Nonprofit Explorer

Research Tax-Exempt Organizations

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

ALEXANDRIA, VA 22314-6834 | TAX-EXEMPT SINCE AUG. 1965

Full text of "Full Filing" for fiscal year ending Dec. 2020

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: *Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from IRS e-File Viewer by Ben Getson.*

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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

C Name of organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

% LINDA JENSEN CFO
Doing business as

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

Room/suite

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

D Employer identification number
13-6180380

E Telephone number
(571) 483-1300

G Gross receipts $ 271,160,600

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ASCO.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1965

M State of legal domicile: NY

Part I Summary

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

2 Check this box ▶ ☐

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	541
6	Total number of volunteers (estimate if necessary)	**6**	3,156
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	23,003,725
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	9,881,127

Revenue

		Current Year	Prior Year
8	Contributions and grants (Part VIII, line 1h)	6,446,971	7,525,300
9	Program service revenue (Part VIII, line 2g)	121,740,555	145,628,204
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,680,218	6,514,346
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,866,774	3,043,571

	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	162,711,421	138,374,082
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,492,264	7,819,588
	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)	61,964,764	58,815,087
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	83,651,841	68,101,126
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	148,108,869	134,735,801
	19 Revenue less expenses. Subtract line 18 from line 12	14,602,552	3,638,281
		Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	269,484,782	279,249,289
	21 Total liabilities (Part X, line 26)	131,909,947	119,295,053
	22 Net assets or fund balances. Subtract line 21 from line 20	137,574,835	159,954,236

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: 2021-11-10

LINDA JENSEN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01871563

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

Firm's address ▶ 8401 GREENSBORO DRIVE 800
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. Cat. No. 11282Y 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 . . . . . ☑

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ 38,236,030 including grants of $ 268) (Revenue $ 22,561,252)
QUALITY OF CARE: SEE SCHEDULE O

4b (Code:) (Expenses $ 31,218,356 including grants of $ 21,821) (Revenue $ 59,468,487)
SCIENTIFIC AND MEDICAL EDUCATION: SEE SCHEDULE O

4c (Code:) (Expenses $ 16,277,341 including grants of $ 57,500) (Revenue $ 27,607,091)
SCIENTIFIC PUBLICATIONS: SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)
(Expenses $ 34,305,302 including grants of $ 7,739,998) (Revenue $ 12,103,725)

4e **Total program service expenses** ▶ 120,037,029

Part IV **Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? . . .	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* . .		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not		

	listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	330		

b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, filed for the calendar year ending with or within the year covered by this return	**2a**	541			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wasrequired to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				

11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**		No

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

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

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing					

	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA , NY , VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only)available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶LINDA JENSEN CFO 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 (571) 483-1300

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

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

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

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

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

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Clifford Hudis MD Chief Executive Officer	30.0 8.0			X				950,644	0	21,375
(2) Dina Michels Esq Secretary, EVP & CLPO	30.0 8.0			X				630,317	0	38,827
(3) Richard Schilsky MD EVP & Chief Medical Officer	38.0 0.0				X			632,010	0	27,935
(4) Cory Wiegert EVP & CEO, CancerLinQ	38.0 0.0				X			527,348	0	36,760
(5) Christopher Merlan EVP & Chief Digital Officer	38.0 0.0				X			457,231	0	45,501
(6) Linda Jensen CPA EVP and CFO	30.0 8.0			X				432,564	0	38,827
(7) Jamie Von Roenn MD VP, Edu., Science & Prof. Dev.	38.0 0.0				X			426,291	0	35,960
(8) Stephen Grubbs MD Vice President, Care Delivery	19.0 19.0					X		422,920	0	37,962
(9) Bernie Khoo Former VP Info. Technology	38.0 0.0						X	456,272	0	0
(10) Nancy Daly MS MPH EVP & CEO CONQUER CANCER FDN	3.0 35.0				X			412,571	0	41,796
(11) Robert Miller MD Medical Director, CancerLinQ	38.0 0.0					X		389,271	0	48,992
(12) Carmen Jackson Chief of Operations, CLQ	38.0 0.0					X		366,493	0	45,501
(13) Deborah Kamin RNPhD VP, Policy & Advocacy	19.0 19.0				X			326,336	0	41,796
(14) Kristin Ludwig VP, Marketing & Communications	38.0 0.0				X			329,970	0	21,375

(15) Anil Nair Chief Technology Officer, CLQ	38.0 0.0					X		293,972	0	36,003
(16) Krista Barnes Former VP Member Services	19.0 19.0						X	0	271,557	44,347
(17) Carolyn Whitehead Div. Dir., Philantrophy, CC	1.0 37.0					X		290,860	0	21,375

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			
(18) Amanda Davis-Aitken Vice President, Meeting SVCS	38.0 0.0				X			277,055	0	28,209
(19) Barton Lawyer Vice President - IT	38.0 0.0				X			214,158	0	36,418
(20) Howard A Burris III MD PAST PRESIDENT/CHAIR	1.0 2.0	X		X				0	0	0
(21) Lori J Pierce MD PRESIDENT-ELECT/PRESIDENT	1.0 1.0	X		X				0	0	0
(22) Monica M Bertagnolli MD CHAIR AND PAST PRESIDENT	1.0 1.0	X		X				0	0	0
(23) Laurie E Gaspar MD MBA TREASURER	1.0 1.0	X		X				0	0	0
(24) Everett E Vokes MD ASCO PRESIDENT-ELECT	1.0 1.0	X		X				0	0	0
(25) Peter C Adamson MD Board Member	1.0 1.0	X						0	0	0
(26) Ethan M Basch MD Board Member	1.0 0.0	X						0	0	0
(27) A William Blackstock MD Board Member	1.0 0.0	X						0	0	0
(28) Lisa A Carey MD Board Member	1.0 0.0	X						0	0	0
(29) Enrique Soto Perez de Celis Board Member	1.0 0.0	X						0	0	0
(30) Lee M Ellis MD	1.0	X						0	0	0

Board Member	0.0										
(31) Tara O Henderson MD MPH	1.0	X						0	0	0
Board Member	0.0										
(32) Maha H A Hussain MD	1.0	X						0	0	0
Board Member	1.0										
(33) Reshma Jagsi MD	1.0	X						0	0	0
Board Member	1.0										
(34) Michael P Kosty MD	1.0	X						0	0	0
Board Member	1.0										
(35) Elizabeth A Mittendorf MD	1.0	X						0	0	0
Board Member	0.0										
(36) Tony S K Mok BMSc MD	1.0	X						0	0	0
Board Member	0.0										
(37) Elizabeth R Plimack MD MS	1.0	X						0	0	0
Board Member	0.0										
(38) Blase N Polite MD MPP	1.0	X						0	0	0
Board Member	1.0										
(39) Eric J Small MD	1.0	X						0	0	0
Board Member	1.0										
(40) Michael A Thompson MD PhD	1.0	X						0	0	0
Board Member	0.0										
(41) Jaap Verweij MD PhD	1.0	X						0	0	0
Board Member	1.0										
(42) Tracey F Weisberg MD	1.0	X						0	0	0
Board Member	0.0										
1b Sub-Total ▶											
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c) ▶								7,836,283	271,557	648,959	

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 ▶ 237

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Tempus Labs LLC, 600 West Chicago Ave CHICAGO, IL 60654	Data Curation	6,338,121
Spargo, 11208 Waples Mill Road 112 FAIRFAX, VA 22030	Event Management	4,656,773
Concerto Health AI Solutions LLC, 501 Boylston St BOSTON. MA 02116	Data Technology	4,519,147

Publicis Sapient, 1515 North Courthouse Road 4th Flo ARLINGTON, VA 22201	Dig. Transformation	4,200,639
Dartmouth Printing Company, 69 Lyme Road HANOVER, NH 03755	Printing Service	2,297,247

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 96

Form **990** (2020)

Part VIII **Statement of Revenue**

Check if Schedule Ocontains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	derated campaigns . . 1a				
	embership dues . . 1b				
	ndraising events . . 1c				
	lated organizations 1d				
	6,418,295 vernment grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	28,676 g Noncash contributions included in lines 1a - 1f:$ 1g				
	h **Total.** Add lines 1a-1f . . . . . ▶	6,446,971			
Program Service Revenue		Business Code			
	2a EDUCATIONAL MEETINGS AND FEES	900099	65,391,550	59,468,487	5,923,063
	QUALITY OF CARE	900099	22,561,251	22,561,251	
	SCIENTIFIC PUBLICATIONS	511190	21,684,029	4,603,861	17,080,168
	DUES	900099	6,606,544	6,606,544	
	MEMBER RELATIONS & INFORMATION	900099	3,080,859	3,080,859	
	f All other program service revenue.		2,416,322	2,416,322	
	g **Total.** Add lines 2a–2f. . . . . ▶	121,740,555			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)			3,373,510			3,373,510
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			14,866,280			14,866,280
		(i) Real	(ii) Personal			
6a Gross rents	6a	8,266				
b Less: rental expenses	6b	7,772				
c Rental income or (loss)	6c	494	0			
d Net rental income or (loss)				494		494
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	124,725,018	0			
b Less: cost or other basis and sales expenses	7b	132,724,721	54,025			
c Gain or (loss)	7c	-7,999,703	-54,025			
d Net gain or (loss)				-8,053,728		-8,053,728
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0			
b Less: direct expenses	8b		0			
c Net income or (loss) from fundraising events				0		
9a Gross income from gaming activities. See Part IV, line 19	9a		0			
b Less: direct expenses	9b		0			
c Net income or (loss) from gaming activities				0		
10a Gross sales of inventory, less returns and allowances	10a		0			
b Less: cost of goods sold	10b		0			
c Net income or (loss) from sales of inventory				0		
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d				0		
12 **Total revenue.** See instructions				138,374,082	98,737,324	23,003,725	10,186,062

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 serviceexpenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,766,588	7,766,588		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	53,000	53,000		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,trustees, and key employees	6,031,274	3,796,679	2,234,595	
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	39,081,222	32,882,569	6,198,653	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,901,584	3,199,299	702,285	
9 Other employee benefits	5,648,463	4,649,823	998,640	
10 Payroll taxes	4,152,544	3,405,086	747,458	
11 Fees for services (non-employees):				
a Management	0			
b Legal	410,342	300,054	110,288	

c Accounting	142,394		142,394
d Lobbying	0		
e Professional fundraising services. See Part IV, line 17	0		
f Investment management fees	60,809		60,809
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 0	20,222,369	19,905,854	316,515
12 Advertising and promotion	598,547	488,140	110,407
13 Office expenses	1,208,158	724,568	483,590
14 Information technology	8,186,316	6,756,540	1,429,776
15 Royalties	0		
16 Occupancy	6,594,187	5,981,343	612,844
17 Travel	1,992,645	1,918,272	74,373
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0		
19 Conferences, conventions, and meetings	11,474,792	11,370,770	104,022
20 Interest	0		
21 Payments to affiliates	0		
22 Depreciation, depletion, and amortization	3,311,592	3,013,549	298,043
23 Insurance	698,690	635,808	62,882
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			
a PRINTING & PRODUCTION	8,237,795	8,226,597	11,198

b	UBI TAX	3,321,434	3,321,434	
c	BAD DEBT	827,052	827,052	
d	OTHER	814,004	814,004	
e	All other expenses			
25	**Total functional expenses.** Add lines 1 through 24e	134,735,801	120,037,029	14,698,772
	0			
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).			

Part X **Balance Sheet**

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			18,722,737	2	19,356,599
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			26,850,085	4	26,710,378
	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	5,600,000
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			7,946,486	9	5,424,995
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	80,676,944			
	b	Less: accumulated depreciation	10b	31,719,973	48,134,749	10c	48,956,971
	11	Investments—publicly traded securities			167,830,725	11	173,200,346

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	0	15	0
16	**Total assets.** Add lines 1 through 15 (must equal line 33)	269,484,782	16	279,249,289
17	Accounts payable and accrued expenses	18,849,700	17	10,180,370
18	Grants payable	0	18	0

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SCHEDULE A (Form 990 or 990EZ)

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
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, orcontrolled by its supported organization(s), typically by giving thesupported organization(s) the power to regularly appoint or elect amajority 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 inconnection with its supported organization(s), by having control ormanagement of the supporting organization vested in the samepersons that control or manage the supported organization(s). **Youmust complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organizationoperated in connection with, and functionally integrated with, itssupported organization(s) (see instructions). **You must completePart IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organizationoperated in connection with its supported organization(s) that is notfunctionally integrated. The organization generally must satisfy adistribution requirement and an attentiveness requirement (seeinstructions). **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	(iv) Is the organization listed in	(v) Amount of	(vi) Amount of other

		organization (described on lines 1-10 above (see instructions))	your governing document?		monetary support (see instructions)	support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2020**

Page 2

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 theorganization failed to qualify under Part III. If the organization failed toqualify under the tests listed below, please complete Part III.)

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 grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) includedon line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** 2020	**(f)** Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Schedule A (Form 990 or 990-EZ) 2020

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 organizationfailed to qualify under Part II. If the organization fails to qualify underthe 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.") .	11,941,446	9,978,694	8,575,801	7,525,300	6,446,971	44,468,212
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	78,719,498	93,297,144	136,574,903	123,116,955	98,737,324	530,445,824
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	90,660,944	103,275,838	145,150,704	130,642,255	105,184,295	574,914,036
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						574,914,036

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. . .	90,660,944	103,275,838	145,150,704	130,642,255	105,184,295	574,914,036
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	5,651,063	5,969,247	7,763,043	8,610,595	18,248,056	46,242,004
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	5,651,063	5,969,247	7,763,043	8,610,595	18,248,056	46,242,004
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	3,414,649	2,871,782	4,855,029	7,776,132	8,302,393	27,219,985
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	277,776	248,859	255,345	251,085	0	1,033,065
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	100,004,432	112,365,726	158,024,121	147,280,067	131,734,744	649,409,090

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**	88.529 %
16	Public support percentage from 2019 Schedule A, Part III, line 15	**16**	82.663 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	**17**	7.121 %
18	Investment income percentage from **2019** Schedule A, Part III, line 17	**18**	5.456 %

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 . . . . ▶ ☐

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Page **4**

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization wasdescribed in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied thepublic support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made thedetermination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supportedorganization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled orsupervised by or in connection with its supported organizations.*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support tothe foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in theorganization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone otherthan (i) its			

	supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of itssupported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filingorganization's supported organizations? *If "Yes," provide detail in* ***Part VI.***			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined insection 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to asubstantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*			
		8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***			
		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supportingorganization had an interest? *If "Yes," provide detail in* ***Part VI.***			
		9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assetsin which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***			
		9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*			
		10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determinewhether the organization had excess business holdings).*			
		10b		

Schedule A (Form 990 or 990-EZ) 2020

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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?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

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 ofeach of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of thesupporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

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?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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? *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.*	2b		
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?*If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Schedule A (Form 990 or 990-EZ) 2020

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 forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 fromline 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	**Total** (add lines 1a, 1b, and 1c)	1d	
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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 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 - provide details in* ***Part VI***)	5	
6 Other distributions (*describe in* ***Part VI***). 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 (*provide details in* ***Part VI***). 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 2019 (reasonable cause required-- *explain in* ***Part VI***). 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 e			
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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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 990PF, 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
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Part I Contributors **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
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			☐ Person

-		$	Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page **3**

Name of organization	Employer identification number
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC	13-6180380

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
-		$	

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

(a) No. from	(b)	(c) FMV (or estimate)	(d)

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

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

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

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

Name of organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 3 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC	13-6180380

Part I-A Complete if the organization is exempt under section 501(c)or is a section 527 organization.

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt functionactivities ▶ $

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

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S **Schedule C (Form 990 or 990-EZ) 2020**

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and 1b)	0	
d	Other exempt purpose expenditures	120,037,029	
e	Total exempt purpose expenditures (add lines 1c and 1d)	120,037,029	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

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

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -0-.		
i	Subtract line 1f from line 1c. If zero or less, enter -0-.		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ **Yes** ☐ **No**	

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	291,378	198,306	439,604	0	929,288
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	2,905	1,947	263	0	5,115

Schedule C (Form 990 or 990-EZ) 2020

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

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

		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2020

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other ----------

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

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

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

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

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

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

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

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

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c 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:

	Yes	No
3a(i) (i) Unrelated organizations		
3a(ii) (ii) Related organizations		
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,342,677		7,342,677
b Buildings		46,941,779	15,044,509	31,897,270
c Leasehold improvements		780,214	774,006	6,208
d Equipment		4,854,156	3,432,354	1,421,802
e Other		20,758,117	12,469,103	8,289,014
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				48,956,971

Schedule D (Form 990) 2020

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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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

(l)			
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
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶		

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

1.	**(a)** Description of liability	**(b)** Book value
(1) Federal income taxes		0
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	17,015,515

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

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 Page **4**

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**
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	**2a**		
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**
3	Subtract line **2e** from line **1**			**3**
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**		
b	Other (Describe in Part XIII.)	**4b**		
c	Add lines **4a** and **4b**			**4c**
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			**5**

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**
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**
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**		

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
Middle East and North Africa			Program Services	Outreach & Educational	11,963
Russia and the Newly Independent States			Program Services	OUTREACH & EDUCATIONAL	1,000
South Asia			Program Services	Outreach & Educational	34,953
Europe (Including Iceland and Greenland)			Grantmaking		53,000
3a Sub-total					100,916
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					100,916

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W **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.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

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

(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) Conquer Cancer Foundation of ASCO 2318 Mill Road Alexandria, VA 22314	31-1667995	501(c)(3)	7,262,500				Contribution
(2) Sarah Cannon Research Institute One Park Plaza Nashville, TN 32703	20-1557751	LLC	130,000				Contribution
(3) Regents of the University of Michigan 300 N Ingalls St Ann Arbor, MI 48109	38-6006309	501(C)(3)	109,167				contribution
(4) Brigham & Women's Hospital 75 Francis St Tower 1 Boston, MA 02215	04-2312909	501(C)(3)	89,167				Contribution
(5) Banner Health 2901 N Central Ave Phoenix, AZ 85012	45-0233470	501(C)(3)	60,000				Contribution
(6) University of Chicago Medical Center 5841 S Maryland Ave Chicago, IL 60637	36-3488183	501(c)(3)	46,667				Contribution
(7) Friends of Cancer Research 1800 M Street Washington, DC 20036	52-1983273	501(c)(3)	22,000				Contribution
(8) Health Volunteers Overseas 1900 L Street NW Washington, DC 20036	52-1485477	501(c)(3)	10,000				Contribution
(9) Association of American Cancer Institutes 3708 Fifth Ave Pittsburgh, PA 15213	23-7410581	501(c)(3)	10,000				Contribution
(10) National Coalition For Cancer Survivorship 8455 Colesville Rd Silver Spring, MD 20910	85-0357897	501(c)(3)	10,000				Contribution

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					

(5)					
(6)					
(7)					

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

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

Schedule I (Form 990) 2020

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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
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Part I **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?. . . .	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?.	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?.	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?.	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			

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

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

5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **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 are not 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 Chief Executive Officer	(i)	876,885	73,759	0	21,375	0	972,019	0
	(ii)	0	0	0	0	0	0	0
2 Dina Michels Esq Secretary, EVP & CLPO	(i)	615,317	15,000	0	21,375	17,452	669,144	0
	(ii)	0	0	0	0	0	0	0
3 Richard Schilsky MD EVP & Chief Medical Officer	(i)	612,010	20,000	0	21,375	6,560	659,945	0
	(ii)	0	0	0	0	0	0	0
4 Cory Wiegert EVP & CEO, CancerLinQ	(i)	442,348	85,000	0	21,375	15,385	564,108	0
	(ii)	0	0	0	0	0	0	0
5 Christopher Merlan EVP & Chief Digital Officer	(i)	437,231	20,000	0	21,375	24,126	502,732	0
	(ii)	0	0	0	0	0	0	0
6 Linda Jensen CPA EVP and CFO	(i)	422,564	10,000	0	21,375	17,452	471,391	0
	(ii)	0	0	0	0	0	0	0
7 Nancy Daly MS MPH EVP & CEO CONQUER CANCER FDN	(i)	402,571	10,000	0	21,375	20,421	454,367	0
	(ii)	0	0	0	0	0	0	0
8 Amanda Davis-Aitken Vice President, Meeting SVCS	(i)	269,055	8,000	0	20,221	7,988	305,264	0
	(ii)	0	0	0	0	0	0	0
9 Bernie Khoo Former VP Info. Technology	(i)	16,346	0	439,926	0	0	456,272	0
	(ii)	0	0	0	0	0	0	0
10 Kristin Ludwig VP, Marketing & Communications	(i)	321,970	8,000	0	21,375	0	351,345	0
	(ii)	0	0	0	0	0	0	0
11 Stephen Grubbs MD Vice President, Care Delivery	(i)	414,920	8,000	0	21,375	16,587	460,882	0
	(ii)	0	0	0	0	0	0	0
12 Jamie Von Roenn MD VP, Edu., Science & Prof. Dev.	(i)	418,291	8,000	0	21,375	14,585	462,251	0
	(ii)	0	0	0	0	0	0	0
13 Robert Miller MD Medical Director, CancerLinQ	(i)	371,421	17,850	0	21,375	27,617	438,263	0
	(ii)	0	0	0	0	0	0	0
14 Carmen Jackson Chief of Operations, CLQ	(i)	366,493	0	0	21,375	24,126	411,994	0
	(ii)	0	0	0	0	0	0	0
15 Deborah Kamin RNPhD VP, Policy & Advocacy	(i)	318,336	8,000	0	21,375	20,421	368,132	0
	(ii)	0	0	0	0	0	0	0
16 Carolyn Whitehead Div. Dir., Philantrophy, CC	(i)	285,860	5,000	0	21,375	0	312,235	0
	(ii)	0	0	0	0	0	0	0
17 Anil Nair Chief Technology Officer, CLQ	(i)	293,972	0	0	20,647	15,356	329,975	0

	(ii)	0	0	0	0	0	0	0
18 Barton Lawyer Vice President - IT	(i)	209,158	5,000	0	16,036	20,382	250,576	0
	(ii)	0	0	0	0	0	0	0
19 Krista Barnes Former VP Member Services	(i)	0	0	0	0	0	0	0
	(ii)	263,557	8,000	0	20,221	24,126	315,904	0

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A:	BERNIE KHOO, FORMER VICE PRESIDENT INTEGRATED MEDIA, RECEIVED SEVERANCE OF $439,926 IN 2020.
PART I, LINE 7:	THE ORGANIZATION HAS A DISCRETIONARY BONUS PLAN UNDER WHICH SELECTED EMPLOYEES, INCLUDING OFFICERS, KEY EMPLOYEES AND OTHER EMPLOYEES ARE COMPENSATED BASED ON PERFORMANCE AND THE ACHIEVEMENT OF SPECIFIC PROFESSIONAL GOALS. BONUSES FOR KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES ARE APPROVED BY THE CEO WITH REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD, WHERE APPROPRIATE.

Schedule J (Form 990) 2020

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDUSTRIAL DEVELOPMENT AUTHORITYCITY OF ALEXANDRI	52-1381432	01530LAD2	08-01-2012	38,400,000	Buy/Buildout 5 floors HQ building		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	38,400,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	38,400,000			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2008			

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						

	bonds (or, if issued prior to 2019, an advance refunding issue)?								
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	3.980 %							
6	Total of lines 4 and 5	3.980 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction andPenalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							

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Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	FMS WERTMANAGEMENT							
c	Term of hedge	30 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	x							

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

Return Reference	Explanation
PART IV, QUESTION 3	ASCO HAS AN INTEREST RATE SWAP AGREEMENT WITH FMS WERTMANAGEMENTBANK THROUGH 2038. ASCO MAKES FIXED INTEREST PAYMENTS AT A 3.587% RATE. VARIABLE SWAP PAYMENTS, BASED ON ONE-MONTH LIBOR, RECEIVED FROM THE SWAP COUNTERPARTY ARE USED TO MAKE THE VARIABLE INTEREST PAYMENTS AS THEY COME DUE. THIS INTEREST RATE SWAP AGREEMENT QUALIFIES AS A DERIVATIVE INSTRUMENT AND IS USED TO MITIGATE THE EFFECT OF INTEREST RATE FLUCTUATIONS.
PART VI, QUESTION 2C	THE LATEST REBATE COMPUTATION DATE FOR THE REPORTED BOND ISSUE WAS SEPTEMBER 29, 2020.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

Return Reference	Explanation
FORM 990, PART III, LINE 1:	ASCO IS A PROFESSIONAL ONCOLOGY SOCIETY COMMITTED TO CONQUERING CANCER THROUGH RESEARCH, EDUCATION, AND PROMOTION OF THE HIGHEST QUALITY, EQUITABLE PATIENT CARE. ASCO'S VISION IS A WORLD WHERE CANCER IS PREVENTED OR CURED, AND EVERY SURVIVOR IS HEALTHY. ASCO PROMOTES AND PROVIDES FOR: - LIFELONG LEARNING FOR ONCOLOGY PROFESSIONALS, - CANCER RESEARCH, - AN IMPROVED ENVIRONMENT FOR ONCOLOGY PRACTICE, - ACCESS TO QUALITY CANCER CARE, - A GLOBAL NETWORK OF ONCOLOGY EXPERTISE, AND - EDUCATED AND INFORMED PATIENTS WITH CANCER.
FORM 990, PART III, LINE 4A:	QUALITY OF CARE: ASCO, THROUGH COLLECTION OF ONCOLOGY PRACTICE CARE DELIVERY METRICS, DEVELOPS INSIGHTS TO IMPROVE THE QUALITY AND EQUITY OF ONCOLOGY CARE DELIVERY. ASCO ALSO PRODUCES EVIDENCE-BASED GUIDELINES, QUALITY MEASURES AND DEVELOPS STANDARDS FOR QUALITY ONCOLOGY CARE, AND PROVIDES TRAINING IN QUALITY CARE DELIVERY. CANCERLINQ'S BIG-DATA PLATFORM DELIVERS VALUABLE INSIGHTS AND TOOLS TO PARTICIPATING PRACTICES AND DE-IDENTIFIED DATA FOR CANCER TREATMENT RESEARCH. THE CANCERLINQ DATABASE, which includes information from millions of cancer patient care records, reflects cancer care in ALL ITS REAL-WORLD VARIABILITY, ALLOWING CLINICIANS TO LEARN FROM THE EXPERIENCE OF EVERY PATIENT. QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI). A QUALITY ASSESSMENT AND IMPROVEMENT PROGRAM FOR OUTPATIENT MEDICAL ONCOLOGY AND HEMATOLOGY-ONCOLOGY PRACTICES: QOPI PROVIDES A WEB-BASED DATA COLLECTION TOOL THAT ALLOWS PRACTICE STAFF TO 1) REPORT ON VARIOUS CANCER CARE QUALITY MEASURES, 2) RECEIVE ANALYZED DATA ON PRACTICE PERFORMANCE, AND 3) COMPARE PERFORMANCE AGAINST THEIR PEERS FOR DATA-DRIVEN IMPROVEMENT ACTIVITIES. QUALITY TRAINING PROGRAM. ASCO'S QUALITY TRAINING PROGRAM IS DESIGNED TO HELP PRACTICES IMPROVE CLINICAL CARE AND OPERATIONAL PERFORMANCE.
FORM 990, PART III, LINE 4B:	SCIENTIFIC AND MEDICAL EDUCATION: ASCO PROVIDES SCIENTIFIC AND EDUCATIONAL PROGRAMS AND CONTENT ON A BROAD RANGE OF ONCOLOGY-RELATED TOPICS IN A VARIETY OF FORMATS. WORKING WITH VOLUNTEER ASCO MEMBERS, ASCO ORDINARILY PLANS AND PRESENTS LIVE MEETINGS ON THE LATEST RESEARCH AND ADVANCES IN THE FIELD OF CLINICAL ONCOLOGY. DUE TO THE COVID-19 PANDEMIC, ASCO'S MEETINGS SCHEDULED AFTER MARCH 2020, INCLUDING ITS ANNUAL MEETING, WERE HELD VIRTUALLY WITH ATTENDEES FROM AROUND THE WORLD VIEWING ONCOLOGY-SPECIFIC INFORMATION. THE ATTENDEES PARTICIPATE TO ENHANCE THEIR KNOWLEDGE

	ABOUT TREATING CANCER AND CARING FOR CANCER PATIENTS. ASCO ANNUAL MEETING IS THE WORLD'S PREMIER SCIENTIFIC AND EDUCATIONAL MEETING IN THE ONCOLOGY COMMUNITY. IN ADDITION, ASCO SPONSORS OR CO-SPONSORS THEMATIC MEETINGS (FOCUSING ON SUBSPECIALTY AREAS), WHICH PROVIDE OPPORTUNITIES FOR FOCUSED EDUCATIONAL AND SCIENTIFIC SESSIONS ON SPECIFIC TYPES OF CANCERS. ASCO'S PROGRAMS ARE DESIGNED TO SERVE THE DIVERSE NEEDS OF ONCOLOGY PRACTITIONERS WORLDWIDE, ASSISTING THEM IN DELIVERING HIGH QUALITY CANCER CARE AND CONDUCTING CLINICAL RESEARCH THROUGH THE CONTINUUM OF THEIR CAREERS. PROGRAMS ADDRESS THE MODERN-DAY PRACTICE OF ONCOLOGY FOR ALL LEVELS OF PRACTITIONERS INCLUDING ONCOLOGY FELLOWS, JUNIOR FACULTY MEMBERS, ONCOLOGY PROGRAM DIRECTORS, ETC. HIGHLIGHTS OF THE 2020 VIRTUAL ANNUAL MEETING INCLUDE OVER 5,000 ABSTRACTS WERE PRESENTED OR PUBLISHED, NEARLY 5,000 PRESENTATIONS WERE CAPTURED IN VIDEO, WITH OVER 42,500 ATTENDEES. THE GASTROINTESTINAL CANCERS AND THE GENITOURINARY CANCERS SYMPOSIA COVERED 1,920 ABSTRACTS FOR 8,525 ATTENDEES. CONTENT IS MAINTAINED DIGITALLY AND MADE ACCESSIBLE. COVERAGE OF THE MEETINGS' CONTENT IS PUBLISHED IN A NEWS PRODUCT DISTRIBUTED DAILY DURING THE MEETINGS AND AVAILABLE ON ASCO'S WEBSITES, COVERED IN PODCASTS, AND PUBLIC FORUMS. WORKING WITH VOLUNTEER ASCO MEMBERS, ASCO PLANS, DEVELOPS, DELIVERS, AND EVALUATES CONTINUING MEDICAL EDUCATION (CME) COURSES TO SUPPORT THE CONTINUED EDUCATION OF ONCOLOGISTS AND OTHER MEMBERS OF THE CANCER CARE TEAM TO ENABLE THEM TO BETTER MEET THE PREVENTION, DIAGNOSIS AND TREATMENT NEEDS OF THEIR PATIENTS. CURRENTLY, ASCO HOLDS THE STATUS OF ACCREDITATION WITH COMMENDATION FROM THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION. DURING 2020, 182,484 CONTINUING MEDICAL EDUCATION (CME)CREDITS WERE AWARDED TO PARTICIPANTS IN ASCO EDUCATIONAL ACTIVITIES. MANY ADDITIONAL ONCOLOGY CARE PROVIDERS ENROLLED IN COURSES WITHOUT RECEIVING CME. IN ADDITION, ASCO PROVIDES WORKSHOPS ON CANCER RESEARCH, DELIVERY OF CARE, AND OTHER TOPICS, AS WELL AS ONCOLOGY EDUCATION TO NON-PHYSICIAN PROFESSIONALS WORKING IN THE FIELD OF ONCOLOGY.
FORM 990, PART III, LINE 4C:	SCIENTIFIC PUBLICATIONS: ASCO PRODUCES A NUMBER OF PROFESSIONAL PUBLICATIONS AND GENERAL PUBLICATIONS FOCUSED ON CLINICAL ONCOLOGY. O ASCO PUBLISHES HIGH-QUALITY, PEER-REVIEWED SCIENTIFIC PAPERS IN ITS JOURNALS: O JOURNAL OF CLINICAL ONCOLOGY (JCO) IS A HIGHLY REGARDED JOURNAL PUBLISHING SCIENTIFIC MANUSCRIPTS AND ARTICLES ON SIGNIFICANT CLINICAL ONCOLOGY RESEARCH IN PRINT AND ELECTRONIC FORMATS. O JCO ONCOLOGY PRACTICE (JCO OP) EDITED BY ONCOLOGISTS, JCO OP PRINTS ORIGINAL RESEARCH AND PERSPECTIVES ON CLINICAL AND ADMINISTRATIVE MANAGEMENT ADDRESSING THE PRACTICE OF ONCOLOGY. O JCO GLOBAL ONCOLOGY (JCO GO) AN ONLINE ONLY, OPEN ACCESS JOURNAL FOCUSES ON CANCER CARE, RESEARCH, AND CARE DELIVERY ISSUES UNIQUE TO COUNTRIES AND SETTINGS WITH LIMITED HEALTHCARE RESOURCES. O JCO CLINICAL CANCER INFORMATICS (JCO CCI) AN ONLINE-ONLY INTERDISCIPLINARY JOURNAL PUBLISHES CLINICALLY RELEVANT RESEARCH BASED ON BIOMEDICAL INFORMATICS METHODS AND PROCESSES APPLIED TO CANCER-RELATED DATA, INFORMATION, AND IMAGES. O JCO PRECISION ONCOLOGY (JCO PO) AN ONLINE-ONLY, ARTICLE-BASED JOURNAL PUBLISHING ORIGINAL RESEARCH, REPORTS, OPINIONS, AND REVIEWS THAT ADVANCE THE SCIENCE AND PRACTICE OF PRECISION ONCOLOGY AND DEFINES GENOMICS-DRIVEN CLINICAL CARE OF PATIENTS WITH CANCER. ASCO PUBLISHES THE ANNUAL CLINICAL CANCER ADVANCES (CCA) REPORT. THIS PUBLICLY AVAILABLE REPORT ESTABLISHES THE MOST IMPORTANT CLINICAL ADVANCES IN ONCOLOGY EACH YEAR. THE REPORT SERVES TO DOCUMENT THE PROGRESS BEING MADE AGAINST CANCER THROUGH CLINICAL RESEARCH, PARTICULARLY THROUGH FEDERALLY FUNDED RESEARCH. ASCO PROVIDES CONTENT AND DISTRIBUTION LISTS FOR TRADE PUBLICATIONS. WHILE NOT OWNED OR PUBLISHED BY ASCO, THE PUBLICATIONS COVER NEWS AND INFORMATION OF INTEREST TO THE PROFESSIONAL ONCOLOGY COMMUNITY.
FORM 990, PART III, LINE 4D:	1. MEMBER SERVICES: ASCO works to support and educate its more than 45,000 members, in collaboration with its affiliate ASCO Association, d/b/a Association for Clinical Oncology (Association). ASCO and the Association have reciprocal membership, meaning that each member is a member of both ASCO and the Association. ASCO'S MEMBERS VOLUNTEER TO PROVIDE EXPERTISE FOR EDUCATION, PRACTICE GUIDELINES, POLICY, AND OTHER ONCOLOGY LEADERSHIP ACTIVITIES. EXPENSES $3,698,763. INCLUDING GRANTS OF $0. REVENUE $9,687,403. 2. RESEARCH: ASCO IS ACTIVELY ENGAGED IN THE SUPPORT, PROMOTION AND CONDUCT OF CLINICAL CANCER RESEARCH. RESEARCH RELATED ACTIVITIES INCLUDE: O ORIGINAL RESEARCH: ASCO CONDUCTS RESEARCH TO DEVELOP EVIDENCE THAT INFORMS PATIENT CARE, PUBLIC POLICY, AND EDUCATION. RESEARCH INCLUDES SURVEYS, OBSERVATIONAL STUDIES AND CLINICAL TRIALS. ITS MAJOR CLINICAL TRIAL, TAPUR, IS TESTING THE SAFETY AND EFFICACY OF FDA-APPROVED, TARGETED ANTI-CANCER THERAPIES IN OTHER CANCER TYPES FOR PATIENTS WITH AN INDICATIVE GENOMIC ALTERATION. IN 2020, ASCO LAUNCHED A REGISTRY TO COLLECT AND ANALYZE THE IMPACT OF COVID-19 ON CANCER PATIENT OUTCOMES. O SCIENTIFIC/RESEARCH COLLABORATIONS: ASCO WORKS WITH OTHER STAKEHOLDERS IN THE COMMUNITY, INCLUDING GOVERNMENT AGENCIES, PATIENT ADVOCACY GROUPS, AND OTHER PROFESSIONAL MEDICAL SOCIETIES TO SUPPORT AND PROMOTE RESEARCH THAT INFORMS EVIDENCE-BASED PATIENT CARE. THIS INCLUDES AN ASCO-FDA COLLABORATION TO JOINTLY HOST PUBLIC WORKSHOPS ON EMERGING ISSUES IN RESEARCH AND FDA REVIEW OF NEW THERAPIES. O RESEARCH GRANTS AND AWARDS: ASCO MAKES GRANTS TO its 501(c)(3) affiliated organization, CONQUER CANCER FOUNDATION OF the American Society of Clinical Oncology (Conquer Cancer) TO FUND COMPETITIVELY AWARDED RESEARCH GRANTS AND AWARDS. MOST OF THE GRANTS SUPPORT THE INDEPENDENT RESEARCH INITIATIVES OF CLINICAL INVESTIGATORS. EXPENSES $17,658,460. INCLUDING

	THE INDEPENDENT RESEARCH INITIATIVES OF CLINICAL INVESTIGATORS. EXPENSES $17,998,460. INCLUDING GRANTS OF $7,734,953. REVENUE $2,416,322. 3. CANCER POLICY: ASCO'S POLICY WORK FOCUSES ON THE ISSUES OF ACCESS TO AND DELIVERY OF HIGH-QUALITY AND EQUITABLE CANCER CARE FOR CANCER PATIENTS. WORKING WITH VOLUNTEER ASCO MEMBERS, THE SOCIETY DEVELOPS POSITIONS ADDRESSING ISSUES OF CRITICAL IMPORTANCE TO THE PRACTICE OF ONCOLOGY AND PATIENT CARE. ASCO'S POLICY PROGRAMS COVER A BROAD SPECTRUM OF ISSUES, INCLUDING CLINICAL CANCER RESEARCH, HEALTH INSURANCE, CLINICAL PRACTICE, WORKFORCE, DISPARITIES, COST/ACCESS, CANCER SURVIVORSHIP, AND CANCER PREVENTION AND CONTROL. ASCO PROVIDES EDUCATIONAL WORKSHOPS AND MATERIALS, LEGAL ANALYSIS, DEVELOPMENT OF FORMAL COMMENTS AND TESTIMONY, AND SPECIAL STUDIES ON CRITICAL ISSUES FOR THE CANCER COMMUNITY. ASCO ROUTINELY COLLABORATES WITH OTHERS IN THE COMMUNITY TO ADVANCE COMMON GOALS RELATED TO ACCESS TO AND DELIVERY OF HIGH-QUALITY CANCER CARE. EXPENSES $4,542,905. INCLUDING GRANTS OF $0. REVENUE $0. 4. PATIENT INFORMATION & OTHER: ASCO PROVIDES IMPORTANT INFORMATION TO THE PUBLIC FREE OF CHARGE THROUGH ITS AWARD-WINNING PATIENT EDUCATION WEBSITE, CANCER.NET (WWW.CANCER.NET), THROUGH A MOBILE APPLICATION, AND PATIENT EDUCATION MATERIALS. CANCER.NET BRINGS THE EXPERTISE AND RESOURCES OF ASCO TO PEOPLE LIVING WITH CANCER AND THOSE WHO CARE FOR AND CARE ABOUT THEM. CANCER.NET PROVIDES ONCOLOGIST-APPROVED INFORMATION TO HELP PATIENTS AND FAMILIES MAKE INFORMED HEALTH CARE DECISIONS. THE SITE OFFERS COMPREHENSIVE GUIDES TO MORE THAN 120 TYPES OF CANCER AND CANCER-RELATED SYNDROMES, INCLUDING DISEASE-SPECIFIC TREATMENT AND SIDE EFFECTS INFORMATION. EXTENSIVE INFORMATION CAN BE FOUND ON NAVIGATING CANCER CARE, COPING WITH CANCER, CLINICAL TRIALS, MANAGING SIDE EFFECTS, CAREGIVING, SURVIVORSHIP, AND RESEARCH AND ADVOCACY; SELECT CONTENT IS AVAILABLE IN SPANISH. CANCER.NET ALSO FEATURES VIDEOS, PODCASTS, AND AN AWARD-WINNING BLOG. EXPENSES $8,405,175. INCLUDING GRANTS OF $5,045. REVENUE $0.
FORM 990, PART VI, SECTION A, LINE 1:	AS OF DECEMBER 31, 2020, THE BOARD OF DIRECTORS OF ASCO INCLUDED 19 MEMBERS WITH THE RIGHT TO VOTE ON ALL MATTERS THAT COME BEFORE THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ALSO INCLUDES TWO EX-OFFICIO DIRECTORS WITHOUT THE RIGHT TO VOTE, WHO ARE THE CHIEF EXECUTIVE OFFICER OF ASCO (CEO) AND THE CHAIR OF THE BOARD OF DIRECTORS OF CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (A NON-PROFIT, 501(C)(3) TAX-EXEMPT RELATED ORGANIZATION OF ASCO). DURING THE REPORTING YEAR, THE BOARD OF DIRECTORS DELEGATED AUTHORITY TO ACT ON ITS BEHALF TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, CONSISTENT WITH ASCO'S BYLAWS. PURSUANT TO THE BYLAWS, THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE ARE THE PRESIDENT, THE PRESIDENT-ELECT, THE CHAIR, THE PAST PRESIDENT, THE TREASURER, AND THOSE DIRECTORS SERVING THE FINAL YEAR OF THEIR PRESENT TERMS. THE CEO IS A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. ALL EXECUTIVE COMMITTEE MEMBERS ARE MEMBERS OF ASCO'S BOARD OF DIRECTORS. THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY IS ESTABLISHED BY ASCO'S BYLAWS, WHICH PROVIDE THAT, EXCEPT TO THE EXTENT SPECIFICALLY PROHIBITED BY RESOLUTION OF THE BOARD OF DIRECTORS OR OTHERWISE PROHIBITED BY LAW, THE EXECUTIVE COMMITTEE OF THE BOARD IS EMPOWERED TO MAKE AND IMPLEMENT MAJOR DECISIONS BETWEEN BOARD MEETINGS, AND IT MAY ACT ON ITEMS REQUIRING ACTION PRIOR TO THE NEXT ANNOUNCED BOARD OF DIRECTORS. ALL ACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE, CONSISTENT WITH ASCO'S BYLAWS.
FORM 990, PART VI, SECTION A, LINE 6:	1. FULL MEMBERS. A. 1.A. FULL MEMBERS ARE (A) EXPERIENCED LICENSED PHYSICIANS OF ANY NATION WHO DEVOTE A MAJORITY OF THEIR PROFESSIONAL ACTIVITY TO CANCER PATIENT CARE AND/OR RESEARCH OR EDUCATION IN THE BIOLOGY, DIAGNOSIS, PREVENTION OR TREATMENT OF HUMAN CANCER (IN EXCEPTIONAL CASES, OTHER PHYSICIANS WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE FIELD ARE ELIGIBLE FOR FULL MEMBER STATUS), AND (B) OTHER HEALTH PROFESSIONALS AT THE DOCTORAL LEVEL (E.G.,EPIDEMIOLOGISTS, BIOSTATISTICIANS, PUBLIC HEALTH SPECIALISTS, NURSES, OTHER SCIENTISTS, ETC.) OR INDIVIDUALS WITH EQUIVALENT ACADEMIC RANKS WHO DEVOTE A MAJORITY OF THEIR PROFESSIONAL ACTIVITY TO CANCER PATIENT CARE AND/OR RESEARCH OR EDUCATION IN THE BIOLOGY, DIAGNOSIS, PREVENTION OR TREATMENT OF HUMAN CANCER. B. 1.B. RIGHTS OF FULL MEMBERS INCLUDE THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION. 2. EMERITUS MEMBERS. A. 2.A. EMERITUS MEMBERS ARE FULL, ALLIED PHYSICIAN/DOCTORAL SCIENTIST, INTERNATIONAL CORRESPONDING AND AFFILIATED HEALTH PROFESSIONAL MEMBERS WHO HAVE REQUESTED EMERITUS STATUS AT AGE 70, UPON RETIREMENT OR EARLIER IF PERMANENTLY DISABLED. B. 2.B. EMERITUS MEMBERS WHO AT THE TIME OF THE REQUEST WERE FULL MEMBERS RETAIN THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION. 3. HONORARY MEMBERS. A. 3.A. HONORARY MEMBERS ARE INDIVIDUALS WHO HAVE MADE AN OUTSTANDING CONTRIBUTION TO CLINICAL ONCOLOGY WHO ARE DESIGNATED AS AN HONORARY MEMBER BY THE BOARD OF DIRECTORS. B. 3.B. MEMBERS HAVE THE RIGHT TO ATTEND MEETINGS, VOTE ON THE ELECTION OF ELECTED DIRECTORS, ELECTED OFFICERS, AND CERTAIN COMMITTEE MEMBERS, AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION

	DECISIONS OF THE GOVERNING BODY SUCH AS AMENDMENT TO THE GOVERNING DOCUMENTS AND DISSOLUTION.
FORM 990, PART VI, SECTION A, LINE 7A:	VOTING MEMBERS OF ASCO ELECT ALL VOTING MEMBERS OF THE ASCO BOARD OF DIRECTORS. THE CATEGORIES OF MEMBERS WHO ARE ELIGIBLE TO VOTE FOR THE ELECTION OF MEMBERS OF THE GOVERNING BODY ARE: FULL MEMBERS, EMERITUS MEMBERS WHO WERE FULL MEMBERS AT THE TIME OF REQUEST FOR EMERITUS MEMBER STATUS, AND HONORARY MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:	ASCO'S CERTIFICATE OF INCORPORATION MAY ONLY BE AMENDED UPON THE VOTE OF THE MEMBERS ENTITLED TO VOTE, AND THE BYLAWS MAY ONLY BE AMENDED, AND DISSOLUTION OF THE CORPORATION MAY ONLY BE APPROVED WITH THE APPROVAL OF BOTH THE BOARD OF DIRECTORS AND VOTING MEMBERS OF ASCO. THE CATEGORIES OF MEMBERS WHO ARE ELIGIBLE TO VOTE ARE: FULL MEMBERS, EMERITUS MEMBERS WHO WERE FULL MEMBERS AT THE TIME OF REQUEST FOR EMERITUS MEMBER STATUS, AND HONORARY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:	AN ELECTRONIC COPY OF THE FINAL FORM WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS, AND WAS REVIEWED BY THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER, THE CHIEF EXECUTIVE OFFICER, AND THE EXECUTIVE VICE PRESIDENT & CHIEF OPERATING OFFICER & CHIEF LEGAL OFFICER PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	ASCO MAINTAINS A NUMBER OF WRITTEN CONFLICTS OF INTEREST POLICIES AND STANDARDS REGARDING THE DISCLOSURE AND MANAGEMENT OF CONFLICTS OF INTEREST. THESE POLICIES AND STANDARDS COVER ALL ASCO MEMBERS AND EMPLOYEES, DIRECTORS, OFFICERS, COMMITTEE MEMBERS, AND CERTAIN FAMILY MEMBERS (E.G. SPOUSE, DEPENDENT CHILDREN). COVERED INDIVIDUALS ARE ASKED TO DISCLOSE FINANCIAL INTERESTS IN OR OTHER RELATIONSHIPS WITH ENTITIES THAT HAVE RELEVANT COMMERCIAL INTERESTS, INCLUDING EMPLOYMENT OR LEADERSHIP POSITIONS, CONSULTANT OR ADVISORY ROLES, STOCK OWNERSHIP, HONORARIA, RESEARCH FUNDING, AND SERVICE AS AN EXPERT WITNESS. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE SERVICE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF ANY OTHER PROFESSIONAL OR ADVOCACY ORGANIZATION RELATING TO SCIENCE OR HEALTH CARE. COMPLETION OF A DISCLOSURE FORM IS REQUIRED AT THE INITIATION OF SERVICE AND UPDATED ANNUALLY THEREAFTER AND WHEN ANY MATERIAL CHANGES OCCUR. ASCO'S CONFLICT OF INTEREST POLICIES ARE INTENDED TO HELP GUIDE THE MANAGEMENT OF ACTUAL, POTENTIAL, AND PERCEIVED CONFLICTS OF INTEREST THROUGH DISCLOSURE OF FINANCIAL INTERESTS OR OTHER RELATIONSHIPS. WHERE THE NATURE AND EXTENT OF A FINANCIAL RELATIONSHIP SUGGEST DISCLOSURE IS NOT ADEQUATE TO MANAGE A REAL OR POTENTIAL CONFLICT, COVERED INDIVIDUALS ARE REQUIRED TO RECUSE THEMSELVES FROM DECISION MAKING. RECUSAL MAY BE SELF-SELECTED, OR MAY BE REQUESTED BY THE COMMITTEE CHAIR, OFFICER, OR EXECUTIVE-LEVEL STAFF MEMBERS. IN ADDITION, IF ASCO WERE TO CONTEMPLATE ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY INTERESTED PERSON (I.E. AN ASCO DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF AN ASCO COMMITTEE WITH BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE TRANSACTION), IT MUST FOLLOW A SPECIFIC PROCEDURE TO MANAGE THE CONFLICT, INCLUDING CONSIDERING ALTERATIVE TRANSACTIONS THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:	COMPENSATION OF CHIEF EXECUTIVE OFFICER (CEO): THE DUTIES OF THE CEO OF ASCO INCLUDE SERVING AS: THE CEO OF ASCO, THE EXECUTIVE VICE CHAIR OF ASCO'S NON-PROFIT, 501(C)(3) TAX-EXEMPT RELATED ORGANIZATION, CONQUER CANCER FOUNDATION OF the American Society of Clinical Oncology (CC); THE CEO OF ASCO'S NON-PROFIT, 501(C)(6) TAX-EXEMPT RELATED ORGANIZATION, ASCO ASSOCIATION (D/B/A ASSOCIATION FOR CLINICAL ONCOLOGY) (ASSOCIATION), THE PRESIDENT OF QOPI CERTIFICATION PROGRAM, LLC; THE PRESIDENT OF ASCO LEASING LLC, AND THE CHAIR OF THE BOARD OF GOVERNORS OF CANCERLINQ LLC. ALL ORGANIZATIONS LISTED ARE RELATED ORGANIZATIONS OF ASCO. THE WRITTEN EMPLOYMENT CONTRACT BETWEEN THE CEO AND ASCO ADDRESSES COMPENSATION OF THE CEO. THE COMPENSATION OF THE CEO WAS DETERMINED BY THE ASCO BOARD OF DIRECTORS, FOLLOWING THE REVIEW AND RECOMMENDATION OF THE BOARD COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE CONSULTED WITH INDEPENDENT LEGAL COUNSEL AND ITS INDEPENDENT COMPENSATION CONSULTANT. THE INDEPENDENT COMPENSATION CONSULTANT COLLECTED AND REPORTED ON COMPARABLE MARKET DATA (INCLUDING DATA ON COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS) AND PROVIDED ITS OPINION THAT THE COMPENSATION FOR THE CEO WAS REASONABLE. THE REVIEW, RECOMMENDATION, AND DETERMINATION OF THE CEO'S COMPENSATION BASED ON THE ABOVE-DESCRIBED PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2019. THE COMPENSATION OF THE FOLLOWING POSITIONS WERE CONSIDERED AND APPROVED BY THE ASCO BOARD COMPENSATION COMMITTEE, AFTER RECEIVING THE RECOMMENDATION OF THE CEO AND AN INDEPENDENT COMPENSATION CONSULTANT. THE INDEPENDENT COMPENSATION CONSULTANT COLLECTED AND REPORTED ON COMPARABLE MARKET DATA (INCLUDING DATA ON COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS) AND PROVIDED ITS OPINION THAT THE COMPENSATION FOR THE POSITIONS WAS REASONABLE. - EXECUTIVE VICE PRESIDENT & Chief Legal and Personnel Officer and ASCO Secretary (EVP & CLPO). The consideration and approval of the compensation of the EVP & CLPO based on the above described process were most recently undertaken in 2019. - EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER (EVP & CFO): THE CONSIDERATION AND APPROVAL OF THE

	COMPENSATION OF THE EVP & CFO BASED ON THE ABOVE-DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2019. - EXECUTIVE VICE PRESIDENT & CHIEF MEDICAL OFFICER (EVP & CMO): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CMO BASED ON THE ABOVE-DESCRIBED PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2019. - Executive Vice President & CHIEF DIGITAL OFFICER (EVP & CDO): THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CDO BASED ON THE ABOVE-DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2019. - Executive Vice President of ASCO and CHIEF EXECUTIVE OFFICER OF THE CONQUER CANCER FOUNDATION OF the American Society of CLINICAL ONCOLOGY (EVP & CC CEO): THE EVP & CC CEO is AN EMPLOYEE OF ASCO. THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CC CEO BASED ON THE ABOVE-DESCRIBED PROCESS WERE MOST RECENTLY UNDERTAKEN IN 2019. - EXECUTIVE Vice President of ASCO AND CHIEF EXECUTIVE OFFICER OF CANCERLINQ LLC (EVP & CLQ CEO): THE EVP & CLQ CEO IS AN EMPLOYEE OF ASCO. THE CONSIDERATION AND APPROVAL OF THE COMPENSATION OF THE EVP & CLQ CEO BASED ON THE ABOVE-DESCRIBED PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2019.
FORM 990, PART VI, SECTION C, LINE 18 & 19:	ASCO'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST. ASCO'S CERTIFICATE OF INCORPORATION IS ALSO AVAILABLE TO THE PUBLIC THROUGH THE SECRETARY OF STATE OF NEW YORK. ASCO'S CONFLICT OF INTEREST POLICY IS POSTED ON ASCO'S WEBSITE AND IS AVAILABLE TO THE PUBLIC FROM ASCO UPON REQUEST.
FORM 990, PART XI, LINE 9:	RELATED PARTY TRANSFER OF ASSETS $ 11,241,932 LOSS ON INTEREST RATE SWAP $ (2,851,435) ---------- TOTAL $ 8,390,497
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PROFESSIONAL FEES TOTAL FEES:18319690
FORM 990 PART IX LINE 11G	DESCRIPTION:PUBLIC RELATIONS COORDINATOR TOTAL FEES:1131403
FORM 990 PART IX LINE 11G	DESCRIPTION:BANK FEES TOTAL FEES:771276

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K **Schedule O (Form 990 or 990-EZ) 2020**

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC

Employer identification number
13-6180380

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ASCO LEASING LLC 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 27-3378225	RENTAL	VA	0	0	ASCO
(2) CANCERLINQ LLC 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314	QUALITY IMprv	VA	28,451,618	15,654,532	ASCO

47-2315885

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	(g) No
(1)CONQUER CANCER FOUNDATION OF ASCO 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 31-1667995	Grants	VA	501(C)(3)	7	asco	Yes	
(2)ASCO ASSOCIATION 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 83-3561693	MEMBER SERV.	VA	501(C)(6)		ASCO	Yes	
(3)ASCO ASSOCIATION POLITICAL ACTION COMM 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 22314 84-4213157	ADVOCACY	VA	527		ASCO ASSOC		No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y **Schedule R (Form 990) 2020**

Page 2

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Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

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

		Yes	No
1	During the tax year, did the orgranization 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	1a Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c Yes	
d	Loans or loan guarantees to or for related organization(s)	1d Yes	
e	Loans or loan guarantees by related organization(s)	1e Yes	
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g Yes	
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o	Sharing of paid employees with related organization(s)	1o Yes	
p	Reimbursement paid to related organization(s) for expenses	1p Yes	
q	Reimbursement paid by related organization(s) for expenses	1q Yes	
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ASCO Association	A	294,000	FMV
(2)CONQUER CANCER FOUNDATION OF ASCO	B	7,262,500	fmv
(3)conquer cancer foundation of asco	C	6,418,295	fmv
(4)ASCO ASSOCIATION	D	5,600,000	fmv
(5)CONQUER CANCER FOUNDATION OF ASCO	E	53,745,000	fmv
(6)ASCO ASSOCIATION	G	11,391,000	fmv
(7)CONQUER CANCER FOUNDATION OF ASCO	A, J	527,614	fmv
(8)ASCO ASSOCIATION	A, J	1,180,851	fmv
(9)ASCO ASSOCIATION	L	252,376	fmv
(10)CONQUER CANCER FOUNDATION OF ASCO	N	1,378,424	fmv
(11)ASCO ASSOCIATION	N	1,930,052	fmv
(12)CONQUER CANCER FOUNDATION OF ASCO	O	5,200,875	fmv
(13)ASCO ASSOCIATION	E	53,745,000	FMV

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) Disproprtionate 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	

Schedule R (Form 990) 2020

Part VII **Supplemental Information**

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

Return Reference	Explanation

Schedule R (Form 990) 2020

Additional Data Return to Form

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