATEMENTS. GENERALLY, CONQUER CANCER IS NO LONGER SUBJECT TO

INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX

AUTHORITIES FOR YEARS BEFORE 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE -201,634.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 201,634.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

PART V, LINES 1A-AG

ENDOWMENT FUNDS ARE BASED ON GAAP AND AGREE TO THE RESTRICTED FUNDS ON THE

AUDITED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

|   |  |
|---|--|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number<br>31-1667995 |
|---|--|

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

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EUROPE (INCLUDING ICELAND & GREENLAND)                  | 0                                   | 0  | PROGRAM SERVICES   | AWARDS & GRANTS  | 250,000.   |
| SUB-SAHARAN AFRICA                                      | 0                                   | 0  | PROGRAM SERVICES   | AWARDS & GRANTS  | 190,000.   |
| SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | AWARDS & GRANTS  | 96,981.  |
| NORTH AMERICA   | 0                                   | 0  | PROGRAM SERVICES   | AWARDS & GRANTS  | 190,000.   |
| EAST ASIA AND THE PACIFIC                               | 0                                   | 0  | PROGRAM SERVICES   | AWARDS & GRANTS  | 87,000.  |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 813,981.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |  |  | 813,981.   |

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

Schedule F (Form 990) 2023

**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<br>(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) |
|-------------------------------|--|--|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | SOUTH ASIA                             | INTERNATIONAL INNOVATION GRANT (IIG)                                       | 19,981.                  | WIRE                            | 0.                               |                                       |   |
|                               |  | SOUTH ASIA                             | GLOBAL ONCOLOGY YOUNG INVESTIGATOR AWARD (GO YIA)                          | 50,000.                  | WIRE                            | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA                     | GLOBAL ONCOLOGY YOUNG INVESTIGATOR AWARD (GO YIA)                          | 50,000.                  | WIRE                            | 0.                               |                                       |   |
|                               |  | SOUTH ASIA                             | INTERNATIONAL INNOVATION GRANT (IIG)                                       | 20,000.                  | WIRE                            | 0.                               |                                       |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) | YOUNG INVESTIGATOR AWARD (YIA), CAREER PATHWAY GRANT IN SYMPTOM MANAGEMENT | 165,000.                 | WIRE                            | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA                     | INTERNATIONAL INNOVATION GRANT (IIG)                                       | 20,000.                  | WIRE                            | 0.                               |                                       |   |
|                               |  | NORTH AMERICA                          | INTERNATIONAL INNOVATION GRANT (IIG)                                       | 20,000.                  | WIRE                            | 0.                               |                                       |   |
|                               |  | SUB-SAHARAN AFRICA                     | GLOBAL ONCOLOGY YOUNG INVESTIGATOR AWARD (GO YIA)                          | 100,000.                 | WIRE                            | 0.                               |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 12

3 Enter total number of other organizations or entities ..... 0

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|--------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) | YOUNG INVESTIGATOR AWARD (YIA)       | 50,000.                  | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | INTERNATIONAL INNOVATION GRANT (IIG) | 20,000.                  | WIRE                            | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | YOUNG INVESTIGATOR AWARD (YIA)       | 50,000.                  | WIRE                            | 0.                                |  |   |
|                               |  | NORTH AMERICA                          | YOUNG INVESTIGATOR AWARD (YIA)       | 150,000.                 | WIRE                            | 0.                                |  |   |
|                               |  |  |                                      |                          |                                 |                                   |  |   |
|                               |  |  |                                      |                          |                                 |                                   |  |   |
|                               |  |  |                                      |                          |                                 |                                   |  |   |
|                               |  |  |                                      |                          |                                 |                                   |  |   |
|                               |  |  |                                      |                          |                                 |                                   |  |   |
|                               |  |  |                                      |                          |                                 |                                   |  |   |
|                               |  |  |                                      |                          |                                 |                                   |  |   |

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                | (b) Region  | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|---|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| ANNUAL MEETING MERIT AWARD                     | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,        | 20                       | 20,000.                  | WIRE                            | 0.                               |                                       |   |
| ANNUAL MEETING MERIT AWARD                     | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES      | 10                       | 10,000.                  | WIRE                            | 0.                               |                                       |   |
| ANNUAL MEETING MERIT AWARD                     | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,             | 3                        | 3,000.                   | WIRE                            | 0.                               |                                       |   |
| ANNUAL MEETING MERIT AWARD                     | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 1                        | 1,000.                   | WIRE                            | 0.                               |                                       |   |
| ANNUAL MEETING MERIT AWARD                     | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,              | 2                        | 2,000.                   | WIRE                            | 0.                               |                                       |   |
| ANNUAL MEETING MERIT AWARD                     | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,      | 1                        | 1,000.                   | WIRE                            | 0.                               |                                       |   |
| GASTROINTESTINAL CANCERS SYMPOSIUM MERIT AWARD | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES      | 2                        | 2,000.                   | WIRE                            | 0.                               |                                       |   |
| GASTROINTESTINAL CANCERS SYMPOSIUM MERIT AWARD | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,        | 4                        | 4,000.                   | WIRE                            | 0.                               |                                       |   |
| GASTROINTESTINAL CANCERS SYMPOSIUM MERIT AWARD | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,              | 2                        | 2,000.                   | WIRE                            | 0.                               |                                       |   |

| <b>Part III</b> Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III) |  |                          |                          |                                 |                                   |  |   |
|---|--|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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) |
| GENITOURINARY CANCERS SYMPOSIUM MERIT AWARD   | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 3                        | 3,000.                   | WIRE                            | 0.                                |  |   |
| GENITOURINARY CANCERS SYMPOSIUM MERIT AWARD   | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,   | 6                        | 6,000.                   | WIRE                            | 0.                                |  |   |
| QUALITY CARE SYMPOSIUM MERIT AWARD  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,        | 2                        | 2,000.                   | WIRE                            | 0.                                |  |   |
| QUALITY CARE SYMPOSIUM MERIT AWARD  | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 2                        | 2,000.                   | WIRE                            | 0.                                |  |   |
| BREAKTHROUGH MERIT AWARD  | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,         | 2                        | 2,000.                   | WIRE                            | 0.                                |  |   |
| BREAKTHROUGH MERIT AWARD  | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 3                        | 3,000.                   | WIRE                            | 0.                                |  |   |
| BREAKTHROUGH MERIT AWARD  | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,   | 2                        | 2,000.                   | WIRE                            | 0.                                |  |   |
| BREAKTHROUGH MERIT AWARD  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,        | 5                        | 5,000.                   | WIRE                            | 0.                                |  |   |
| BREAKTHROUGH ABSTRACT AWARD   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,        | 27                       | 27,000.                  | WIRE                            | 0.                                |  |   |

**Part III** Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

| (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 ABSTRACT AWARD     | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 1                        | 1,000.                   | WIRE                            | 0.                                |  |   |
| BREAKTHROUGH ABSTRACT AWARD     | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,              | 1                        | 1,000.                   | WIRE                            | 0.                                |  |   |
| BREAKTHROUGH ABSTRACT AWARD     | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,        | 3                        | 3,000.                   | WIRE                            | 0.                                |  |   |
|                                 |   |                          |                          |                                 |                                   |  |   |
|                                 |   |                          |                          |                                 |                                   |  |   |
|                                 |   |                          |                          |                                 |                                   |  |   |
|                                 |   |                          |                          |                                 |                                   |  |   |
|                                 |   |                          |                          |                                 |                                   |  |   |
|                                 |   |                          |                          |                                 |                                   |  |   |
|                                 |   |                          |                          |                                 |                                   |  |   |
|                                 |   |                          |                          |                                 |                                   |  |   |



**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 the 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 the 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 the 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 the 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 the 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 the 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.

PART I, LINE 2:

CONQUER CANCER GRANTS ARE AWARDED BASED ON MERIT THROUGH A PEER-REVIEW

PROCESS CONDUCTED BY MEMBERS OF CONQUER CANCER'S GRANT SELECTION

COMMITTEE USING ELIGIBILITY CRITERIA ESTABLISHED FOR EACH SPECIFIC GRANT.

GRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT THAT ESTABLISHES CERTAIN

REQUIREMENTS FOR THE GRANT. GRANTEES MUST REQUEST APPROVAL FOR ANY

CHANGES IN THE GRANT PROJECT AND THE GRANTEE'S STATUS. GRANTEES MUST

SUBMIT A FORMAL REQUEST FOR A CHANGE IN OBJECTIVES OR SCOPE AND INCLUDE

JUSTIFICATION FOR THE CHANGES, WHICH IS SUBJECT TO CONQUER CANCER'S

REVIEW AND APPROVAL. GRANTEES ARE REQUIRED TO NOTIFY CONQUER CANCER AND

REQUEST A NO COST EXTENSION IF THERE ARE SIGNIFICANT DELAYS THAT WILL

MATERIALLY AFFECT THE ABILITY TO ATTAIN THE OBJECTIVES OF THE GRANT

PROJECT OR TO MEET THE PROPOSED TIME SCHEDULES. GRANTEES ARE REQUIRED TO

NOTIFY CONQUER CANCER IF THEY PLAN TO LEAVE AN ORGANIZATION DURING THE

COURSE OF A GRANT AND MUST SUBMIT A REQUEST FOR APPROVAL OF INSTITUTION

TRANSFER OF THE GRANT BEFORE ANY TRANSFER TAKES PLACE. CHANGES OF GREATER

THAN 5% OF THE TOTAL EARLY GRANT BUDGET BETWEEN OR INTO NEW BUDGET

CATEGORIES ARE SUBJECT TO THE REVIEW AND APPROVAL.

CONQUER CANCER REQUIRES TECHNICAL PROJECT REPORTS (PROGRESS REPORTS) AND

BUDGET SUMMARIES (FINANCIAL REPORTS) FOR ALL GRANTS. UNLESS OTHERWISE

SPECIFIED IN THE GRANT TERMS AND CONDITIONS, AN ANNUAL PROGRESS REPORT

AND A BUDGET SUMMARY ARE REQUIRED TO BE SUBMITTED WITHIN 30 DAYS AND 60

DAYS, RESPECTIVELY, FOLLOWING THE END OF THE GRANT BUDGET PERIOD. CONQUER

CANCER REVIEWS THE REPORTS AND PROVIDES THE GRANTEE AN APPROVAL

NOTIFICATION. CONQUER CANCER REQUIRES A FINAL PROJECT REPORT AND BUDGET

SUMMARY WITHIN 30 DAYS AND 60 DAYS, RESPECTIVELY, FOLLOWING EXPIRATION OF

**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.

THE GRANT. CONQUER CANCER REVIEWS THE REPORTS AND IF APPROVED, PROVIDES

THE GRANTEE AN APPROVAL NOTIFICATION. ALL UNUSED FUNDS AT THE END OF THE

AWARD TERM MUST BE RETURNED. GRANTS ARE ADMINISTRATIVELY CLOSED AFTER

RECEIPT OF THE FINAL PROJECT REPORT AND FINAL BUDGET SUMMARY AND AFTER

CONQUER CANCER'S DETERMINATION THAT ANY OTHER ADMINISTRATIVE REQUIREMENTS

IN THE GRANT HAVE BEEN MET. CONQUER CANCER RESERVES THE RIGHT TO ASK THE

GRANTEE TO RETURN FUNDS THAT WERE SPENT INCONSISTENT WITH THE APPROVED

BUDGET.

PART I, LINE 3:

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR FOREIGN EXPENDITURES.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|   |  |
|---|--|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number<br>31-1667995 |
|---|--|

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants                |
| c <input checked="" type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events            |
| d <input checked="" type="checkbox"/> In-person solicitations          |   |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)    | (ii) Activity             | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------------------|--|----|-----------------------------------|---|---|
|  |                           | Yes  | No |                                   |   |   |
| TRUENORTH - 515 MADISON AVE<br>STE 8083, NEW YORK, NY 10022  | COUNSEL & MEDIA BUYS      |  | X  | 462,114.                          | 1,107,921.  | -645,807.   |
| THE HARRINGTON AGENCY - 329<br>DICKINSON AVENUE, SWARTHMORE, | COUNSEL & MEDIA BUYS      |  | X  | 276,997.                          | 578,944.  | -301,947.   |
| FAIRCOM NEW YORK - 12 WEST<br>27TH ST, 13TH FLOOR, NEW       | DIRECT MAIL SOLICITATIONS |  | X  | 137,895.                          | 216,611.  | -78,716.  |
|  |                           |  |    |                                   |   |   |
|  |                           |  |    |                                   |   |   |
|  |                           |  |    |                                   |   |   |
|  |                           |  |    |                                   |   |   |
|  |                           |  |    |                                   |   |   |
|  |                           |  |    |                                   |   |   |
|  |                           |  |    |                                   |   |   |
|  |                           |  |    |                                   |   |   |
|  |                           |  |    |                                   |   |   |
| <b>Total</b>   |                           |  |    | 877,006.                          | 1,903,476.  | -1,026,470.                                       |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM  
 NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

|                 |  | (a) Event #1  | (b) Event #2                             | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|--|---|--|---------------------|--|------------|
|                 |  | INTEGRA CONNECT<br>(OCTOBER)<br>(event type)                | CONQUER CANCER<br>DINNER<br>(event type) | 9<br>(total number) |  |            |
| Revenue         | 1  | Gross receipts  | 1,468,251.                               | 674,193.            | 391,323.   | 2,533,767. |
|                 | 2  | Less: Contributions   | 1,468,251.                               | 674,193.            | 391,323.   | 2,533,767. |
|                 | 3  | Gross income (line 1 minus line 2)                          |  |                     |  |            |
| Direct Expenses | 4  | Cash prizes   |  |                     |  |            |
|                 | 5  | Noncash prizes  |  |                     |  |            |
|                 | 6  | Rent/facility costs   |  |                     |  |            |
|                 | 7  | Food and beverages  |  | 86,373.             |  | 86,373.    |
|                 | 8  | Entertainment   |  |                     |  |            |
|                 | 9  | Other direct expenses                                       |  | 115,261.            |  | 115,261.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |  |                     |  | 201,634.   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |  |                     | -201,634.  |            |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   |   |
| Revenue         | 1  | Gross revenue   |   |   |   |
|                 | 2  | Cash prizes   |   |   |   |
| Direct Expenses | 3  | Noncash prizes  |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses   |   |   |   |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |   |

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE HARRINGTON AGENCY

(I) ADDRESS OF FUNDRAISER: 329 DICKINSON AVENUE, SWARTHMORE, PA 19081

(I) NAME OF FUNDRAISER: FAIRCOM NEW YORK

(I) ADDRESS OF FUNDRAISER: 12 WEST 27TH ST, 13TH FLOOR, NEW YORK, NY 10001

PART I, LINE 2B, COLUMN (V):

**Part IV** Supplemental Information *(continued)*

CONQUER CANCER PAYS A RETAINER FEE FOR FUNDRAISING SERVICES, INCLUDING

STRATEGY, COPY WRITING, LIST RECOMMENDATIONS, DATA ANALYSIS, ETC.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY** Employer identification number  
31-1667995

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---|
| CEDARS-SINAI MEDICAL CENTER<br>8700 BEVERLY BLVD, 65-WILS #1150<br>LOS ANGELES, CA 90048 | 95-1644600 | 501(C)(3)                       | 250,000.                 | 0.                               |   |                                       | YOUNG INVESTIGATOR AWARD,<br>CAREER DEVELOPMENT AWARD   |
| CHILDREN'S HOSPITAL OF<br>PHILADELPHIA - 2716 SOUTH STREET -<br>PHILADELPHIA, PA 19146   | 23-1352166 | 501(C)(3)                       | 100,000.                 | 0.                               |   |                                       | YOUNG INVESTIGATOR AWARD  |
| CITY OF HOPE<br>1500 E. DUARTE ROAD<br>DUARTE, CA 91010                                  | 95-3435919 | 501(C)(3)                       | 500,000.                 | 0.                               |   |                                       | ADVANCED CLINICAL<br>RESEARCH AWARD, YOUNG<br>INVESTIGATOR AWARD                              |
| COLUMBIA UNIVERSITY<br>630 WEST 168TH STREET, BOX 49<br>NEW YORK, NY 10032               | 13-5598093 | 501(C)(3)                       | 650,000.                 | 0.                               |   |                                       | YOUNG INVESTIGATOR AWARD,<br>CAREER DEVELOPMENT AWARD   |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE<br>BOSTON, MA 02215                 | 04-2263040 | 501(C)(3)                       | 1,700,000.               | 0.                               |   |                                       | YOUNG INVESTIGATOR AWARD,<br>CAREER DEVELOPMENT AWARD,<br>ADVANCED CLINICAL<br>RESEARCH AWARD |
| EMORY UNIVERSITY<br>1599 CLIFTON ROAD, 4TH FLOOR<br>ATLANTA, GA 30322                    | 58-0566256 | 501(C)(3)                       | 50,000.                  | 0.                               |   |                                       | YOUNG INVESTIGATOR AWARD  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 39.
- 3 Enter total number of other organizations listed in the line 1 table ..... 0.

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

Schedule I (Form 990) 2023



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                    |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| GEORGETOWN UNIVERSITY MEDICAL CENTER - 37TH & O STREETS, NW - WASHINGTON, DC 20057   | 53-0196603 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | YOUNG INVESTIGATOR AWARD  |
| H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE, UNIVERSITY OF SOUTH FLORIDA - 3702 SPECTRUM BLVD. SUITE 165 - TAMPA, FL 33612 | 59-3102112 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | YOUNG INVESTIGATOR AWARD  |
| HENRY FORD HEALTH<br>2799 WEST GRAND BLVD<br>DETROIT, MI 48202-2689  | 38-1357020 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | YOUNG INVESTIGATOR AWARD  |
| ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1 GUSTAVE L. LEVY PLACE<br>BOX 1075 - NEW YORK, NY 10029                               | 13-6171197 | 501(C)(3)                     | 100,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD  |
| JOHNS HOPKINS UNIVERSITY<br>733 N. BROADWAY, STE 117<br>BALTIMORE, MD 21205  | 52-0595110 | 501(C)(3)                     | 350,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD  |
| MASSACHUSETTS GENERAL HOSPITAL<br>55 FRUIT STREET<br>BOSTON, MA 02114  | 04-1564655 | 501(C)(3)                     | 165,000.                 | 0.                               |   |  | CAREER PATHWAY GRANTS IN SYMPTOM MANAGEMENT, YOUNG INVESTIGATOR AWARD |
| MAYO CLINIC, ARIZONA<br>13400 E SHEA BOULEVARD<br>SCOTTSDALE, AZ 85259   | 86-0800150 | 501(C)(3)                     | 200,000.                 | 0.                               |   |  | CAREER DEVELOPMENT AWARD  |
| MAYO CLINIC, MINNESOTA<br>200 FIRST STREET SW<br>ROCHESTER, MN 55905-0001  | 41-6011702 | 501(C)(3)                     | 250,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, CAREER DEVELOPMENT AWARD                    |
| MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065   | 13-1624182 | 501(C)(3)                     | 1,500,000.               | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, CAREER DEVELOPMENT AWARD                    |

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                           |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NEW YORK UNIVERSITY (NYU) SCHOOL OF MEDICINE - ONE PARK AVENUE, 6TH FLOOR - NEW YORK, NY 10016       | 13-5562308 | 501(C)(3)                     | 250,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, CAREER DEVELOPMENT AWARD           |
| NORTHWESTERN UNIVERSITY<br>750 N LAKE SHORE DR, RUBLOFF 7TH FL<br>CHICAGO, IL 60611                  | 36-2167817 | 501(C)(3)                     | 165,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, LONG-TERM INTERNATIONAL FELLOWSHIP |
| OHIO STATE UNIVERSITY<br>1960 KENNY RD<br>COLUMBUS, OH 43210   | 31-6025986 | GOVT ENTITY                   | 50,000.                  | 0.                               |   |  | YOUNG INVESTIGATOR AWARD                                     |
| SEATTLE CHILDREN'S HOSPITAL<br>4800 SAND POINT WAY NE<br>SEATTLE, WA 98105-3901                      | 91-0564748 | 501(C)(3)                     | 100,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD                                     |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105              | 62-0646012 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | GLOBAL ONCOLOGY YOUNG INVESTIGATOR AWARD                     |
| STANFORD UNIVERSITY<br>455 BROADWAY ST<br>REDWOOD CITY, CA 94063-3126                                | 94-1156365 | 501(C)(3)                     | 250,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, CAREER DEVELOPMENT AWARD           |
| THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030-4009 | 76-0300816 | 501(C)(3)                     | 950,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, CAREER DEVELOPMENT AWARD           |
| THOMAS JEFFERSON UNIVERSITY<br>833 CHESTNUT STREET, SUITE 900<br>PHILADELPHIA, PA 19107              | 23-1352651 | 501(C)(3)                     | 200,000.                 | 0.                               |   |  | CAREER DEVELOPMENT AWARD                                     |
| UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111              | 63-6005396 | 501(C)(3)                     | 200,000.                 | 0.                               |   |  | CAREER DEVELOPMENT AWARD                                     |

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143                      | 94-6036493 | 501(C)(3)                     | 150,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD   |
| UNIVERSITY OF IOWA<br>100 GILMORE HALL<br>IOWA CITY, IA 52242   | 42-6004813 | 501(C)(3)                     | 122,000.                 | 0.                               |   |  | CAREER PATHWAY GRANTS IN SYMPTOM MANAGEMENT                                  |
| UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - 1320 SOUTH DIXIE HWY. - CORAL GABLES, FL 33146                          | 59-0624458 | 501(C)(3)                     | 250,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, CAREER DEVELOPMENT AWARD                           |
| UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200, CAMPUS BOX 1350 - CHAPEL HILL, NC 27599-1350 | 56-6001393 | GOVT ENTITY                   | 350,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, CAREER DEVELOPMENT AWARD                           |
| UNIVERSITY OF PENNSYLVANIA<br>3451 WALNUT STREET, 5TH FLOOR<br>FRANKLIN BUILDING - PHILADELPHIA, PA 19104-620           | 23-1352685 | GOVT ENTITY                   | 150,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD, GIANNI BONADONNA BREAST CANCER RESEARCH FELLOWSHIP |
| UNIVERSITY OF PITTSBURGH<br>300 MURDC, 3420 FORBES AVENUE<br>PITTSBURGH, PA 15260                                       | 25-0965591 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | YOUNG INVESTIGATOR AWARD   |
| UNIVERSITY OF SOUTHERN CALIFORNIA<br>3720 S. FLOWER STREET CUB 303<br>LOS ANGELES, CA 90089                             | 95-1642394 | GOVT ENTITY                   | 50,000.                  | 0.                               |   |  | YOUNG INVESTIGATOR AWARD   |
| UNIVERSITY OF UTAH<br>201 S. PRESIDENT'S CIRCLE, RM 210<br>SALT LAKE CITY, UT 84112-8906                                | 87-6000525 | 501(C)(3)                     | 200,000.                 | 0.                               |   |  | CAREER DEVELOPMENT AWARD   |
| UNIVERSITY OF WASHINGTON<br>4333 BROOKLYN AVENUE NE<br>SEATTLE, WA 98195-9472   | 91-6001537 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | YOUNG INVESTIGATOR AWARD   |

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVENUE SUITE 970 - NASHVILLE, TN 37203  | 35-2528741 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | YOUNG INVESTIGATOR AWARD                              |
| WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065          | 13-1623978 | 501(C)(3)                     | 150,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD                              |
| YALE UNIVERSITY<br>25 SCIENCE PARK, 3RD FLOOR<br>NEW HAVEN, CT 06511                         | 06-0646973 | 501(C)(3)                     | 150,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD                              |
| BRIGHAM AND WOMEN'S HOSPITAL<br>75 FRANCIS STREET<br>BOSTON, MA 02115-6110                   | 04-2312909 | 501(C)(3)                     | 250,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD,<br>CAREER DEVELOPMENT AWARD |
| AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC. - 2318 MILL ROAD, STE 800 - ALEXANDRIA, VA 22314 | 13-6180380 | 501(C)(3)                     | 7,804,140.               | 0.                               |   |  | CHARITABLE ASSISTANCE                                 |
| FRED HUTCHINSON CANCER CENTER<br>1100 FAIRVIEW AVE N.<br>SEATTLE, WA 98391                   | 91-1935159 | 501(C)(3)                     | 100,000.                 | 0.                               |   |  | YOUNG INVESTIGATOR AWARD                              |
|  |            |                               |                          |                                  |   |  |   |
|  |            |                               |                          |                                  |   |  |   |
|  |            |                               |                          |                                  |   |  |   |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| MERIT AWARDS                    | 185                      | 188,000.                 | 0.                                |   |                                       |
| MEDICAL STUDENT ROTATION AWARDS | 25                       | 190,000.                 | 0.                                |   |                                       |
| ANNUAL MEETING RESEARCH AWARDS  | 10                       | 15,000.                  | 0.                                |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

PART I, LINE 2:

CONQUER CANCER GRANTS ARE AWARDED BASED ON MERIT THROUGH A PEER-REVIEW

PROCESS CONDUCTED BY MEMBERS OF CONQUER CANCER'S GRANT SELECTION COMMITTEE

USING ELIGIBILITY CRITERIA ESTABLISHED FOR EACH SPECIFIC GRANT. GRANTEES

AND SPONSORING INSTITUTIONS ARE REQUIRED TO SIGN A GRANT AGREEMENT THAT

ESTABLISHES CERTAIN REQUIREMENTS FOR THE GRANT. GRANTEES MUST REQUEST

APPROVAL FOR ANY CHANGES IN THE GRANT PROJECT AND THE GRANTEE'S STATUS.

GRANTEES MUST SUBMIT A FORMAL REQUEST FOR A CHANGE IN OBJECTIVES OR SCOPE

TO CONQUER CANCER AND INCLUDE JUSTIFICATION FOR THE CHANGES, WHICH IS

**Part IV Supplemental Information**

SUBJECT TO CONQUER CANCER'S REVIEW AND APPROVAL. GRANTEES ARE REQUIRED TO  
NOTIFY CONQUER CANCER AND REQUEST A NO-COST EXTENSION IF THERE ARE  
SIGNIFICANT DELAYS THAT WILL MATERIALLY AFFECT THE ABILITY TO ATTAIN THE  
OBJECTIVES OF THE GRANT PROJECT BY THE END OF THE PROJECT PERIOD OR TO MEET  
THE PROPOSED TIME SCHEDULES. CONQUER CANCER MAY APPROVE UP TO A MAXIMUM OF  
THREE NO-COST EXTENSIONS OF SIX MONTH INCREMENTS. GRANTEES ARE REQUIRED TO  
NOTIFY CONQUER CANCER IF THEY PLAN TO LEAVE THEIR SPONSORING INSTITUTION  
DURING THE COURSE OF THEIR GRANT AND MUST SUBMIT A REQUEST FOR APPROVAL OF  
INSTITUTION TRANSFER OF THE GRANT BEFORE ANY TRANSFER TAKES PLACE. CHANGES  
OF GREATER THAN 5% OF THE TOTAL YEARLY GRANT BUDGET BETWEEN OR INTO NEW  
BUDGET CATEGORIES ARE SUBJECT TO CONQUER CANCER'S REVIEW AND APPROVAL.  
CONQUER CANCER REQUIRES TECHNICAL PROJECT REPORTS (PROGRESS REPORTS) AND  
BUDGET SUMMARIES (EXPENDITURE REPORTS) FOR ALL GRANTS. UNLESS OTHERWISE  
SPECIFIED IN THE GRANT TERMS AND CONDITIONS, AN ANNUAL PROGRESS REPORT AND  
AN EXPENDITURE REPORT ARE REQUIRED TO BE SUBMITTED WITHIN 30 DAYS AND 60  
DAYS, RESPECTIVELY, FOLLOWING THE END OF EACH GRANT BUDGET PERIOD. CONQUER  
CANCER REVIEWS THE REPORTS AND PROVIDES THE GRANTEE AN APPROVAL  
NOTIFICATION. UNLESS OTHERWISE SPECIFIED IN THE GRANT TERMS AND CONDITIONS,  
A FINAL PROGRESS REPORT AND A FINAL EXPENDITURE REPORT ARE REQUIRED WITHIN  
30 DAYS AND 60 DAYS, RESPECTIVELY, FOLLOWING EXPIRATION OF THE GRANT.  
CONQUER CANCER REVIEWS THE REPORTS AND IF APPROVED, PROVIDES THE GRANTEE AN  
APPROVAL NOTIFICATION. ALL UNUSED FUNDS AT THE END OF THE AWARD TERM MUST  
BE RETURNED TO CONQUER CANCER. GRANTS ARE ADMINISTRATIVELY CLOSED AFTER  
RECEIPT OF THE FINAL PROGRESS REPORT, FINAL EXPENDITURE REPORT, ANY  
REMAINING BALANCE ON THE GRANT, AND AFTER CONQUER CANCER'S DETERMINATION  
THAT ANY OTHER ADMINISTRATIVE REQUIREMENTS OF THE GRANT HAVE BEEN MET.  
CONQUER CANCER RESERVES THE RIGHT TO ASK THE GRANTEE TO RETURN FUNDS THAT  
WERE SPENT INCONSISTENTLY WITH THE APPROVED BUDGET.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY** Employer identification number  
**31-1667995**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2023

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

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

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

| (A) Name and Title                                |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) CLIFFORD A. HUDIS, MD<br>EXECUTIVE VICE CHAIR | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 1,049,613.   | 10,000.                             | 1,188.                              | 24,750.  | 0.                      | 1,085,551.                      | 0.  |
| (2) NANCY DALY, MS, MPH<br>CEO & EXECUTIVE VP     | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 504,351.   | 10,000.                             | 2,286.                              | 24,750.  | 17,927.                 | 559,314.                        | 0.  |
| (3) LINDA JENSEN<br>CFO & EXECUTIVE VP            | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 463,824.   | 10,000.                             | 3,708.                              | 24,750.  | 18,042.                 | 520,324.                        | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III Supplemental Information**

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

PART I, LINE 3

COMPENSATION IS ESTABLISHED BY A RELATED ORGANIZATION, THE AMERICAN  
SOCIETY OF CLINICAL ONCOLOGY, INC. (ASCO). THE METHODS USED BY ASCO TO  
DETERMINE COMPENSATION ARE: COMPENSATION COMMITTEE; INDEPENDENT  
COMPENSATION CONSULTANT; FORMS 990 OF OTHER ORGANIZATIONS, WRITTEN  
EMPLOYMENT CONTRACT; COMPENSATION STUDY OR SURVEY; AND APPROVAL BY  
BOARD OR COMPENSATION COMMITTEE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY** Employer identification number **31-1667995**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 17  | 459,764. FMV   |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

b If "Yes," describe in Part II.

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

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a |     | X  |

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

Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER

OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number | 31-1667995 |
|--------------------------|---|--------------------------------|------------|

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ON THE PASSION AND EXPERTISE OF THE CANCER PROFESSIONALS WHO ARE

MEMBERS OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO). CONQUER

CANCER WORKS TO HELP CREATE A WORLD WHERE CANCER IS PREVENTED OR CURED

AND EVERY SURVIVOR IS HEALTHY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH: RESEARCH IS HOW WE CONQUER CANCER. IT MEANS EVERYTHING, FROM

UNDERSTANDING HOW CANCER IMPACTS CERTAIN PEOPLE TO FINDING

GROUNDBREAKING NEW WAYS TO TREAT CANCER. THE CONQUER CANCER GRANTS &

AWARDS PROGRAM HAS BEEN RECOGNIZING EXCELLENCE IN CLINICAL RESEARCH,

QUALITY CARE, AND TEACHING IN THE FIELD OF ONCOLOGY SINCE 1984, WHEN

THE PROGRAM ORIGINALLY BEGAN UNDER THE PURVIEW OF ASCO. CONQUER CANCER

FUNDS THE ENTIRE SPECTRUM OF RESEARCH ACTIVITIES RELATED TO CANCER

PREVENTION, SCREENING, TREATMENT, AND OUTCOMES RESEARCH IN ALL CANCER

TYPES, AND SUPPORTS PROGRESS BY FUNDING CANCER RESEARCHERS AT ALL

STAGES OF THEIR CAREERS, ENABLING ONCOLOGY'S BEST AND BRIGHTEST TO

PURSUE PROMISING RESEARCH. CONQUER CANCER AND ASCO HAVE FUNDED MORE

THAN \$190 MILLION TO SUPPORT GRANTS & AWARDS TO OVER 9,200 RECIPIENTS

IN 89 COUNTRIES.

HIGHLIGHTS OF 2023 RESEARCH ACTIVITIES AND ACCOMPLISHMENTS INCLUDE:

\*ADVANCED CLINICAL RESEARCH AWARD (ACRA): \$1,350,000 PROVIDED THREE (3)

THREE-YEAR AWARDS TO SUPPORT PHYSICIAN-SCIENTISTS COMMITTED TO

PERFORMING ORIGINAL, CLINICAL CANCER RESEARCH WITH A PATIENT-ORIENTED

FOCUS. TWO AWARDS SUPPORTED DIVERSITY/INCLUSION, FOCUSING ON BREAST

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

|   |  |
|---|--|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number<br>31-1667995 |
|---|--|

CANCER AND ONE AWARD FOCUSED ON TRIPLE-NEGATIVE BREAST CANCER.

\*CAREER DEVELOPMENT AWARD (CDA): \$4,200,000 PROVIDED TWENTY-ONE (21)

THREE-YEAR AWARDS INTENDED TO SUPPORT CLINICAL RESEARCH OF CLINICAL

INVESTIGATORS WHO HAVE RECEIVED THEIR INITIAL FACULTY APPOINTMENTS AND

ARE ESTABLISHING INDEPENDENT CLINICAL CANCER RESEARCH PROGRAMS.

\*YOUNG INVESTIGATOR AWARD (YIA): \$4,550,000 PROVIDED NINETY-ONE (91)

ONE-YEAR AWARDS DESIGNED TO ENCOURAGE AND PROMOTE HIGH-QUALITY RESEARCH

IN CLINICAL ONCOLOGY BY PROVIDING FUNDS TO PROMISING INVESTIGATORS

DURING THE TRANSITION FROM A FELLOWSHIP PROGRAM TO A FACULTY

APPOINTMENT.

\*GLOBAL ONCOLOGY YOUNG INVESTIGATOR AWARD: \$250,000 PROVIDED FIVE (5)

ONE-YEAR AWARDS TO EARLY-CAREER INVESTIGATORS TO ENCOURAGE AND PROMOTE

QUALITY RESEARCH IN GLOBAL ONCOLOGY AND TO DEVELOP THE NEXT GENERATION

OF RESEARCHERS TO ADDRESS GLOBAL HEALTH NEEDS.THIS IS A MENTORED AWARD

AND THE RESEARCH PROJECT IS CONDUCTED UNDER THE GUIDANCE OF A

SCIENTIFIC MENTOR.

\*INTERNATIONAL INNOVATION GRANT: \$100,000 PROVIDED FIVE (5) ONE-YEAR

AWARDS IN SUPPORT OF NOVEL AND INNOVATIVE PROJECTS THAT HAVE THE

POTENTIAL TO REDUCE THE CANCER BURDEN IN LOCAL COMMUNITIES, WHILE ALSO

BEING POTENTIALLY TRANSFERRABLE TO OTHER LOW- OR MIDDLE- INCOME

SETTINGS.

THROUGH ITS EVERYGRANT PROGRAM, CONQUER CANCER UTILIZES OUR SKILLS AND

EXPERTISE IN GRANTS ADMINISTRATION AND PROGRAM MANAGEMENT TO

COLLABORATE WITH OTHER ORGANIZATIONS TO DEVELOP AND DELIVER PROGRAMS

|   |   |
|---|---|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | <b>Employer identification number</b><br>31-1667995 |
|---|---|

THAT MAKE A DIFFERENCE TO CANCER CARE TEAMS AND PATIENTS EVERYWHERE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROFESSIONAL EDUCATION: CONQUER CANCER SUPPORTS THE EFFORTS OF ASCO

TO PROVIDE EDUCATION PROGRAMS IN THE US AND INTERNATIONALLY WHICH

PROMOTE THE VITAL EXCHANGE OF IDEAS AND LATEST DEVELOPMENTS THAT LEAD

TO WORLD-CLASS CARE, EVERYWHERE. FUNDS FROM CONQUER CANCER ARE USED TO

SUPPORT ASCO'S SCIENTIFIC AND EDUCATIONAL PROGRAMS THROUGH BOTH

MEETINGS AND ELECTRONIC EDUCATION OFFERINGS.

HIGHLIGHTS OF THE PROFESSIONAL EDUCATIONAL AND SCIENTIFIC PROGRAMS

SUPPORTED BY CONQUER CANCER AND PRESENTED TO THE PUBLIC IN 2023 INCLUDE

THE FOLLOWING:

\* ASCO ANNUAL MEETING: THE ASCO ANNUAL MEETING IS CONSIDERED THE

PREMIER EDUCATIONAL AND SCIENTIFIC EVENT IN THE ONCOLOGY COMMUNITY WITH

MORE THAN 44,000 PARTICIPANTS WORLDWIDE IN 2023. THE ANNUAL MEETING

PROVIDES A FORUM TO JOIN GLOBAL CANCER EXPERTS AND DISCOVER THE LATEST

INNOVATIONS IN CANCER RESEARCH AND EDUCATION WHILE ADDRESSING THE NEED

FOR EVERY PATIENT TO RECEIVE THE HIGHEST QUALITY AND EQUITABLE CANCER

CARE AVAILABLE.

\*GASTROINTESTINAL CANCERS (GI) SYMPOSIUM: THIS IS THE PREMIER

MULTIDISCIPLINARY GI CANCER SCIENTIFIC AND EDUCATIONAL MEETING. THE GI

SYMPOSIUM GIVES HEALTHCARE PROVIDERS ACROSS MULTIPLE DISCIPLINES AND

PROFESSIONS THE OPPORTUNITY TO RECEIVE CRITICAL UPDATES AND

RECOMMENDATIONS TO IMPROVE THE CARE OF PATIENTS WITH GI CANCERS.

\*GENITOURINARY CANCERS (GU) SYMPOSIUM: THIS IS THE PREEMINENT

|   |  |
|---|--|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number<br>31-1667995 |
|---|--|

GENITOURINARY ONCOLOGY EVENT, ADDRESSING THE MULTIDISCIPLINARY NEEDS OF  
 PHYSICIANS AND OTHER MEMBERS OF THE CANCER CARE AND RESEARCH COMMUNITY  
 WHO DIAGNOSE, TREAT, AND STUDY GENITOURINARY MALIGNANCIES. THE GU  
 SYMPOSIUM PROVIDES THE LATEST STRATEGIES IN SCREENING, DIAGNOSIS,  
 TREATMENT, MANAGEMENT AND CONTROVERSIES IN THE FIELD OF GENITOURINARY  
 CANCERS.

\*QUALITY CARE SYMPOSIUM: THIS IS AN UNPARALLELED OPPORTUNITY TO  
 LEVERAGE THE MOST UP-TO-DATE SCIENCE AND DISCOVER PROVEN STRATEGIES AND  
 TOOLS CRITICAL TO MAKING KEY DECISIONS THAT CAN REDUCE DISPARITIES IN  
 CARE FOR EVERY PATIENT, EVERY DAY, EVERYWHERE.

\*MERIT AWARDS: \$304,000 PROVIDED TWO HUNDRED NINETY-NINE (299) MERIT  
 AWARDS PROMOTE CLINICAL RESEARCH BY AWARDING YOUNG SCIENTISTS WHOSE  
 RESEARCH IS ADDRESSED IN HIGH QUALITY ABSTRACTS SUBMITTED TO ASCO  
 MEETINGS WITH AN OPPORTUNITY TO PRESENT THEIR RESEARCH AT ASCO  
 SCIENTIFIC MEETINGS AND DISEASE SPECIFIC SYMPOSIA.

\*MEDICAL STUDENT ROTATION FOR UNDERREPRESENTED POPULATIONS (MSR):  
 \$212,500 PROVIDED TWENTY-FIVE (25) MEDICAL STUDENT ROTATIONS. THE MSR  
 PROVIDES A 4-WEEK CLINICAL OR CLINICAL RESEARCH ROTATION FOR U.S.  
 MEDICAL STUDENTS FROM POPULATIONS UNDERREPRESENTED IN MEDICINE WHO ARE  
 INTERESTED IN PURSUING ONCOLOGY AS A CAREER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
 QUALITY & ACCESS TO CARE: REMARKABLE ADVANCES IN CANCER MEDICINE ARE  
 OCCURRING MORE AND MORE FREQUENTLY, YET THE FULL PROMISE OF SUCH  
 PROGRESS CANNOT BE REALIZED UNTIL HIGH QUALITY CANCER CARE IS AVAILABLE

|   |  |
|---|--|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number<br>31-1667995 |
|---|--|

TO EVERYONE. CONQUER CANCER IS KEENLY AWARE OF THE POTENTIALLY FATAL  
 DIVIDE BETWEEN THOSE WITH ACCESS TO THE FRUITS OF RESEARCH AND TIMELY  
 CARE AND THOSE WITHOUT. WE SEEK TO CONFRONT THESE DISPARITIES AND  
 IMPROVE THE OUTLOOK FOR EVERY PERSON TOUCHED BY CANCER BY SUPPORTING  
 PROGRAMS THAT INCREASE ACCESS TO CARE IN ALL COMMUNITIES, INCLUDING  
 THOSE UNDERSERVED.

THROUGHOUT ASCO AND CONQUER CANCER'S HISTORY, THE ORGANIZATIONS HAVE  
 STRIVED TO IMPROVE CARE FOR ALL PATIENTS WITH CANCER WHILE PAYING  
 PARTICULAR ATTENTION TO THOSE MOST VULNERABLE. IN 2023, ASCO AND  
 CONQUER CANCER CONTINUED WORK ON QUALITY AND EQUITABLE ACCESS TO CARE  
 PROGRAMS THROUGH THEIR EQUITY, DIVERSITY AND INCLUSION INITIATIVE:  
 ASCO AND CONQUER CANCER'S EQUITY, DIVERSITY AND INCLUSION INITIATIVE IS  
 AMBITIOUS YET REALISTIC AND AIMS TO ADDRESS DISPARITIES AND WORK TOWARD  
 ACHIEVING GREATER EQUITY IN CANCER CARE. PROGRAMS UNDER THIS INITIATIVE  
 ADDRESS SUCH AREAS AS EDUCATION AND DIVERSIFICATION OF THE ONCOLOGY  
 WORKFORCE AND SUPPORT FOR ONCOLOGISTS AND TRAINEES FROM  
 UNDERREPRESENTED POPULATIONS IN MEDICINE; INCREASING PARTICIPATION BY  
 DIVERSE POPULATIONS IN CLINICAL TRIALS; RESEARCH GRANTS IN DIVERSITY,  
 INCLUSION, AND HEALTH DISPARITIES; PROVIDER TRAINING TO ADDRESS GAPS IN  
 HEALTH DISPARITIES AND INCLUSION; AND ADDRESSING THE SPECIALIZED NEEDS  
 OF POPULATIONS IN RURAL AREAS OF THE US.

FORM 990, PART VI, SECTION A, LINE 7A:  
 CONQUER CANCER DOES NOT HAVE MEMBERS. DIRECTORS OF CONQUER CANCER ARE  
 APPOINTED AND SUBJECT TO REMOVAL BY THE BOARD OF DIRECTORS OF ASCO, EXCEPT  
 FOR DIRECTORS SERVING EX-OFFICIO.



|   |  |
|---|--|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number<br>31-1667995 |
|---|--|

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF DIRECTORS OF CONQUER CANCER MAY VOTE TO AMEND OR REPEAL THE  
BYLAWS OF CONQUER CANCER, BUT THE BOARD OF DIRECTORS OF ASCO MUST APPROVE  
AN AMENDMENT OR REPEAL OF THE BYLAWS TO BE EFFECTIVE. CONQUER CANCER MAY  
NOT AMEND ITS ARTICLES OF INCORPORATION WITHOUT PROVIDING TO ASCO WRITTEN  
NOTICE OF THE PROPOSED AMENDMENT AT LEAST THIRTY (30) DAYS IN ADVANCE.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE TAX RETURN, INCLUDING ALL APPLICABLE SCHEDULES, WAS PROVIDED  
TO THE BOARD OF DIRECTORS, CHIEF FINANCIAL OFFICER AND GENERAL COUNSEL FOR  
REVIEW AND COMMENT PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONQUER CANCER 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 CONQUER CANCER STAFF,  
DIRECTORS, OFFICERS, COMMITTEE MEMBERS, AND ANY PERSON IN A RELATIONSHIP  
WITH THESE INDIVIDUALS INVOLVING THE SHARING OF INCOME OR ASSETS (E.G.,  
SPOUSE, DEPENDENT CHILDREN). UNDER CONQUER CANCER'S POLICIES, 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. COMPLETION OF A DISCLOSURE FORM IS REQUIRED AT THE INITIATION OF  
SERVICE, AND UPDATED ANNUALLY THEREAFTER OR WHEN ANY MATERIAL CHANGES  
OCCUR. CONQUER CANCER'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.

|   |  |
|---|--|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number<br>31-1667995 |
|---|--|

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, WHEN CONQUER CANCER IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY "INTERESTED PERSON" (I.E., A CONQUER CANCER DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A 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.

FORM 990, PART VI, SECTION B, LINE 15:  
THE CHIEF EXECUTIVE OFFICER OF CONQUER CANCER, THE EXECUTIVE VICE CHAIR OF CONQUER CANCER, AND THE CHIEF FINANCIAL OFFICER OF CONQUER CANCER SERVE AS EMPLOYEES OF ASCO. INFORMATION REGARDING THEIR COMPENSATION AND THE PROCESS FOR DETERMINING THEIR COMPENSATION, INCLUDING REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION, ARE DESCRIBED IN THE IRS FORM 990 OF ASCO. CONQUER CANCER STAFF ARE EMPLOYEES OF ASCO WHO ARE LEASED TO CONQUER CANCER. APPLICABLE INFORMATION REGARDING THEIR COMPENSATION IS DESCRIBED IN THE IRS FORM 990 OF ASCO. CONQUER CANCER DOES NOT PAY COMPENSATION TO THESE INDIVIDUALS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, ND, OR, PA, RI, SC, TN  
UT, VI, WV, WI

|   |  |
|---|--|
| Name of the organization<br>CONQUER CANCER FOUNDATION OF THE<br>AMERICAN SOCIETY OF CLINICAL ONCOLOGY | Employer identification number<br>31-1667995 |
|---|--|

FORM 990, PART VI, SECTION C, LINE 19:

CONQUER CANCER'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC FROM  
 CONQUER CANCER UPON REQUEST. CONQUER CANCER'S ARTICLES OF INCORPORATION ARE  
 ALSO AVAILABLE TO THE PUBLIC THROUGH THE VIRGINIA STATE CORPORATION  
 COMMISSION. CONFLICT OF INTEREST POLICIES AND STANDARDS ARE POSTED ON  
 CONQUER CANCER'S WEBSITE. THE ANNUAL REPORT OF CONQUER CANCER IS POSTED ON  
 CONQUER CANCER'S WEBSITE AND IS AVAILABLE TO THE PUBLIC FROM CONQUER CANCER  
 UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS OF CONQUER CANCER ARE POSTED  
 ON CONQUER CANCER'S WEBSITE.

PART XII, LINE 2C

THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY** Employer identification number **31-1667995**

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| AMERICAN SOCIETY OF CLINICAL ONCOLOGY -<br>13-6180380, 2318 MILL RD, SUITE 800,<br>ALEXANDRIA, VA 22314 | EDUCATION               | NEW YORK   | 501(C)(3)                  | LINE 10   | N/A                              |  | X  |
| ASCO ASSOCIATION - 83-3561639<br>2318 MILL RD, SUITE 800<br>ALEXANDRIA, VA 22314                        | MEMBER SERVICES         | VIRGINIA   | 501(C)(6)                  |   | ASCO                             |  | X  |
| ASCO ASSOCIATION PAC - 84-4213157<br>2318 MILL RD, SUITE 800<br>ALEXANDRIA, VA 22314                    | PAC                     | VIRGINIA   | 527                        |   | ASCO ASSOCIATION                 |  | X  |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2023

**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |

**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.

**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?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) ASCO ASSOCIATION                | Q                             | 89,509.                | COST   |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |







Electronic Filing PDF Attachment

**International Boycott Report**

(Rev. December 2010)  
Department of the Treasury  
Internal Revenue Service

For tax year beginning JANUARY 1, 20 23,  
and ending DECEMBER 31, 20 23.  
▶ **Controlled groups, see instructions.**

**Attachment  
Sequence No. 123**

**Paper filers must file in  
duplicate (see When and Where  
to File in the instructions)**

Name Conquer Cancer Foundation Of The American Society Of Clinical Oncology Identifying number 31-1667995

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

2318 MILL ROAD #800

City or town, state, and ZIP code

ALEXANDRIA VA 22314

Address of service center where your tax return is filed

Type of filer (check one):

- Individual     Partnership     Corporation     Trust     Estate     Other

**1 Individuals**—Enter adjusted gross income from your tax return (see instructions)

**2 Partnerships and corporations:**

**a Partnerships**—Enter each partner’s name and identifying number.

**b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

| Name | Identifying number |
|------|--------------------|
|      |                    |
|      |                    |
|      |                    |
|      |                    |
|      |                    |
|      |                    |

If more space is needed, attach additional sheets and check this box

**c** Enter principal business activity code and description (see instructions)

**d** IC-DISCs—Enter principal product or service code and description (see instructions)

| Code | Description |
|------|-------------|
|      |             |
|      |             |

**3 Partnerships**—Each partnership filing Form 5713 must give the following information:

**a** Partnership’s total assets (see instructions)

**b** Partnership’s ordinary income (see instructions)

**4 Corporations**—Each corporation filing Form 5713 must give the following information:

**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)

**b** Common tax year election (see instructions)

(1) Name of corporation ▶ \_\_\_\_\_

(2) Employer identification number \_\_\_\_\_

(3) Common tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**c** Corporations filing this form enter:

(1) Total assets (see instructions) \_\_\_\_\_

(2) Taxable income before net operating loss and special deductions (see instructions) \_\_\_\_\_

**5 Estates or trusts**—Enter total income (Form 1041, page 1)

**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

**a** Foreign tax credit \_\_\_\_\_

**b** Deferral of earnings of controlled foreign corporations \_\_\_\_\_

**c** Deferral of IC-DISC income \_\_\_\_\_

**d** FSC exempt foreign trade income \_\_\_\_\_

**e** Foreign trade income qualifying for the extraterritorial income exclusion \_\_\_\_\_

**Please  
Sign  
Here**

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

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

▶ CFO  
Title

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

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

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

| Name of country<br>(1) | Identifying number of person having operations<br>(2) | Principal business activity |                    | IC-DISCs only—Enter product code<br>(5) |
|------------------------|---|-----------------------------|--------------------|---|
|                        |   | Code<br>(3)                 | Description<br>(4) |   |
| a                      |   |                             |                    |   |
| b                      |   |                             |                    |   |
| c                      |   |                             |                    |   |
| d                      |   |                             |                    |   |
| e                      |   |                             |                    |   |
| f                      |   |                             |                    |   |
| g                      |   |                             |                    |   |
| h                      |   |                             |                    |   |
| i                      |   |                             |                    |   |
| j                      |   |                             |                    |   |
| k                      |   |                             |                    |   |
| l                      |   |                             |                    |   |
| m                      |   |                             |                    |   |
| n                      |   |                             |                    |   |
| o                      |   |                             |                    |   |

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

|                          |                          |
|--------------------------|--------------------------|
| <b>Yes</b>               | <b>No</b>                |
| <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

|                                     |                          |
|-------------------------------------|--------------------------|
| <b>Yes</b>                          | <b>No</b>                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

| Name of country<br>(1) | Identifying number of person having operations<br>(2) | Principal business activity |                                 | IC-DISCs only—Enter product code<br>(5) |
|------------------------|---|-----------------------------|---------------------------------|---|
|                        |   | Code<br>(3)                 | Description<br>(4)              |   |
| a QATAR                | 31-1667995  | 813211                      | CHARITABLE GRANTMAKING SERVICES |   |
| b                      |   |                             |                                 |   |
| c                      |   |                             |                                 |   |
| d                      |   |                             |                                 |   |
| e                      |   |                             |                                 |   |
| f                      |   |                             |                                 |   |
| g                      |   |                             |                                 |   |
| h                      |   |                             |                                 |   |

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

|                          |                                     |
|--------------------------|-------------------------------------|
| <b>Yes</b>               | <b>No</b>                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

|                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

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

**Part II Requests for and Acts of Participation in or Cooperation With an International Boycott**

| Requests |    | Agreements |    |
|----------|----|------------|----|
| Yes      | No | Yes        | No |

**13a** Did you receive requests to enter into, or did you enter into, any agreement (see instructions):

- (1)** As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—
  - (a)** Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
  - (b)** Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
  - (c)** Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?
  - (d)** Refrain from employing individuals of a particular nationality, race, or religion?
- (2)** As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?

|  |   |  |   |
|--|---|--|---|
|  |   |  |   |
|  | ✓ |  | ✓ |
|  | ✓ |  | ✓ |
|  | ✓ |  | ✓ |
|  | ✓ |  | ✓ |
|  | ✓ |  | ✓ |

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

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