

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Doing Business As: CONQUER CANCER & CONQUER CANCER FDN

Number and street (or P.O. box if mail is not delivered to street address): 2318 MILL ROAD, STE. 800

Room/suite: _____

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

F Name and address of principal officer: NANCY DALY, MS, MPH
2318 MILL ROAD SUITE 800, ALEXANDRIA, VA 22314

D Employer identification number: 31-1667995

E Telephone number: (571) 483-1700

G Gross receipts \$: 91,005,382.

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

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

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

J Website: WWW.CONQUER.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1999 **M** State of legal domicile: VA

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONQUERING CANCER WORLDWIDE BY FUNDING BREAKTHROUGH RESEARCH AND SHARING CUTTING-EDGE KNOWLEDGE. CONQUER CANCER'S VISION IS A WORLD FREE FROM THE FEAR OF CANCER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0.
	6 Total number of volunteers (estimate if necessary)	6	152.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	472,500.
b Net unrelated business taxable income from Form 990-T, line 34	7b	350,485.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	27,209,762.	34,795,083.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	522,500.	622,500.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,692,338.	-2,363,054.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,046.	-11,891.
		30,450,646.	33,042,638.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,020,244.	14,740,700.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	222,000.	222,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,743,010.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,672,350.	10,278,908.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,914,594.	25,241,608.	
19 Revenue less expenses. Subtract line 18 from line 12	5,536,052.	7,801,030.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	89,666,380.	107,923,414.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,196,521.	9,249,329.
	82,469,859.	98,674,085.	

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 10/14/2021

LINDA JENSEN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARC BERGER Preparer's signature: _____ Date: 10/18/2021 Check if self-employed PTIN: P01871563

Firm's name ▶ BDO USA, LLP Firm's EIN ▶ 13-5381590

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 \$ 4,926,145. including grants of \$ 4,467,677.) (Revenue \$ 472,500.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 13,473,905. including grants of \$ 10,179,024.) (Revenue \$ 150,000.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 312,414. including grants of \$ 51,332.) (Revenue \$ 0.)

ATTACHMENT 4

4d Other program services (Describe on Schedule O.) ATTACHMENT 5
(Expenses \$ 51,332. including grants of \$ 42,667.) (Revenue \$)

4e Total program service expenses 18,763,796.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
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	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
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.
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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLIFFORD HUDIS MD FACP, FASCO CHIEF EXECUTIVE OFFICER	7.00 30.50	X		X				0. 950,644.	21,375.	
(2) LINDA JENSEN, CPA CFO & EXECUTIVE VICE PRESIDENT	1.00 36.50			X				0. 432,564.	38,827.	
(3) NANCY DALY, MS, MPH CEO & EXECUTIVE VICE PRESIDENT	36.50 1.00			X				0. 412,571.	41,796.	
(4) THOMAS ROBERTS, JR., MD FASCO CHAIR	1.00 0.	X		X				0. 0.	0.	
(5) SANDRA SWAIN, MD, FACP, FASCO SECRETARY	1.00 0.	X		X				0. 0.	0.	
(6) ALEXANDER CASDIN TREASURER	1.00 0.	X		X				0. 0.	0.	
(7) HOWARD BURRIS III MD FACP FASC BOARD MEMBER	1.00 2.00	X						0. 0.	0.	
(8) RICHARD BOXER, MD, FACS BOARD MEMBER	1.00 0.	X						0. 0.	0.	
(9) RICCARDO BRAGLIA BOARD MEMBER	1.00 0.	X						0. 0.	0.	
(10) SUSAN COHN, MD, FASCO BOARD MEMBER	1.00 0.	X						0. 0.	0.	
(11) LAWRENCE EINHORN, MD, FASCO BOARD MEMBER	1.00 0.	X						0. 0.	0.	
(12) RAJ MANTENA, RPH BOARD MEMBER	1.00 0.	X						0. 0.	0.	
(13) THOMAS MARSLAND, MD, FASCO BOARD MEMBER	1.00 0.	X						0. 0.	0.	
(14) ROBERT MAYER, MD, FASCO BOARD MEMBER	1.00 0.	X						0. 0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GERALD MCDOUGALL ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(16) ANNE MOORE, MD, FASCO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(17) W. CHARLES PENLEY, MD, FASCO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(18) AMY PETERSON, MD ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(19) STEVEN ROSEN, MD, FACP, FASCO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(20) MARGARET TEMPERO, MD, FASCO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(21) CRAIG NICHOLS, MD, FACP, FASCO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	1,795,779.	101,998.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,795,779.	101,998.

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, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 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	1a	Federated campaigns	1a	9,789.				
	b	Membership dues	1b	948,550.				
	c	Fundraising events	1c	1,242,665.				
	d	Related organizations	1d	7,205,000.				
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	25,389,079.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 301,302.				
	h	Total. Add lines 1a-1f ▶			34,795,083.			
Program Service Revenue	2a	ADVERTISING	Business Code	900009	472,500.	472,500.		
	b	GRANTS EXPERTISE		900009	150,000.	150,000.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶			622,500.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			1,592,952.		1,592,952.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						53,994,847.		
	b	Less: cost or other basis and sales expenses . .	7b	57,950,853.				
	c	Gain or (loss)	7c	-3,956,006.				
d	Net gain or (loss) ▶				-3,956,006.			
8a	Gross income from fundraising events (not including \$ 1,242,665. of contributions reported on line 1c). See Part IV, line 18	8a			0.			
			8b	11,891.				
			c	Net income or (loss) from fundraising events. ▶			-11,891.	
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
			9b			0.		
			c	Net income or (loss) from gaming activities. ▶			0.	
10a	Gross sales of inventory, less returns and allowances	10a			0.			
			10b			0.		
			c	Net income or (loss) from sales of inventory. ▶			0.	
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶				0.		
12	Total revenue. See instructions ▶			33,042,638.	150,000.	472,500.	-2,374,945.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,537,700.	13,537,700.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	209,000.	209,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	994,000.	994,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (nonemployees):				
a Management	6,873,758.	2,996,465.	486,837.	3,390,456.
b Legal	0.			
c Accounting	21,195.		21,195.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	222,000.			222,000.
f Investment management fees	31,102.		31,102.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	441,314.	258,906.	11,966.	170,442.
12 Advertising and promotion	164,101.			164,101.
13 Office expenses	886,300.	144,170.	28,710.	713,420.
14 Information technology	929,700.	166,526.	18,266.	744,908.
15 Royalties	0.			
16 Occupancy	725,033.	338,745.	111,865.	274,423.
17 Travel	96,171.	61,381.	12,331.	22,459.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	110,234.	56,903.	12,530.	40,801.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	25,241,608.	18,763,796.	734,802.	5,743,010.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,649,132.	1	12,722,183.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	6,312,068.	3	5,286,368.
	4 Accounts receivable, net.	610.	4	0.
	5 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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	297,353.	9	246,172.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	0.	10c 0.
	11 Investments - publicly traded securities.	76,413,045.	11	89,668,691.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	994,172.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,666,380.	16	107,923,414.	
Liabilities	17 Accounts payable and accrued expenses	299,017.	17	173,364.
	18 Grants payable	3,072,066.	18	5,890,831.
	19 Deferred revenue.	3,825,438.	19	2,173,918.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,011,216.
	26 Total liabilities. Add lines 17 through 25.	7,196,521.	26	9,249,329.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	40,974,084.	27	42,169,176.
	28 Net assets with donor restrictions.	41,495,775.	28	56,504,909.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	82,469,859.	32	98,674,085.
33 Total liabilities and net assets/fund balances.	89,666,380.	33	107,923,414.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,042,638.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,241,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,801,030.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	82,469,859.
5	Net unrealized gains (losses) on investments	5	8,403,196.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	98,674,085.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (67.45%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (68.90%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

Schedule of Contributors

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 31-1667995
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 31-1667995
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 7,205,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 2,507,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 2,448,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,935,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,505,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 31-1667995
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
7	N/A <hr/> <hr/> <hr/>	\$ 1,230,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
8	N/A <hr/> <hr/> <hr/>	\$ 1,177,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
9	N/A <hr/> <hr/> <hr/>	\$ 1,017,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
10	N/A <hr/> <hr/> <hr/>	\$ 1,621,750.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
	<hr/> <hr/> <hr/>	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
	<hr/> <hr/> <hr/>	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 31-1667995
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 31-1667995
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization 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: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

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: Line number, Description, and Amount. Includes rows for reporting art, historical treasures, or other similar assets held for public exhibition, education, or research, and amounts required to be reported under FASB ASC 958.

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

Schedule D (Form 990) 2020

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ASCO	1,011,216.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

1	Total revenue, gains, and other support per audited financial statements		1	41,426,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		8,403,196.
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	8,403,196.
3	Subtract line 2e from line 1		3	33,023,427.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		31,102.
	b Other (Describe in Part XIII.)	4b		-11,891.
	c Add lines 4a and 4b		4c	19,211.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	33,042,638.

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

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

1	Total expenses and losses per audited financial statements		1	25,222,397.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	25,222,397.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		31,102.
	b Other (Describe in Part XIII.)	4b		-11,891.
	c Add lines 4a and 4b		4c	19,211.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	25,241,608.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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 V, LINE 1A-1G:

ENDOWMENT FUNDS ARE BASED ON GAAP AND AGREE TO THE RESTRICTED FUNDS ON THE AUDITED FINANCIAL STATEMENTS.

PART X, LINE 2:

IN ACCORDANCE WITH GAAP, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED AN EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE CONQUER CANCER FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2017

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B

FUNDRAISING EXPENSES \$(11,891)

PART XII, LINE 4B

FUNDRAISING EXPENSES \$(11,891)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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 for instructions and the latest information.**

Name of the organization **CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY**

Employer identification number
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.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in 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
(1) EUROPE	0.	0.	PROGRAM SERVICES	AWARDS & GRANTS	73,000.
(2) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	AWARDS & GRANTS	90,000.
(3) NORTH AMERICA	0.	0.	PROGRAM SERVICES	AWARDS & GRANTS	766,000.
(4) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	AWARDS & GRANTS	60,000.
(5) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	AWARDS & GRANTS	5,000.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					994,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					994,000.

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

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	INT'L INNOVA	20,000.	WIRE			
(2)			NORTH AMERICA	ADVANCED CLI	450,000.	WIRE			
(3)			NORTH AMERICA	YOUNG INVEST	50,000.	WIRE			
(4)			NORTH AMERICA	YOUNG INVEST	50,000.	WIRE			
(5)			NORTH AMERICA	YOUNG INVEST	50,000.	WIRE			
(6)			NORTH AMERICA	YOUNG INVEST	50,000.	WIRE			
(7)			NORTH AMERICA	GLOBAL ONCOL	50,000.	WIRE			
(8)			NORTH AMERICA	LONG-TERM IN	50,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	INT'L INNOVA	20,000.	WIRE			
(10)			EUROPE	YOUNG INVEST	50,000.	WIRE			
(11)			CENT. AMERICA/CARIBBEAN	INT'L INNOVA	20,000.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	GLOBAL ONCOL	50,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	INT'L INNOVA	20,000.	WIRE			
(14)			SUB-SAHARAN AFRICA	INT'L INNOVA	20,000.	WIRE			
(15)									
(16)									

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 . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____ 14 .

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)
(1) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(2) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(3) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(4) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(5) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(6) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(7) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(8) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(9) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(10) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(11) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(12) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(13) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(14) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(15) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(16) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(17) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(18) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			

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)
(1) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(2) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(3) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(4) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(5) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(6) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(7) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(8) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(9) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(10) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(11) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(12) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(13) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(14) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(15) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(16) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(17) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(18) MERIT AWARD	EUROPE	1.	1,000.	WIRE			

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)
(1) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(2) MERIT AWARD	EUROPE	1.	1,000.	WIRE			
(3) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(4) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(5) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(6) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(7) MERIT AWARD	NORTH AMERICA	1.	1,000.	WIRE			
(8) MERIT AWARD	EAST ASIA/PACIFIC	1.	1,000.	WIRE			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

EXPLANATION:

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. GRANTEEES ARE REQUIRED TO SIGN A GRANT AGREEMENT THAT ESTABLISHES CERTAIN REQUIREMENTS FOR THE GRANT. GRANTEEES MUST REQUEST APPROVAL FOR ANY CHANGES IN THE GRANT PROJECT AND THE GRANTEE'S STATUS. GRANTEEES 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. GRANTEEES 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. GRANTEEES 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 YEARLY 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

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).

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 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.

SCHEDULE G
(Form 990 or 990-EZ)

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY**

Employer identification number
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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a 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			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				740,476.	222,000.	518,476.

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, CA, CO, CT, DC, FL, GA,
KS, KY, ME, MD, MA, MI, MS, NV, NH, NJ, NY, NC, ND, OK, OR, PA, RI, SC, TN, UT, WA, 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
		AN EVENING CC (event type)	WWC OCT SALON (event type)	4. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,028,825.	68,340.	145,000.	1,242,165.
	2 Less: Contributions	1,028,825.	68,340.	145,000.	1,242,165.
	3 Gross income (line 1 minus line 2)			0.	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,891.			11,891.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				11,891.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-11,891.

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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 ▶ _____

- 15 a 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 explanation 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).

FORM 990, SCHEDULE G, PART I, LINE 1:

THE RETAINER FEES ARE PAID FOR THE WORK THAT FAIRCOM NY DOES ON MANAGING OUR ACCOUNT. THIS INCLUDES STRATEGY, COPY WRITING, LIST RECOMMENDATIONS, DATA ANALYSIS, ETC. THE OTHER FEES ARE FOR THE PRODUCTION OF THE ACTUAL MAILINGS THEMSELVES, POSTAGE, PRINTING, ACTUAL LIST RENTALS, ETC.

TRUE NORTH PROVIDED DONOR STRATEGY CONSULTATION.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
TRUE NORTH 630 3RD AVENUE, 12TH FLOOR NEW YORK NY 10017	PAID ONLINE ADVERTISING		X	365,932.	168,000.	197,932.
FAIRCOM NEW YORK 12 WEST 27TH STREET, 13TH FLOOR NEW YORK NY 10001	DIRECT MAIL SOLICIT.		X	374,544.	54,000.	320,544.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065-6007	13-1624182	501(C)(3)	1,250,000.				CDA, YIA
(2) DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	1,100,000.				CDA, YIA
(3) THE UNIV OF TX MD ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	650,000.				CDA, YIA
(4) CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010-3000	95-3432210	501(C)(3)	550,000.				RESEARCH PROF, YIA
(5) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114-2696	04-2697983	501(C)(3)	400,000.				CDA
(6) YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06520-8028	06-0646973	501(C)(3)	250,000.				CDA, YIA
(7) UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE ST, 16TH FLOOR	23-1352685	501(C)(3)	250,000.				CDA, YIA
(8) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL. MEMPHIS, TN 38105-3678	62-0646012	501(C)(3)	250,000.				CDA, YIA
(9) JOHNS HOPKINS UNIVERSITY 401 NORTH BROADWAY BALTIMORE, MD 21231	52-0595110	501(C)(3)	200,000.				YIA
(10) UNIVERSITY OF CALIFORNIA, DAVIS 1850 RESEARCH PARK DR. DAVIS, CA 95618	94-6036494	501(C)(3)	200,000.				CDA
(11) MAYO CLINIC, MINNESOTA 200 FIRST STREET S.W. ROCHESTER, MN 55905	41-6011702	501(C)(3)	200,000.				YIA
(12) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. NE, SEATTLE, WA 98195	91-6001537	501(C)(3)	200,000.				CDA

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Inspection**

Department of the Treasury
Internal Revenue Service

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

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 2340 SUTTER ST., SAN FRANCISCO, CA 94115	94-6036493	501(C)(3)	200,000.				YIA
(2) STANFORD UNIVERSITY 800 WELCH ROAD STANFORD, CA 94305-5796	94-1156365	501(C)(3)	167,000.				YIA, MSR
(3) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	150,000.				YIA
(4) THE UNIVERSITY OF NC AT CHAPEL HILL 102 MASON FARM RD., CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	150,000.				YIA
(5) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE N. SEATTLE, WA 98109	23-7156071	501(C)(3)	150,000.				YIA
(6) THE OHIO STATE UNIVERSITY 300 W. 10TH AVENUE COLUMBUS, OH 43210	31-6025986	501(C)(3)	100,000.				YIA
(7) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 525 E. 68TH STREET NEW YORK, NY 10065	13-1623978	501(C)(3)	100,000.				YIA
(8) MAYO CLINIC, FLORIDA 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-0714831	501(C)(3)	51,500.				YIA; MSR
(9) UNIVERSITY OF WISCONSIN 600 HIGHLAND AVENUE MADISON, WI 53792-0001	39-6006492	501(C)(3)	50,000.				YIA
(10) SEATTLE CHILDREN'S HOSPITAL 1100 OLIVE WAY SEATTLE, WA 98101	91-0564748	501(C)(3)	50,000.				YIA
(11) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD., EAST LANSING, MI 48824	38-6005984	501(C)(3)	50,000.				YIA
(12) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501(C)(3)	50,000.				YIA

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

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	50,000.				YIA
(2) EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	50,000.				YIA
(3) UNIVERSITY OF ROCHESTER, WILMOT CANCER CTR 518 HYLAN BUILDING ROCHESTER, NY 14627	16-0743209	501(C)(3)	50,000.				YIA
(4) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1802 SIXTH AVE. S, BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	50,000.				YIA
(5) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	50,000.				YIA
(6) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 5 E 98TH STREET NEW YORK, NY 10029-6105	13-6171197	501(C)(3)	50,000.				YIA
(7) NORTHWESTERN UNIVERSITY 303 E. SUPERIOR STREET CHICAGO, IL 60611	36-2167817	501(C)(3)	50,000.				YIA
(8) GEORGE WASHINGTON UNIVERSITY 2121 I ST NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	8,500.				MSR
(9) CAMPBELL SCHOOL OF OSTEOPATHIC MEDICINE 4350 US-421 LILLINGTON, NC 27546	56-0529940	501(C)(3)	8,500.				MSR
(10) DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA 10833 LE CONTE AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	8,500.				MSR
(11) CUNY SCHOOL OF MEDICINE 160 CONVENT AVENUE NEW YORK, NY 10031	13-6000565	501(C)(3)	8,500.				MSR
(12) WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL 3640 COLONEL GLENN HWY, FAIRBORN, OH 45324	31-0732831	501(C)(3)	8,500.				MSR

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

- 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
- 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEDICAL COLLEGE OF WISCONSIN 8701 W WATERTOWN PLANK WAUWATOSA, WI 53226	39-0806261	501(C)(3)	8,500.				MSR
(2) HOWARD UNIVERSITY 2400 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	8,500.				MSR
(3) UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MED. 307 N UNIVERSITY BLVRD, MOBILE, AL 36688	63-0477348	501(C)(3)	8,500.				MSR
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 ▶

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MERIT AWARDS	105.	105,000.			
2 MEDICAL STUDENT ROTATION AWARD	11.	93,500.			
3 RESIDENT TRAVEL AWARDS	7.	10,500.			
4					
5					
6					
7					

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

PART I, LINE 1:

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 TO CCF AND INCLUDE JUSTIFICATION FOR THE CHANGES, WHICH IS SUBJECT TO CONQUER CANCER'S REVIEW AND APPROVAL. GRANTEES ARE REQUIRED TO NOTIFY CONQUER

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

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

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

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 YEARLY 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

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

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

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

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 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

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

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

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

MUST BE RETURNED. GRANTS ARE ADMINISTRATIVELY CLOSED AFTER RECEIPT OF THE FINAL PROJECT REPORT AND FINAL BUDGET SUMMARY AND AFTER CCF'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 INCONSISTENTLY WITH THE APPROVED BUDGET.

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

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

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

PART II, AWARD ABBREVIATIONS:

YIA: YOUNG INVESTIGATOR AWARD

CDA: CAREER DEVELOPMENT AWARD

MSR: MEDICAL STUDENT ROTATION

ACRA: ADVANCED CLINICAL RESEARCH AWARD

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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 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 HUDIS MD FACP, CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	876,885.	73,759.	0.	21,375.	0.	972,019.	0.
2 NANCY DALY, MS, MPH CEO & EXECUTIVE VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	402,571.	10,000.	0.	21,375.	20,421.	454,367.	0.
3 LINDA JENSEN, CPA CFO & EXECUTIVE VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	422,564.	10,000.	0.	21,375.	17,452.	471,391.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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:

EXPLANATION: COMPENSATION IS ESTABLISHED BY A RELATED ORGANIZATION, THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC. 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

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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 for instructions and the latest information.

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) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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.	301,302.	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**

	Yes	No
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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2020

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 O
(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
CONQUER CANCER FOUNDATION OF THE AMERICAN
SOCIETY OF CLINICAL ONCOLOGY

Employer identification number
31-1667995

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PATIENT EDUCATION AND INFORMATION - WELL-INFORMED, EDUCATED PATIENTS ARE
THEIR OWN BEST ADVOCATES, AS WELL AS INVALUABLE PARTNERS FOR DOCTORS.

CONQUER CANCER SUPPORTS PROGRAMS AND ACCURATE, DOCTOR-APPROVED CANCER
INFORMATION AND RESOURCES BOTH IN PRINT AND ONLINE, THAT EDUCATE PATIENTS
AND THE PUBLIC ABOUT CANCER CARE, TREATMENT, RESEARCH, PREVENTION, AND
OTHER ISSUES IMPORTANT TO THE CANCER COMMUNITY. FUNDING IN THIS AREA
ALLOWS CONQUER CANCER TO CONTINUE AND EXPAND OUR WORK TO INFORM PATIENTS.

HIGHLIGHTS OF PATIENT EDUCATION AND INFORMATION PROGRAMS AND ACTIVITIES
SUPPORTED BY CONQUER CANCER IN 2020 INCLUDE THE FOLLOWING:

CANCER.NET- CANCER.NET BRINGS THE EXPERTISE AND RESOURCES OF ASCO TO
PEOPLE LIVING WITH CANCER AND THOSE WHO CARE FOR AND CARE ABOUT THEM. THE
WEBSITE PROVIDES TIMELY, COMPREHENSIVE INFORMATION TO HELP PATIENTS AND
FAMILIES MAKE INFORMED HEALTH CARE DECISIONS. ALL CONTENT IS SUBJECT TO A
FORMAL PEER-REVIEW PROCESS BY THE CANCER.NET EDITORIAL BOARD, COMPOSED OF
MORE THAN 150 MEDICAL, SURGICAL, RADIATION, AND PEDIATRIC ONCOLOGISTS,
PHYSICIAN ASSISTANTS, ONCOLOGY NURSES, SOCIAL WORKERS, AND PATIENT
ADVOCATES AND INCLUDES PEER-REVIEWED INFORMATION ON MORE THAN 120 TYPES
OF CANCER AND SYNDROMES, INCLUDING RISK FACTORS, DIAGNOSIS, FINDING AN
ONCOLOGIST, TREATMENT, MANAGING SIDE EFFECTS, CLINICAL TRIALS, AND AFTER
TREATMENT, CAREGIVING, COPING STRATEGIES, AND SURVIVORSHIP. INFORMATION
IS DELIVERED IN WRITTEN ARTICLES, VIDEOS, AND AUDIO PODCASTS. THIS

Name of the organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 31-1667995
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INFORMATION IS MADE AVAILABLE FREE TO THE PUBLIC.

FORM 990, PART VI, SECTION A, LINE 1:

AS OF DECEMBER 31, 2020, THE BOARD OF DIRECTORS OF CONQUER CANCER INCLUDED EIGHTEEN (18) DIRECTORS WITH VOTING RIGHTS, AND ONE (1) WITHOUT VOTING RIGHTS. ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS HAVE THE SAME VOTING RIGHTS. DURING THE REPORTED TAX YEAR, THE BOARD OF DIRECTORS DELEGATED AUTHORITY TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTENT WITH CONQUER CANCER'S BYLAWS. THE EXECUTIVE COMMITTEE IS COMPOSED OF SIX MEMBERS, WHO ARE THE CHAIR OF THE BOARD OF DIRECTORS, THE SECRETARY, THE TREASURER, THE EXECUTIVE VICE CHAIR AND CHIEF EXECUTIVE OFFICER (NONVOTING), AND A SIXTH DIRECTOR WHO IS NOMINATED BY THE CHAIR OF THE BOARD AND ELECTED BY A MAJORITY OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS. ALL OF THE MEMBERS OF THE EXECUTIVE COMMITTEE EXCEPT THE CHIEF EXECUTIVE OFFICER ARE ENTITLED TO VOTE. THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY IS ESTABLISHED BY CONQUER CANCER'S BYLAWS, WHICH PROVIDE THAT EXCEPT TO THE EXTENT SPECIFICALLY PROHIBITED BY RESOLUTION OF THE BOARD OF DIRECTORS OR OTHERWISE PROHIBITED BY LAW AND EXCEPT AS SPECIFIED IN THE BYLAWS, THE EXECUTIVE COMMITTEE OF THE BOARD IS EMPOWERED TO MAKE AND IMPLEMENT DECISIONS BETWEEN BOARD MEETINGS AND IT MAY ACT ON ITEMS REQUIRING ACTION PRIOR TO THE NEXT ANNOUNCED BOARD MEETING. ACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE MEETING OF THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE, CONSISTENT WITH CONQUER CANCER'S BYLAWS.

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FORM 990, PART VI, SECTION A, LINE 2:

DR. CLIFFORD HUDIS, NANCY DALY, AND LINDA JENSEN WERE ALL EMPLOYED BY ASCO. DR. CLIFFORD HUDIS SERVED AS CHIEF EXECUTIVE OFFICER OF ASCO, AND LINDA JENSEN SERVED AS CHIEF FINANCIAL OFFICER OF ASCO.

FORM 990, PART VI, SECTION A, LINE 4:

CONQUER CANCER'S BYLAWS AND ARTICLES OF INCORPORATION WERE AMENDED TO ADD THE POSITION OF EXECUTIVE VICE CHAIR, WHICH IS A VOTING MEMBER OF THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE.

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.

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:

AN ELECTRONIC COPY OF THE CONQUER CANCER FORM 990 WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE IT WAS FILED. THE CONQUER CANCER FORM 990 WAS REVIEWED BY THE CHIEF FINANCIAL OFFICER, THE CEO AND THE GENERAL COUNSEL PRIOR TO FILING.

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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. 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

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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, LINES 15A & 15B:

THE CEO OF CONQUER CANCER, THE EXECUTIVE VICE CHAIR OF CONQUER CANCER, AND THE CFO OF CONQUER CANCER SERVE AS EMPLOYEES OF ASCO. INFORMATION REGARDING THEIR COMPENSATION AND THE PROCESS FOR DETERMINING THEIR COMPENSATION 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, 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.

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ATTACHMENT 1

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

CONQUER CANCER®, THE ASCO FOUNDATION, FUNDS RESEARCH FOR EVERY TYPE OF CANCER TO BENEFIT EVERY PATIENT, EVERYWHERE. IN 1964, SEVEN ONCOLOGISTS CREATED THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO), NOW A GLOBAL NETWORK OF NEARLY 45,000 CANCER PROFESSIONALS. AS ASCO'S FOUNDATION, CONQUER CANCER HELPS TURN SCIENCE INTO A SIGH OF RELIEF FOR PATIENTS AROUND THE WORLD BY SUPPORTING GROUNDBREAKING RESEARCH AND EDUCATION ACROSS CANCER'S FULL CONTINUUM.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PROFESSIONAL EDUCATION - CONQUER CANCER HELPS ONCOLOGY PROFESSIONALS WORLDWIDE STAY UP TO DATE ON THE LATEST DEVELOPMENTS AND DISCOVERIES IN CANCER KNOWLEDGE. CONQUER CANCER SUPPORTS THE EFFORTS OF ASCO TO PROVIDE EDUCATION PROGRAMS IN THE US AND INTERNATIONALLY WHICH PROMOTE THE VITAL EXCHANGE OF IDEAS THAT LEAD TO WORLD-CLASS CARE, EVERYWHERE. FUNDS FROM CONQUER CANCER ARE USED TO SUPPORT ASCO'S COMPREHENSIVE SCIENTIFIC AND EDUCATIONAL PROGRAMS THROUGH BOTH MEETINGS AND PRINT AND ELECTRONIC EDUCATION OFFERINGS.

HIGHLIGHTS OF THE PROFESSIONAL EDUCATIONAL AND SCIENTIFIC PROGRAMS SUPPORTED BY CONQUER CANCER AND PRESENTED TO THE PUBLIC IN 2020 INCLUDE THE FOLLOWING:

* THE VIRTUAL ASCO ANNUAL MEETING FEATURED NEARLY 200 EDUCATIONAL

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AND SCIENTIFIC SESSIONS. NEARLY 5,300 ABSTRACTS WERE PRESENTED OR PUBLISHED. THE ASCO ANNUAL MEETING IS CONSIDERED THE PREMIER EDUCATIONAL AND SCIENTIFIC EVENT IN THE ONCOLOGY COMMUNITY AND ATTRACTS MORE THAN 40,000 ATTENDEES WORLDWIDE. THE MEETING OFFERS HEALTHCARE PROFESSIONALS PROVIDING ONCOLOGY CARE AN IMPORTANT OPPORTUNITY TO COME TOGETHER TO EXPLORE THE LATEST ADVANCES IN SCIENCE; CONTEXTUALIZE RECENT DISCOVERIES AND OPTIMIZE TREATMENT AND RESEARCH STRATEGIES; FRAME AND DISCUSS MAJOR CONTROVERSIES IN THE FIELD; AND NETWORK WITH PEERS IN AN ENVIRONMENT CHARGED WITH THE EXCITEMENT OF A COMMON GOAL: PROGRESS TOWARD BETTER OUTCOMES FOR PATIENTS.

* GASTROINTESTINAL CANCERS (GI) SYMPOSIUM - THE ANNUAL GI SYMPOSIUM IS THE PREMIERE 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. THE SYMPOSIUM IS JOINTLY DEVELOPED BY A COMMITTEE WITH REPRESENTATIVES FROM THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE (AGA INSTITUTE), THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO), THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO), AND THE SOCIETY OF SURGICAL ONCOLOGY (SSO).

* GENITOURINARY CANCERS (GU) SYMPOSIUM - THE ANNUAL GU SYMPOSIUM

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IS THE PREEMINENT 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. THE SYMPOSIUM IS JOINTLY DEVELOPED BY COMMITTEES WITH REPRESENTATIVES FROM THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO), THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO), AND THE SOCIETY OF UROLOGIC ONCOLOGY (SUO).

*QUALITY CARE SYMPOSIUM - THE ASCO QUALITY CARE SYMPOSIUM PROVIDES A FORUM TO SHARE THE LATEST STRATEGIES AND METHODS FOR QUANTIFICATION OF PATIENT EXPERIENCE, PROVIDER EFFICIENCY, CLINICAL OUTCOMES, AND QUALITY AND SAFETY IN THE CANCER CARE FIELD. THE SYMPOSIUM BRINGS TOGETHER LEADERS IN THE FIELD TO SHARE STRATEGIES AND METHODS FOR MEASURING AND IMPROVING THE QUALITY OF CANCER CARE AND DISSEMINATES INFORMATION ON THE IMPROVEMENT OF THE QUALITY OF PATIENT AND SURVIVOR CARE THROUGH IMPLEMENTATION SCIENCE AND METHODS FOR QUANTIFICATION OF PATIENT EXPERIENCES, PROVIDER EFFICIENCY, CLINICAL OUTCOMES, SAFETY, AND VALUE.

*IMMUNO-ONCOLOGY SYMPOSIUM - THE ASCO-SITC CLINICAL IMMUNO-ONCOLOGY SYMPOSIUM EXPLORES CLINICAL AND TRANSLATIONAL RESEARCH IN IMMUNO-ONCOLOGY AND IMPLICATIONS FOR PATIENT CARE. THE

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SYMPOSIUM FACILITATES IMPORTANT EDUCATIONAL AND SCIENTIFIC DIALOGUES ON CLINICAL DEVELOPMENTS ACROSS DISEASE SITES IN THE RAPIDLY ADVANCING FIELD OF IMMUNO-ONCOLOGY AND HELPS MEET THE WIDESPREAD NEED FOR EDUCATION IN RESPONSE TO A PARADIGM SHIFT IN CANCER TREATMENT THAT TARGETS THE IMMUNE SYSTEM RATHER THAN THE TUMOR. THE SYMPOSIUM IS DEVELOPED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) AND THE SOCIETY FOR THE IMMUNOTHERAPY OF CANCER (SITC).

*EDUCATION SCHOLARS PROGRAM (ESP) - THE EDUCATION SCHOLARS PROGRAM IS A YEARLONG PROFESSIONAL DEVELOPMENT INITIATIVE, WHICH AIMS TO CREATE A COHORT OF ONCOLOGISTS WITH BOTH LEADERSHIP SKILLS AND EXPERTISE IN LEARNING SCIENCE AND EDUCATION DESIGN. THROUGH THIS PROGRAM, ESP PARTICIPANTS WILL BECOME EXPERIENCED IN USING THE LATEST LEARNING SCIENCE TO MORE EFFECTIVELY PRESENT GROUND-BREAKING CANCER DEVELOPMENTS TO THE ONCOLOGY COMMUNITY TO ADVANCE CANCER RESEARCH AND IMPROVE PATIENT CARE. PARTICIPANTS IN THE EDUCATION SCHOLARS PROGRAM WILL RECEIVE DIDACTIC AND HANDS-ON TRAINING BY LEARNING SCIENCE SCHOLARS ON HOW TO DESIGN EFFECTIVE EDUCATIONAL PROGRAMS FOR ADULT LEARNERS.

HIGHLIGHTS OF PRINT AND ELECTRONIC PROFESSIONAL EDUCATION MATERIALS SUPPORTED BY CONQUER CANCER AND AVAILABLE TO THE PUBLIC IN 2020 INCLUDE THE FOLLOWING:

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*MEETING LIBRARY- ASCO'S MEETING LIBRARY IS A ONE-STOP LOCATION TO ACCESS ABSTRACTS, VIDEOS, SLIDES, AND POSTERS PRESENTED AT ASCO'S MEETINGS, BOTH DOMESTIC AND INTERNATIONAL. MEETING LIBRARY FOCUSES ON SEARCH AND CONTENT FILTERS AS ITS PRIMARY MEANS TO FIND AND ACCESS VARIOUS FORMS OF MEDIA, ALL OF WHICH ARE GROUPED TOGETHER ON A SINGLE PAGE. OVER THE COURSE OF THE UPCOMING YEAR, MEETING LIBRARY WILL CONTINUE TO BE ENHANCED INCLUDING EFFORTS TO PERSONALIZE AND DISPLAY CONTENT IN A MORE USER-FRIENDLY WAY. SEVERAL FEATURES THAT HAVE ALREADY BEEN ADDED TO THE MEETING LIBRARY INCLUDE TRANSCRIPTION AND CLOSED CAPTIONING OF VIDEO, THE ABILITY TO SEARCH WITHIN PRESENTATION VIDEOS, AND THE ABILITY TO CREATE A COLLECTION WITH FAVORITE CONTENT TO MAKE FOR A MORE USER-FRIENDLY EXPERIENCE.

*ASCO CLINICAL GUIDELINES MOBILE APPLICATION - ASCO DEVELOPS AND PUBLISHES CLINICAL PRACTICE GUIDELINES TO SERVE AS A GUIDE FOR DOCTORS AND OUTLINE APPROPRIATE METHODS OF TREATMENT AND CARE. THE GUIDELINES CAN ALSO ADDRESS SPECIFIC DISEASE-ORIENTED CLINICAL SITUATIONS, AS WELL AS USE OF APPROVED MEDICAL PRODUCTS, PROCEDURES, AND TESTS. THE ASCO CLINICAL PRACTICE GUIDELINES MOBILE APPLICATION IS DESIGNED TO MAKE ASCO GUIDELINES MORE USER-FRIENDLY BY PROVIDING INTERACTIVE TOOLS AND GUIDELINES FOR USE AT THE BEDSIDE AND/OR IN CLINIC BY MEMBERS OF THE ONCOLOGY CARE TEAM, WITH THE ULTIMATE RESULT OF IMPROVING PATIENT CARE BASED ON ESTABLISHED SCIENCE AND THE LATEST RESEARCH. NEW

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DEVELOPMENTS IN THE APPLICATION INCLUDE THE ABILITY TO PROVIDE CREDIT FOR UP TO 2 MERIT-BASED INCENTIVE PAYMENT SYSTEM IMPROVEMENT ACTIVITIES AS WELL AS THE INCLUSION OF 27 ASCO CLINICAL PRACTICE GUIDELINES IN MULTIPLE CANCER TYPES.

*MERIT AWARDS- \$166,000 PROVIDED FOR ONE-HUNDRED SIXTY-FOUR (164)MERIT AWARDS WHICH 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 AND INTERACT WITH OTHER CLINICAL CANCER INVESTIGATORS AT ASCO SCIENTIFIC MEETINGS AND DISEASE SPECIFIC SYMPOSIA.

*MEDICAL STUDENT ROTATION FOR UNDERREPRESENTED POPULATIONS (MSR)- \$93,500 PROVIDED FOR ELEVEN (11) 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 AND ALLOWS THEM TO GAIN KNOWLEDGE AND EXPERIENCE IN THE AREAS OF CLINICAL CANCER CARE AND RESEARCH. A MENTORING COMPONENT IS INCLUDED IN THE MSR WHEREBY AWARD RECIPIENTS ARE PAIRED WITH A CLINICAL ONCOLOGIST WHO PROVIDES ACADEMIC AND CAREER GUIDANCE, BOTH DURING AND FOLLOWING THE ROTATION EXPERIENCE.

*RESIDENT TRAVEL AWARD FOR UNDERREPRESENTED POPULATIONS - \$10,500

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PROVIDED FOR SEVEN (7) RESIDENT TRAVEL AWARDS (RTA). THE RTA PROVIDES FINANCIAL SUPPORT FOR RESIDENTS FROM UNDERREPRESENTED POPULATIONS TO ATTEND THE VIRTUAL ASCO ANNUAL MEETING. ATTENDING THE VIRTUAL ASCO ANNUAL MEETING GIVES PHYSICIAN RESIDENTS INTERESTED IN A CAREER IN ONCOLOGY THE OPPORTUNITY TO MEET ONCOLOGISTS AND TO LEARN MORE ABOUT CAREER OPTIONS IN THE FIELD.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

RESEARCH - 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 HAS A DEMONSTRATED TRACK RECORD IN SUPPORTING THE EARLY CAREER DEVELOPMENT OF ONCOLOGY RESEARCHERS, INCLUDING IDENTIFYING AND NURTURING THOSE WHO HAVE BECOME NOTABLE LEADERS AND INNOVATORS IN THE FIELD. PAST GRANT RECIPIENTS HAVE BECOME HEADS OF LARGE CANCER INSTITUTIONS AND PRESIDENTS OF MAJOR ONCOLOGY SOCIETIES, AS WELL AS GUIDED THE NATIONAL ONCOLOGY CONVERSATION THROUGH SERVICE ON BOARDS AND COMMITTEES. ADDITIONALLY, PAST RECIPIENTS HAVE ALSO INVESTED IN THE NEXT GENERATION OF YOUNG INVESTIGATORS BY SERVING AS MENTORS TO NEWLY CHOSEN CONQUER CANCER GRANTEEES.

CONQUER CANCER FUNDS THE ENTIRE SPECTRUM OF RESEARCH ACTIVITIES RELATED TO CANCER PREVENTION, SCREENING, TREATMENT, AND OUTCOMES

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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. EACH
YEAR CONQUER CANCER FUNDS AND AWARDS MULTIPLE RESEARCH GRANTS
DESIGNED TO HELP ATTRACT AND RETAIN THE BEST SCIENTIFIC MINDS IN
CANCER RESEARCH AND TO SUPPORT THEIR EFFORTS. CONQUER CANCER AND
ASCO HAVE FUNDED MORE THAN \$135 MILLION IN CANCER RESEARCH GRANTS
TO OVER 2,200 RECIPIENTS IN 77 COUNTRIES.

HIGHLIGHTS OF 2020 RESEARCH ACTIVITIES AND ACCOMPLISHMENTS

INCLUDE:

RESEARCH PROFESSORSHIP (RP) - \$500,000 PROVIDED ONE (1) FIVE-YEAR
AWARD TO SUPPORT A FULL PROFESSOR WHO HAS MADE SIGNIFICANT
CONTRIBUTIONS TO CANCER RESEARCH AND ARE DEDICATED TO MENTORING
THE NEXT GENERATION OF RESEARCHERS.

ADVANCED CLINICAL RESEARCH AWARD (ACRA) - \$450,000 PROVIDED ONE
(1) THREE-YEAR AWARD TO SUPPORT A PHYSICIAN-SCIENTIST COMMITTED TO
PERFORMING ORIGINAL, CLINICAL CANCER RESEARCH IN BREAST CANCER.
THIS RESEARCH MUST HAVE A PATIENT-ORIENTED FOCUS, INCLUDING A
CLINICAL RESEARCH STUDY AND/OR TRANSLATIONAL RESEARCH INVOLVING
HUMAN SUBJECTS.

CAREER DEVELOPMENT AWARD (CDA) - \$3,200,000 PROVIDED SIXTEEN (16)
THREE-YEAR AWARDS INTENDED TO SUPPORT CLINICAL RESEARCH OF

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CLINICAL INVESTIGATORS WHO HAVE RECEIVED THEIR INITIAL FACULTY APPOINTMENTS AND ARE ESTABLISHING INDEPENDENT CLINICAL CANCER RESEARCH PROGRAMS.

YOUNG INVESTIGATOR AWARD (YIA) - \$3,950,000 PROVIDED SEVENTY-NINE (79) 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 - \$239,494 PROVIDED FIVE (5) ONE-YEAR AWARDS TO EARLY-CAREER INVESTIGATORS CONDUCTING RESEARCH IN LOW RESOURCE SETTINGS ON SCIENTIFIC QUESTIONS SPECIFIC TO THOSE SETTINGS, WITH THE POTENTIAL TO OFFER "REVERSE INNOVATION" INSIGHTS TO INFLUENCE ONCOLOGY PRACTICE IN A WIDE RANGE OF RESOURCE SETTINGS, BY INVESTIGATORS IN HIGH RESOURCE SETTINGS ON ISSUES IN RESOURCE-LIMITED SETTINGS, OR COLLABORATIVE RESEARCH BETWEEN INVESTIGATORS IN BOTH HIGH AND LOW RESOURCE SETTINGS ON QUESTIONS OF SHARED CONCERN. THE GOAL FOR THE GLOBAL ONCOLOGY YOUNG INVESTIGATOR AWARD IS TO ENCOURAGE AND PROMOTE QUALITY RESEARCH IN GLOBAL ONCOLOGY, AND TO DEVELOP THE NEXT GENERATION OF RESEARCHERS TO ADDRESS GLOBAL HEALTH NEEDS.

LONG-TERM INTERNATIONAL FELLOWSHIP (LIFE) - \$115,000 PROVIDED ONE (1) ONE-YEAR FELLOWSHIP TO AN EARLY-CAREER ONCOLOGIST IN A LOW- TO MIDDLE-INCOME COUNTRY (LMCS) THE SUPPORT AND RESOURCES NEEDED TO

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ADVANCE THEIR TRAINING BY DEEPENING THEIR RELATIONSHIP WITH A MENTOR IN THE UNITED STATES, CANADA, OR THE EUROPEAN UNION (EU). DURING THEIR ONE-YEAR FELLOWSHIP, THE RECIPIENT RECEIVES VALUABLE TRAINING AND EXPERIENCE, WHICH THEY WILL USE TO AFFECT CHANGE IN CANCER CARE IN THEIR HOME COUNTRY. FELLOWSHIPS ARE A COMBINATION OF CLINICAL TRAINING AND CLINICAL AND LABORATORY RESEARCH IN ACCORDANCE WITH INSTITUTIONAL RULES AND REGULATIONS. RECIPIENTS ARE REQUIRED TO RETURN TO THEIR HOME INSTITUTIONS AFTER THE FELLOWSHIP PERIOD TO DISSEMINATE THE KNOWLEDGE THEY HAVE GAINED.

INTERNATIONAL INNOVATION GRANT - \$100,000 PROVIDED FIVE (5) ONE-YEAR AWARDS IN SUPPORT OF NOVEL AND INNOVATIVE PROJECTS THAT CAN HAVE A SIGNIFICANT IMPACT ON CANCER CONTROL IN LOW- AND MIDDLE-INCOME COUNTRIES. THE INTERNATIONAL INNOVATION GRANT PROGRAM IS INTENDED TO SUPPORT PROPOSALS THAT HAVE THE POTENTIAL TO REDUCE THE CANCER BURDEN IN LOCAL COMMUNITIES, WHILE ALSO BEING POTENTIALLY TRANSFERRABLE TO OTHER LOW- OR MIDDLE- INCOME SETTINGS.

GIANNI BONADONNA BREAST CANCER RESEARCH FELLOWSHIP - \$50,000 PROVIDED ONE (1) ONE-YEAR FELLOWSHIP THAT ENABLES AN EARLY-CAREER INVESTIGATOR TO UNDERTAKE A BREAST CANCER PROJECT UNDER THE MENTORSHIP OF THE GIANNI BONADONNA BREAST CANCER AWARD RECIPIENT.

THE JAMES B. NACHMAN JUNIOR FACULTY AWARD IN PEDIATRIC ONCOLOGY WAS ESTABLISHED IN MEMORY OF JAMES B. NACHMAN, MD, AN

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INTERNATIONALLY RENOWNED PEDIATRIC CANCER EXPERT AND PEDIATRICS PROFESSOR. \$3,000 PROVIDED FOR ONE JUNIOR FACULTY MEMBER WITH THE HIGHEST SCORING ABSTRACT IN PEDIATRIC ONCOLOGY.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

QUALITY AND 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 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.

THE QUALITY AND EQUITABLE ACCESS TO CARE PROGRAMS AND INITIATIVES SUPPORTED BY CONQUER CANCER IN 2020 INCLUDE THE FOLLOWING:

COVID-19 IMPACTS CANCER FUND - THE COVID-19 IMPACT ON CANCER CARE WAS IMMEDIATE. NEARLY \$8,000,000 HELPED RESPOND TO THE SPECIALIZED NEEDS OF THE ONCOLOGY COMMUNITY DURING THIS PUBLIC HEALTH EMERGENCY. THE FOLLOWING PROGRAMS WERE DEVELOPED IN RESPONSE TO THE PANDEMIC:

- ASCO SURVEY ON COVID-19 IN ONCOLOGY REGISTRY (ASCO REGISTRY) TO

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ATTACHMENT 4 (CONT'D)

HELP THE ONCOLOGY COMMUNITY LEARN ABOUT THE PATTERN OF SYMPTOMS AND SEVERITY OF COVID-19 AMONG PATIENTS WITH CANCER AND HOW INFECTIONS IMPACT THE DELIVERY OF CANCER CARE AND PATIENT OUTCOMES.

- EDUCATION FOR CANCER CARE PROVIDERS - TO SUPPORT CLINICIANS, THE CANCER CARE DELIVERY TEAM, AND PATIENTS WITH CANCER.

- EDUCATIONAL RESOURCES FOR PATIENTS WITH CANCER AND CANCER SURVIVORS - REGULARLY UPDATED INFORMATION IN ENGLISH AND SPANISH ABOUT COVID-19 FOR PEOPLE WITH CANCER AND CANCER SURVIVORS THROUGH ASCO'S PATIENT INFORMATION WEBSITE.

EQUITY, DIVERSITY AND INCLUSION - THE CONQUER CANCER GRANTS AND AWARDS PROGRAM PROVIDES FUNDING FOR DIFFERENT TYPES OF AWARD OPPORTUNITIES FOR ONCOLOGY FELLOWS, CLINICAL PRACTICES, AND INTERNATIONAL RESEARCHERS AND PROGRAMS FOR MEDICAL STUDENTS AND RESIDENTS WHO SELF-IDENTIFY AS BEING MEMBERS OF UNDERREPRESENTED POPULATIONS. TWO AWARD OPPORTUNITIES ARE AVAILABLE: THE MEDICAL STUDENT ROTATION FOR UNDERREPRESENTED POPULATIONS (MSR) AND THE RESIDENT TRAVEL AWARD FOR UNDERREPRESENTED POPULATIONS. 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 AND ALLOWS THEM TO GAIN KNOWLEDGE AND EXPERIENCE IN THE AREAS OF CLINICAL CANCER CARE AND RESEARCH. A MENTORING COMPONENT IS INCLUDED IN THE MSR WHEREBY AWARD RECIPIENTS ARE PAIRED WITH A CLINICAL ONCOLOGIST WHO PROVIDES ACADEMIC AND CAREER GUIDANCE, BOTH DURING AND FOLLOWING

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ATTACHMENT 4 (CONT'D)

THE ROTATION EXPERIENCE.

QUALITY TRAINING PROGRAM - AS THE LEADING ONCOLOGY QUALITY IMPROVEMENT (QI) COURSE, ASCO'S QUALITY TRAINING PROGRAM EMPOWERS PRACTICE TEAMS TO IMPROVE CLINICAL CARE AND OPERATIONAL PERFORMANCE BY TEACHING TEAMS HOW TO BALANCE QUALITY IMPROVEMENT PROJECTS WITH DEMANDING SCHEDULES AND COMPETING PRIORITIES. CONTENT HAS BEEN DEVELOPED SPECIFICALLY FOR ONCOLOGY PRACTICE TEAMS AND INCLUDES ACCESS TO RENOWNED FACULTY AND COACHES DURING FIVE FOCUSED DAYS OF LEARNING. DURING THOSE FIVE DAYS, PRACTICE TEAMS ATTEND THREE SESSIONS, WHICH INCLUDE SEMINARS, CASE EXAMPLES, AND SMALL GROUP EXERCISES. LEARNING CONTINUES THROUGHOUT THE SIX-MONTH COURSE, INCLUDING REMOTE COACHING SESSIONS AS NEEDED. EACH TEAM WILL TAKE ITS QUALITY IMPROVEMENT KNOWLEDGE AND SKILLS TO ANOTHER LEVEL, ACCELERATING CHANGE AND IMPROVEMENT. TEAMS WILL WORK ON A PROBLEM OF THEIR OWN CHOOSING, WHICH COULD RANGE FROM IMPROVING CARE COORDINATION OR PATIENT SAFETY TO A SPECIFIC ORAL CHEMOTHERAPY PROJECT.

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PATIENT EDUCATION & INFORMATION	42,667.	51,332.	
TOTALS	<u>42,667.</u>	<u>51,332.</u>	

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ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

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

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

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

ATTACHMENT 7

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TRUE NORTH, INC. 630 3RD AVENUE, 12TH FLOOR NEW YORK, NY 10017	FUND. STRAT. & MKTG	922,560.
FAIRCOM NY 12 WEST 27TH STREET, 13TH FLOOR NEW YORK, NY 10001	DIRECT MAIL SOLICIT.	854,221.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization **CONQUER CANCER FOUNDATION OF THE AMERICAN
SOCIETY OF CLINICAL ONCOLOGY**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN SOCIETY OF CLINICAL ONCOLOGY 2318 MILL RD #800 ALEXANDRIA, VA 22314 13-6180380	EDUCATION	NY	501(C)(3)	10	N/A		X
(2) ASCO ASSOCIATION 2318 MILL ROAD ALEXANDRIA, VA 22314 83-3561693	MEMBER SERV.	VA	501(C)(6)		ASCO		X
(3) ASCO ASSOCIATION PAC 2318 MILL ROAD ALEXANDRIA, VA 22314 84-4213157	PAC	VA	527		ASCO ASSOC.		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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