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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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2318 MILL ROAD 800

Room/suite

City or town, state or country, and ZIP + 4

ALEXANDRIA, VA 22314

F Name and address of principal officer

ALLEN LICHTER MD

2318 MILL ROAD 800

ALEXANDRIA,VA 22314

D Employer identification number

31-1667995

E Telephone number

(571) 483-1700

G Gross receipts \$ 38,187,636

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.CONQUERCANCERFOUNDATION.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1999

M State of legal domicile

VA

Part I	Summary
Activities & Governance	<div><div>1</div><div>Briefly describe the organization’s mission or most significant activities</div><div>CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (CCF) IS THE PHILANTHROPIC ARM OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC (ASCO) CCF'S FUNDING OF BREAKTHROUGH RESEARCH, PATIENT INFORMATION, PROFESSIONAL EDUCATION, AND QUALITY IMPROVEMENT PROGRAMS IN CANCER CARE GIVES PATIENTS AND CAREGIVERS POWERFUL RESOURCES TO ADDRESS THE DISEASE THROUGH THESE EFFORTS,CCF IMPROVES THE LIVES OF THOSE IMPACTED BY CANCER</div></div>
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>
Revenue	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div><div>12</div></div>
	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div><div>11</div></div>
	<div><div>5</div><div>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div><div>0</div></div>
	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div><div>116</div></div>
	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div><div>0</div></div>
	<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div><div>0</div></div>
Expenses	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div><div>24,400,007</div></div>
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div><div>0</div></div>
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div><div>265,673</div></div>
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div><div>0</div></div>
	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div><div>24,665,680</div></div>
	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div><div>20,649,143</div></div>
	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div><div>0</div></div>
	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div><div>0</div></div>
Net Assets or Fund Balances	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div><div>199,150</div></div>
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div><div>2,059,964</div></div>
	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div><div>3,843,443</div></div>
	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div><div>24,691,736</div></div>
	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div><div>-26,056</div></div>
	<div><div>Beginning of Current Year</div><div>36,185,072</div></div>
	<div><div>End of Year</div><div>36,980,488</div></div>
	<div><div>20</div><div>Total assets (Part X, line 16)</div><div>9,750,810</div></div>
	<div><div>21</div><div>Total liabilities (Part X, line 26)</div><div>26,434,262</div></div>
	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div><div>28,349,482</div></div>

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

2012-08-20

Date

PAUL AINES CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

DEBORAH G KOSNETT

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00290720

Firm's name (or yours if self-employed), address, and ZIP + 4

TATE AND TRYON  
2021 L STREET NW SUITE 400  
WASHINGTON, DC 20036

EIN

52-1855942

Phone no

(202) 293-2200

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 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

THE MISSION STATEMENT FOR CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (CCF) IS CONQUERING CANCER WORLDWIDE BY FUNDING BREAKTHROUGH RESEARCH AND SHARING CUTTING-EDGE KNOWLEDGE CCF'S VISION IS A WORLD FREE FROM THE FEAR OF CANCER

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 and section 4947(a)(1) trusts 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 \$ 8,446,472 including grants of \$ 7,961,750 ) (Revenue \$ )
PROFESSIONAL EDUCATION - THE FIELD OF ONCOLOGY IS A DYNAMIC ARENA WHERE DEVELOPMENTS AND DISCOVERIES OCCUR NEARLY EVERY DAY. STAYING ABEAST OF THESE DEVELOPMENTS IS CRITICAL IN ALLOWING CANCER PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS TO PROVIDE EACH PERSON WITH CANCER THE BEST TREATMENT OPTIONS AVAILABLE. THROUGH ITS SUPPORT OF THE EDUCATIONAL AND SCIENTIFIC PROGRAMS OF ITS NON-PROFIT, CHARITABLE, RELATED ORGANIZATION, THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, THE FOUNDATION PROVIDES EDUCATIONAL AND SCIENTIFIC OPPORTUNITIES FOR ONCOLOGISTS AND OTHER HEALTHCARE PROFESSIONALS FROM AROUND THE GLOBE TO ENSURE THAT THE HIGHEST-QUALITY CANCER EDUCATION CONTINUES TO BE AVAILABLE TO DOCTORS IN AN INDEPENDENT AND UNBIASED FORUM. FUNDS FROM CCF ARE USED TO SUPPORT ASCO'S COMPREHENSIVE SCIENTIFIC AND EDUCATIONAL PROGRAMS THAT PROVIDE THE LATEST DATA TO CANCER DOCTORS AND OTHER HEALTHCARE PROFESSIONALS WORLDWIDE THROUGH BOTH LIVE MEETINGS AND PRINT AND ELECTRONIC EDUCATION OFFERINGS. HIGHLIGHTS OF THE PROFESSIONAL EDUCATIONAL AND SCIENTIFIC MEETINGS SUPPORTED BY CCF AND PRESENTED TO THE PUBLIC IN 2011 INCLUDE: * THE 2011 ANNUAL MEETING FEATURED NEARLY 250 EDUCATIONAL AND SCIENTIFIC SESSIONS OVER 4,000 ABSTRACTS WERE PRESENTED OR PUBLISHED OVER 1,000 PRESENTATIONS WERE CAPTURED IN AUDIO AND VIDEO TO BE MADE AVAILABLE ELECTRONICALLY. THE ASCO ANNUAL MEETING IS THE WORLD'S PREMIER SCIENTIFIC AND EDUCATIONAL EVENT IN THE ONCOLOGY COMMUNITY. IT IS STRUCTURED AS A SERIES OF EDUCATIONAL AND SCIENTIFIC SESSIONS IN DISEASE-SPECIFIC OR ONCOLOGY-RELATED TOPICS. * GI SYMPOSIUM - THE ANNUAL GASTROINTESTINAL CANCERS SYMPOSIUM IS THE PREMIERE MULTIDISCIPLINARY GI CANCER SCIENTIFIC AND EDUCATIONAL MEETING OFFERING THE MOST UP-TO-DATE STRATEGIES IN PREVENTION, SCREENING, AND TREATMENT OF GASTROINTESTINAL CANCERS. THE SYMPOSIUM IS JOINTLY DEVELOPED BY THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE, THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY, AND THE SOCIETY OF SURGICAL ONCOLOGY. * GU SYMPOSIUM - THE ANNUAL GENITOURINARY CANCERS SYMPOSIUM IS THE PREEMINENT GENITOURINARY CANCER SCIENTIFIC AND EDUCATIONAL MEETING PROVIDING THE LATEST STRATEGIES IN SCREENING, DIAGNOSIS, TREATMENT, MANAGEMENT AND CONTROVERSIES IN THE FIELD OF GENITOURINARY CANCERS. THE SYMPOSIUM IS JOINTLY DEVELOPED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY, AND THE SOCIETY OF UROLOGIC ONCOLOGY. * BREAST CANCER SYMPOSIUM - THE ANNUAL BREAST CANCER SYMPOSIUM FEATURES PRESENTATIONS ON THE LATEST MULTIDISCIPLINARY RESEARCH FROM SELECTED, THEME-BASED TRANSLATIONAL AND CLINICAL ABSTRACTS, AS WELL AS RELATED EDUCATIONAL SESSIONS. THE SYMPOSIUM PROVIDES AN OPPORTUNITY FOR EDUCATION REGARDING THE MOST CUTTING-EDGE SCIENTIFIC RESEARCH IN BREAST CANCER TODAY. THE MEETING IS JOINTLY DEVELOPED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, THE AMERICAN SOCIETY OF BREAST DISEASE, THE AMERICAN SOCIETY OF BREAST SURGEONS, THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY, THE NATIONAL CONSORTIUM OF BREAST CENTERS, INC., AND THE SOCIETY OF SURGICAL ONCOLOGY. * BEST OF ASCO HELD IN SEATTLE, WA AND MIAMI, FL - THE BEST OF ASCO MEETINGS ARE DESIGNED AS A WORKSHOP, FOCUSED ON THE PRESENTATION AND DISCUSSION OF 50 OF THE TOP ASCO ANNUAL MEETING ABSTRACTS. A PANEL OF ASCO EXPERTS SELECTS ABSTRACTS THAT HIGHLIGHT THE IMPORTANT SCIENTIFIC INFORMATION TO CREATE THE BEST OF ASCO MEETING PROGRAM. * ASCO/AACR METHODS WORKSHOP - THIS INTENSIVE ANNUAL WORKSHOP, IN COLLABORATION WITH THE AMERICAN ASSOCIATION OF CANCER RESEARCH, BRINGS TOGETHER CLINICAL FELLOWS AND JUNIOR FACULTY CLINICAL RESEARCHERS IN ALL ONCOLOGY SUBSPECIALTIES TO LEARN ABOUT THE ESSENTIALS OF EFFECTIVE CLINICAL TRIAL DESIGNS OF THERAPEUTIC INTERVENTIONS IN THE TREATMENT OF CANCER. HIGHLIGHTS OF PRINT AND ELECTRONIC PROFESSIONAL EDUCATION MATERIALS SUPPORTED BY CCF AND AVAILABLE TO THE PUBLIC IN 2011 INCLUDE: *PROCEEDINGS - THE PROCEEDINGS PUBLICATIONS FOR THE ASCO ANNUAL MEETING AND SELECT ASCO THEMATIC SYMPOSIA CONTAIN ALL THE ABSTRACTS SELECTED FOR PRESENTATION AT THE LIVE EDUCATIONAL MEETING AND ALLOWS THOSE NOT ABLE TO ATTEND ACCESS TO THE GROUND-BREAKING ABSTRACTS THAT WERE PRESENTED. *EDUCATIONAL BOOKS - THE ANNUAL MEETING EDUCATIONAL BOOK IS THE COMPREHENSIVE RESOURCE FOR EDUCATION SESSION MATERIALS, ALLOWING THE ENTIRE ONCOLOGY COMMUNITY TO BENEFIT FROM DISCUSSIONS OF CRITICAL RESEARCH UPDATES IN A POINT-OF-CARE CONTEXT. MANUSCRIPTS DISCUSS THE CURRENT STANDARDS OF CARE AND EXISTING TECHNOLOGIES BUT ALSO LOOK TOWARD THE FUTURE, DISCUSSING RESEARCH IMPROVEMENTS AND TRENDS AND TREATMENTS STILL ON THE HORIZON. *ABSTRACTS ON ASCO.ORG - ABSTRACTS ON ASCO.ORG PROVIDE THE RESULTS OF THE LATEST CLINICAL CANCER RESEARCH TO HEALTHCARE PROFESSIONALS INVOLVED IN MULTIDISCIPLINARY CLINICAL CANCER CARE. THE ABSTRACTS ON ASCO.ORG COMPRISE ASCO'S COMPREHENSIVE ONLINE DATABASE OF ONCOLOGY-RELATED RESEARCH ABSTRACTS FROM ASCO SCIENTIFIC AND EDUCATIONAL MEETINGS DATING BACK TO 1995. *VIRTUAL MEETINGS ON ASCO.ORG - THE VIRTUAL MEETINGS WEBSITE PROVIDES THE RESULTS OF THE LATEST CLINICAL CANCER RESEARCH TO HEALTHCARE PROFESSIONALS INVOLVED IN MULTIDISCIPLINARY CLINICAL CANCER CARE. EACH SESSION INCLUDED ON THE VIRTUAL MEETINGS HAS ITS OWN OBJECTIVES. THE VIRTUAL MEETINGS ON ASCO.ORG USE THE LATEST TECHNOLOGY TO DELIVER OVER 25,000 ORAL PRESENTATIONS, ABSTRACTS, AND POSTERS FROM ASCO SCIENTIFIC AND EDUCATIONAL MEETINGS DATING BACK TO 1999 - THE MOST COMPREHENSIVE COLLECTION OF ONCOLOGY-RELATED MULTIMEDIA LECTURES AVAILABLE ON THE WEB. *ONLINE PORTALS - ASCO WEBSITES PROVIDE FAST, EASY NAVIGATION AND ADVANCED SEARCH CAPABILITIES. THE ASCO ONLINE PLATFORM HOSTS DISEASE-SPECIFIC PORTAL SITES. THESE "CANCER PORTALS" ARE ORGANIZED THEMATICALLY TO ALLOW SITE USERS TO EASILY ACCESS THE WEALTH OF DISEASE-SPECIFIC INFORMATION AVAILABLE. *ASCO UNIVERSITY - ASCO UNIVERSITY IS AN ONLINE EDUCATIONAL PLATFORM THAT IS A RESOURCE FOR EDUCATION AND INFORMATION FOR ONCOLOGISTS. ASCO UNIVERSITY SERVES AS THE EDUCATIONAL HOME AND SOURCE FOR LIFE-LONG LEARNING ACTIVITIES FOR PRACTICING ONCOLOGISTS AND THE NEXT GENERATION OF FELLOWS AND RESIDENTS. THE ACTIVITIES ON ASCO UNIVERSITY INCORPORATE FLEXIBLE, ROBUST CURRICULA WITH COLLATERAL PRODUCTS THAT TRANSLATE KEY ADULT LEARNING PRINCIPLES INTO INTERACTIVE EDUCATIONAL EXPERIENCES.	
4b	(Code ) (Expenses \$ 8,340,286 including grants of \$ 7,098,612 ) (Revenue \$ )
RESEARCH - IN THIS AGE OF SCIENTIFIC PROMISE, FEDERAL FUNDS FOR CANCER RESEARCH ARE DECLINING. FULFILLING THE PROMISE OF TODAY'S ADVANCES RELIES ON FUNDING FOR RESEARCH PROJECTS AND SUPPORT FOR INVESTIGATORS WHO WISH TO PURSUE A CAREER IN CLINICAL AND TRANSLATIONAL CANCER RESEARCH. WITHOUT CONTINUED, WELL-TARGETED RESEARCH, THERE WOULD BE NO MEANINGFUL PROGRESS. AS A CHARITABLE ORGANIZATION, THE FOUNDATION SUPPORTS PROGRESS BY FUNDING CANCER RESEARCHERS AT ALL STAGES OF THEIR CAREERS, ENABLING ONCOLOGY'S BEST AND BRIGHTEST TO PURSUE PROMISING RESEARCH. EACH YEAR, CCF FUNDS AND AWARDS MULTIPLE RESEARCH GRANTS DESIGNED TO HELP ATTRACT AND RETAIN THE BEST SCIENTIFIC MINDS IN CANCER RESEARCH AND TO SUPPORT THEIR EFFORTS. HIGHLIGHTS OF 2011 RESEARCH ACTIVITIES AND ACCOMPLISHMENTS INCLUDE IMPROVING CANCER CARE GRANT FUNDED BY SUSAN G. KOMEN FOR THE CURE(R) (ICCG) - \$1.35 MILLION PROVIDED A GRANT TO ADDRESS IMPORTANT ISSUES REGARDING ACCESS TO HEALTHCARE, QUALITY OF CARE, AND DELIVERY OF CARE, WITH GENERAL APPLICABILITY TO BREAST CANCER. THE GOAL OF THIS PROGRAM WAS TO ENCOURAGE MULTI-DISCIPLINARY RESEARCH THAT WILL HAVE A MAJOR IMPACT ON CANCER CARE, WITH GENERAL APPLICABILITY IN THE BREAST CANCER ARENA. ADVANCED CLINICAL RESEARCH AWARD (ACRA) - \$450,000 IN FUNDING PROVIDED ONE (1) THREE-YEAR AWARD INTENDED TO FUND INVESTIGATORS WHO ARE COMMITTED TO A CLINICAL CANCER STUDY AND WHO WISH TO CONDUCT ORIGINAL RESEARCH CURRENTLY NOT FUNDED. TRANSLATIONAL RESEARCH PROFESSORSHIP AWARD (TRP) - \$300,000 IN FUNDING PROVIDED A THREE-YEAR AWARD DESIGNED TO PROVIDE FLEXIBLE FUNDING TO AN OUTSTANDING RESEARCHER WHO HAS MADE, AND IS CONTINUING TO MAKE, SIGNIFICANT CONTRIBUTIONS THAT HAVE CHANGED THE DIRECTION OF CANCER RESEARCH, AND WHO PROVIDES MENTORSHIP TO FUTURE TRANSLATIONAL RESEARCHERS. CAREER DEVELOPMENT AWARD (CDA) - \$2,000,000 IN FUNDING PROVIDED TEN (10) THREE-YEAR AWARDS INTENDED TO SUPPORT CLINICAL RESEARCH OF CLINICAL INVESTIGATORS WHO HAVE RECEIVED THEIR INITIAL FACULTY APPOINTMENT AND ARE ESTABLISHING AN INDEPENDENT CLINICAL CANCER RESEARCH PROGRAM. YOUNG INVESTIGATOR AWARD (YIA) - \$2,700,000 IN FUNDING PROVIDED FIFTY-FOUR (54) ONE-YEAR AWARDS DESIGNED TO ENCOURAGE AND PROMOTE HIGH-QUALITY RESEARCH IN CLINICAL ONCOLOGY BY PROVIDING FUNDS TO PROMISING INVESTIGATORS DURING THE TRANSITION FROM A FELLOWSHIP PROGRAM TO A FACULTY APPOINTMENT. LONG-TERM INTERNATIONAL FELLOWSHIP (LIFE) - \$230,000 IN FUNDING PROVIDED TWO (2) ONE-YEAR FELLOWSHIPS TO AN EARLY-CAREER ONCOLOGIST IN A DEVELOPING COUNTRY THE SUPPORT AND RESOURCES NEEDED TO ADVANCE THEIR TRAINING BY DEEPENING THEIR RELATIONSHIP WITH A UNITED STATES OR CANADIAN COLLEAGUE AND HIS OR HER INSTITUTION. GIANNI BONADONNA BREAST CANCER RESEARCH FELLOWSHIP - \$50,000 IN FUNDING PROVIDED A ONE-YEAR FELLOWSHIP THAT ENABLES AN EARLY-CAREER INVESTIGATOR TO UNDERTAKE A BREAST CANCER PROJECT UNDER THE MENTORSHIP OF THE GIANNI BONADONNA BREAST AWARD RECIPIENT. CLINICAL TRIALS PARTICIPATION AWARD (CTPA) - \$12,000 IN FUNDING PROVIDED A PROGRAM THAT PUBLICLY HONORS HIGH-QUALITY, COMMUNITY-BASED ONCOLOGY PRACTICES AND INSTITUTIONS THAT ACTIVELY PARTICIPATE IN CLINICAL TRIALS RESEARCH. THIS PROGRAM IS DESIGNED TO ENCOURAGE ONCOLOGY PRACTICES THAT CURRENTLY PARTICIPATE IN CLINICAL TRIALS TO INCREASE THEIR ACCRUAL RATES IN ORDER TO SUPPORT CANCER RESEARCH AND ADVANCES. COMMUNITY ONCOLOGY RESEARCH GRANTS (CORG) - \$90,000 IN FUNDING PROVIDED THREE ONE-YEAR GRANTS TO COMMUNITY-BASED PRACTICES TO SUPPORT THEIR EFFORTS TO ENHANCE THEIR CLINICAL TRIALS PROGRAM. MERIT AWARDS - \$223,000 PROVIDED FUNDING FOR THE BRADLEY STUART BELLER MERIT AWARD ALONG WITH 172 MERIT AWARDS WHICH RECOGNIZE CLINICAL RESEARCH CONDUCTED BY YOUNG SCIENTISTS AND PROVIDE FELLOWS WITH AN OPPORTUNITY TO PRESENT THEIR RESEARCH AND INTERACT WITH OTHER CLINICAL CANCER INVESTIGATORS AT ASCO SCIENTIFIC MEETINGS AND DISEASE-SPECIFIC SYMPOSIA. A SELECT NUMBER OF MERIT AWARDS WERE GIVEN OUT TO RECOGNIZE OUTSTANDING RESEARCH REFLECTED IN ABSTRACTS SUBMITTED FOR PRESENTATION AT DIFFERENT ASCO SCIENTIFIC MEETINGS. ONCOLOGY TRAINEE TRAVEL AWARDS - \$244,000 IN FUNDING PROVIDED FOR 103 AWARDS TO SUPPORT CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF TRAINEE ONCOLOGISTS AND ENCOURAGE A FOCUS ON CLINICAL ONCOLOGY STATE AFFILIATE GRANT PROGRAM - ASCO CREATED THE STATE AFFILIATE GRANT PROGRAM TO SUPPORT ACTIVITIES AND PROGRAMS OF ITS SEPARATELY INCORPORATED STATE/REGIONAL AFFILIATES. IN 2011, \$50,000 IN FUNDING PROVIDED FIVE AFFILIATES GRANTS TO ENGAGE IN PROJECTS. CCF ALSO RAISED FUNDS FOR A NUMBER OF AWARDS PROVIDED BY ASCO IN ORDER TO RECOGNIZE AND ENCOURAGE INDIVIDUALS OR ORGANIZATIONS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS TO ASCO, THE PRACTICE OF CLINICAL ONCOLOGY, AND CANCER PATIENTS. HIGHLIGHTS OF AWARDS SUPPORTED BY THE FOUNDATION IN 2011 INCLUDED: GIANNI BONADONNA BREAST CANCER AWARD AND LECTURE - THIS AWARD RECOGNIZED AN ACTIVE CLINICAL OR TRANSLATIONAL RESEARCHER WITH A DISTINGUISHED RECORD OF ACCOMPLISHMENTS IN ADVANCING THE FIELD OF BREAST CANCER AS WELL AS EXCEPTIONAL MENTORING ABILITIES. THE AWARD WINNER GAVE A LECTURE DURING THE BREAST CANCER SYMPOSIUM. BJ KENNEDY AWARD AND LECTURE - THIS AWARD RECOGNIZED A GERIATRIC ONCOLOGIST WHO HAS DEMONSTRATED OUTSTANDING LEADERSHIP AND ACHIEVEMENT IN THE FIELD OF GERIATRIC ONCOLOGY. THE AWARD WINNER GAVE A LECTURE DURING THE ASCO ANNUAL MEETING. AMERICAN CANCER SOCIETY AWARD AND LECTURE - THIS AWARD RECOGNIZED AN ONCOLOGIST THAT HAS MADE A SIGNIFICANT CONTRIBUTION TO CANCER PREVENTION AND CONTROL RESEARCH OR PRACTICE. THE AWARD IS JOINTLY SUPPORTED BY THE AMERICAN CANCER SOCIETY. THE AWARD WINNER GAVE A LECTURE DURING THE ASCO ANNUAL MEETING. INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (IDEA) - THIS AWARD PROVIDES SUPPORT FOR ONCOLOGISTS IN DEVELOPING COUNTRIES TO PARTICIPATE IN THE ASCO ANNUAL MEETING AND VISIT A CANCER CENTER IN THE UNITED STATES OR CANADA. THIS AWARD WAS DESIGNED TO PROVIDE CONTINUING MEDICAL EDUCATION, AND ASSIST IN CAREER DEVELOPMENT TO ENHANCE THE QUALITY OF CANCER CARE WORLDWIDE.	
4c	(Code ) (Expenses \$ 607,431 including grants of \$ 606,331 ) (Revenue \$ )
QUALITY AND ACCESS TO CARE - ADVANCES IN CANCER CARE ARE OCCURRING MORE AND MORE FREQUENTLY. YET, THE FULL PROMISE OF SUCH PROGRESS CANNOT BE REALIZED UNTIL HIGH-QUALITY CANCER CARE IS AVAILABLE TO EVERYONE. CONQUER CANCER FOUNDATION IS AWARE OF THE DIVIDE BETWEEN THOSE WITH ACCESS TO THE FRUITS OF RESEARCH AND TIMELY CARE, AND THOSE WITHOUT. STATE/REGIONAL AFFILIATE PROGRAM - THE ASCO STATE/REGIONAL AFFILIATE PROGRAM IS DESIGNED TO ADDRESS THE CHALLENGES IN THE PRACTICE OF ONCOLOGISTS ON THE LOCAL LEVEL. IN THE EVER-CHANGING HEALTHCARE ENVIRONMENT, THE PROGRAM INCLUDES 48 STATE OR REGIONAL ONCOLOGY GROUPS RECEIVE EXPERTISE AND GUIDANCE ON WAYS TO STRENGTHEN THEIR ORGANIZATIONS, ENHANCE THEIR EDUCATIONAL ACTIVITIES, AND PROVIDE SUPPORT FOR THEIR MEMBERS TO IMPROVE THE QUALITY OF CANCER CARE. DIVERSITY IN ONCOLOGY INITIATIVE - THE CONQUER CANCER FOUNDATION GRANTS AND AWARDS PROGRAM OFFERS OR PROVIDES FUNDING FOR DIFFERENT TYPES OF AWARD OPPORTUNITIES FOR ONCOLOGY FELLOWS, CLINICAL PRACTICES, AND INTERNATIONAL RESEARCHERS. ONE OF THE PROGRAMS OFFERED THROUGH CCF IS THE ASCO DIVERSITY IN ONCOLOGY INITIATIVE, FUNDED BY SUSAN G. KOMEN FOR THE CURE(R). THE ASCO DIVERSITY IN ONCOLOGY INITIATIVE WAS STRUCTURED TO FACILITATE THE RECRUITMENT AND RETENTION OF INDIVIDUALS FROM POPULATIONS UNDERREPRESENTED IN MEDICINE TO CANCER CAREERS, WITH PARTICULAR ATTENTION TO THE DEVELOPMENT OF CLINICAL PRACTITIONERS AND INVESTIGATORS. IN 2011, \$348,000 IN FUNDING PROVIDED TWO PROGRAMS FOR INDIVIDUALS INTERESTED OR CURRENTLY PRACTICING IN THE ONCOLOGY FIELD. LOAN REPAYMENT PROGRAM - THE ASCO LOAN REPAYMENT PROGRAM (LRP), FUNDED BY SUSAN G. KOMEN FOR THE CURE(R), PROVIDES REPAYMENT OF QUALIFYING EDUCATIONAL DEBT TO ONCOLOGISTS, OR TO ONCOLOGY FELLOWS UPON COMPLETION OF TRAINING, WHO COMMIT TO PRACTICING ONCOLOGY IN A MEDICALLY UNDERSERVED REGION OF THE UNITED STATES. IN 2011, \$280,000 FUNDED FOUR (4) TWO-YEAR LOAN REPAYMENTS. MEDICAL STUDENT ROTATION - THE ASCO MEDICAL STUDENT ROTATION (MSR), FUNDED BY SUSAN G. KOMEN FOR THE CURE(R), PROVIDES 8- TO 10-WEEK CLINICAL OR CLINICAL RESEARCH ONCOLOGY ROTATIONS FOR U.S. MEDICAL STUDENTS FROM POPULATIONS UNDERREPRESENTED IN MEDICINE WHO ARE INTERESTED IN PURSUING ONCOLOGY AS A CAREER. IN 2011, \$68,000 FUNDED EIGHT (8) MSRS. ALTHOUGH A NUMBER OF PROGRAMS EXIST TO RECRUIT INDIVIDUALS UNDERREPRESENTED IN MEDICINE, FEW OF THESE PROGRAMS FOCUS SPECIFICALLY ON RECRUITMENT TO CLINICAL ONCOLOGY. ULTIMATELY, IT IS HOPED THAT INCREASING DIVERSITY IN THE CLINICAL ONCOLOGY PROFESSION WILL LEAD TO INCREASED AND IMPROVED CANCER CARE FOR UNDERSERVED POPULATIONS AS WELL AS INCREASED RESEARCH ON HEALTH DISPARITIES. THE DIVERSITY IN ONCOLOGY INITIATIVE IS PART OF THE SUSAN G. KOMEN FOR THE CURE/ASCO QUALITY OF CARE INITIATIVE, WHICH IS DESIGNED TO SUPPORT SPECIFIC PROJECTS ADDRESSING QUALITY CANCER CARE ISSUES, INCLUDING CANCER WORKFORCE, ACCESS TO CARE, DISPARITIES, CLINICAL TRIALS, AND SURVIVORSHIP, WITH GENERAL APPLICABILITY TO BREAST CANCER.	
	(Code ) (Expenses \$ 363,264 including grants of \$ 347,044 ) (Revenue \$ )
PATIENT EDUCATION AND INFORMATION - WELL-INFORMED, EDUCATED PATIENTS ARE THEIR OWN BEST ADVOCATES, AS WELL AS INVALUABLE PARTNERS FOR DOCTORS. CCF SUPPORTS BOTH DOCTORS AND PATIENTS BY FUNDING ACCURATE, DOCTOR-APPROVED CANCER INFORMATION, WHICH IS AVAILABLE PUBLICLY BOTH IN PRINT AND ONLINE, TO PROVIDE TRUSTED, AUTHORITATIVE INFORMATION TO PEOPLE LIVING WITH CANCER AND THOSE WHO CARE FOR AND ABOUT THEM. FUNDING IN THIS AREA ALLOWS CCF TO CONTINUE AND EXPAND OUR WORK TO INFORM PATIENTS. HIGHLIGHTS OF PATIENT EDUCATION AND INFORMATION PROGRAMS AND ACTIVITIES SUPPORTED BY CCF IN 2011 INCLUDE: PATIENT ADVOCATE SCHOLARSHIP PROGRAM - THE PATIENT ADVOCATE SCHOLARSHIP PROGRAM PROVIDES TRAVEL GRANTS TO A SELECT NUMBER OF PATIENT ADVOCATES TO ATTEND THE ASCO ANNUAL MEETING AND ASCO DISEASE-SPECIFIC SYMPOSIA. IN 2011, CCF SUPPORTED THE ATTENDANCE OF PATIENT ADVOCATES AT THE 2011 ASCO ANNUAL MEETING AND ASCO DISEASE-SPECIFIC SYMPOSIA. ANSWERS TO CANCER PUBLIC FORUM - HELD DURING THE ASCO ANNUAL MEETING, THE PUBLIC FORUM IS AN IMPORTANT PROGRAM DESIGNED TO BRING PEOPLE AFFECTED BY CANCER TOGETHER TO LEARN FROM EACH OTHER, LEAN ON EACH OTHER, AND DISCUSS THE LATEST DISCOVERIES IN CANCER TREATMENT AND SURVIVORSHIP WITH THE WORLD'S TOP THOUGHT LEADERS IN CANCER CARE. CANCER NET - CANCER NET INCLUDES PEER-REVIEWED INFORMATION ON MORE THAN 124 TYPES OF CANCER AND SYNDROMES, INCLUDING RISK FACTORS, DIAGNOSIS, FINDING AN ONCOLOGIST, TREATMENT, MANAGING SIDE EFFECTS, CLINICAL TRIALS, AND AFTER TREATMENT, CAREGIVING, COPING STRATEGIES, AND SURVIVORSHIP. INFORMATION IS DELIVERED IN WRITTEN ARTICLES, VIDEOS, AND AUDIO PODCASTS. THIS INFORMATION IS MADE AVAILABLE FREE TO THE PUBLIC. IN 2011, THERE WERE MORE THAN 7,000,000 PAGE VIEWS OF CANCER NET. CCF CONTINUES TO SUPPORT THE PRODUCTION OF ASCO'S PRINTED PATIENT INFORMATION MATERIALS, SUCH AS: ASCO ANSWERS FACT SHEETS - ASCO ANSWERS IS A SERIES OF FACT SHEETS THAT PROVIDE AN INTRODUCTION TO A SPECIFIC TYPE OF CANCER OR CANCER-RELATED TOPIC. EACH FACT SHEET INCLUDES AN OVERVIEW OF THE SUBJECT, TERMS TO KNOW, AND QUESTIONS TO ASK THE DOCTOR. PATIENT GUIDES - PATIENT GUIDES ARE PRINTED BOOKLETS CONTAINING COMPREHENSIVE CANCER INFORMATION, INCLUDING AN OVERVIEW OF SPECIFIC CANCER TYPES, SYMPTOMS, DIAGNOSIS, STAGING, TREATMENT, CLINICAL TRIALS, AND AFTER TREATMENT. INTERNATIONAL PROGRAMS - ASCO AND THE CONQUER CANCER FOUNDATION SHARE AN INTERNATIONAL MISSION TO ENGAGE THE PHYSICIAN AND HEALTHCARE PROFESSIONAL COMMUNITY ON A GLOBAL SCALE TO IMPROVE CARE TO CANCER PATIENTS AND ENHANCE THE EXCHANGE OF KNOWLEDGE TO FACILITATE ADVANCES IN THE CARE OF PEOPLE WITH CANCER EVERYWHERE. FOUNDATION FUNDS SUPPORT INTERNATIONAL PROGRAMS INCLUDING EDUCATION, FELLOWSHIP AND GRANT OPPORTUNITIES TO ENABLE ONCOLOGISTS FROM OPPOSITE ENDS OF THE WORLD TO SHARE IDEAS AND BUILD LASTING COLLABORATIONS THAT CAN ENHANCE PATIENT CARE LOCALLY AND GLOBALLY. CCF SUPPORTS THESE PROGRAMS THROUGH ITS INTERNATIONAL PROGRAM MISSION AS WELL AS THROUGH CCF'S OTHER MISSION AREAS (RESEARCH, PROFESSIONAL EDUCATION, PATIENT EDUCATION AND INFORMATION AND QUALITY AND ACCESS TO CARE). CCF FUNDS SPECIFICALLY SUPPORTING INTERNATIONAL ACTIVITIES INCLUDE: LONG-TERM INTERNATIONAL FELLOWSHIP (LIFE) PROVIDES EARLY-CAREER ONCOLOGISTS IN DEVELOPING NATIONS THE SUPPORT AND RESOURCES NEEDED TO ADVANCE THEIR TRAINING BY DEEPENING THEIR RELATIONSHIP WITH A UNITED STATES OR CANADIAN COLLEAGUE AND HIS OR HER INSTITUTION. THROUGH A ONE OR TWO YEAR FELLOWSHIP THE RECIPIENT WILL EARN VALUABLE TRAINING AND EXPERIENCE WITH WHICH THEY CAN AFFECT CHANGE IN CANCER CARE IN THEIR HOME COUNTRY. RECIPIENTS MUST RETURN TO THEIR HOME INSTITUTIONS AFTER COMPLETING THEIR FELLOWSHIP AND ARE EXPECTED TO DISSEMINATE THE KNOWLEDGE THEY HAVE GAINED. INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (IDEA) - THE INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD PROVIDES SUPPORT FOR ONCOLOGISTS IN DEVELOPING COUNTRIES TO PARTICIPATE IN THE ASCO ANNUAL MEETING AND VISIT A CANCER CENTER IN THE UNITED STATES OR CANADA. THIS AWARD WAS DESIGNED TO PROVIDE CONTINUING MEDICAL EDUCATION, ASSIST IN CAREER DEVELOPMENT AND HELP TO ESTABLISH STRONG RELATIONSHIPS WITH LEADING ASCO MEMBERS WHO SERVE AS SCIENTIFIC MENTORS TO EACH RECIPIENT, TO ENHANCE THE QUALITY OF CANCER CARE WORLDWIDE. ADVANCED CANCER COURSES (ACC) - THE ADVANCED CANCER COURSES ARE CAREFULLY DESIGNED TO FILL THE NEED FOR ADVANCED LEARNING FOR INTERNATIONAL ONCOLOGISTS. THESE COURSES CAN BE CHOSEN FROM ASCO'S PORTFOLIO OF EDUCATIONAL PRODUCTS, OR DEVELOPED WITH THE COLLABORATION OF VOLUNTEER ONCOLOGISTS.	
4d	Other program services (Describe in Schedule O ) (Expenses \$ 363,264 including grants of \$ 347,044 ) (Revenue \$ )
4e	Total program service expenses \$ 17,757,453

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. 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	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. . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	4	No
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. . . . .	5	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. 	6	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. 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 	8	No
9	Did the organization report an amount in Part X, line 21, 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	Yes
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	No
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, XII, and XIII. 	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, XII, and XIII 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	No
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, Part I. . . . . 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part 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 assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV. . . . . 	16	Yes
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 	17	Yes
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 hospitals? If "Yes," complete Schedule H. . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements. . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b>		<b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			<b>Yes</b>	<b>No</b>	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	232		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. .	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8822 filed during the year.	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter				
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>			
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>			
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>			

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 to any question 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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 address? If "Yes," provide the names and addresses in Schedule O		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, ME, WA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request	
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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	PAUL AINES CFO SAME AS C ABOVE ALEXANDRIA, VA 22314 (571) 483-1700

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) MARTIN J MURPHY JR PHD DMEDSC CHAIR	1 00	X		X				0	0	0
(2) RICHARD L SCHILSKY MD SECRETARY	1 00	X		X				0	0	0
(3) ALLEN LICHTER MD BOARD MEMBER, CEO	4 00	X		X				0	748,894	20,162
(4) W CHARLES PENLEY MD TREASURER	1 00	X		X				0	0	0
(5) JOHN H GLICK MD BOARD MEMBER	1 00	X						0	0	0
(6) NORA ANITA JANJAN MD BOARD MEMBER	1 00	X						750	0	0
(7) ROBERT J MAYER MD BOARD MEMBER	1 00	X						0	0	0
(8) THOMAS A MARSLAND MD BOARD MEMBER	1 00	X						0	0	0
(9) SANDRA M SWAIN MD BOARD MEMBER	1 00	X						0	0	0
(10) IRA M ELEGANT ESQ BOARD MEMBER	1 00	X						0	0	0
(11) LAWRENCE H EINHORN MD BOARD MEMBER	1 00	X						0	0	0
(12) GABRIEL N HORTOBAGYI MD FACP BOARD MEMBER	1 00	X						0	0	0
(13) MICHAEL P LINK MD BOARD MEMBER	1 00	X						0	10,000	0
(14) NANCY DALY MS MPH BOARD MEMBER, CCF EXEC DIR	37 50	X		X				0	210,524	23,931
(15) DINA MICHELS ESQ GENERAL COUNSEL	4 00			X				0	468,167	34,067
(16) PAUL AINES CPA CFO	4 00			X				0	287,362	32,951





Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	11,453			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	2,374,454			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,684,608			
	g	Noncash contributions included in lines 1a-1f \$ 5,450					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		731,080		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	171,400			171,400
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	171,400				
d		Net gain or (loss) . . . . .					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
b		Less direct expenses . . . .	a				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
b		Less direct expenses . . . .	a				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances . . . . .					
b		Less cost of goods sold . . .	a				
c		Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .			23,972,995	0	0	902,480

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	15,342,976	15,342,976		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	626,669	626,669		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	267,500	267,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	2,551,170	1,403,144	438,801	709,225
b	Legal	9,812		9,812	
c	Accounting	5,000		5,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	534,850			534,850
f	Investment management fees	135,273		135,273	
g	Other	37,788		37,788	
12	Advertising and promotion	529,786			529,786
13	Office expenses	98,556	19,426	19,999	59,131
14	Information technology	24,857		24,857	
15	Royalties				
16	Occupancy	231,180	64,268	39,763	127,149
17	Travel	180,459	14,621	113,720	52,118
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,151		34,151	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	DUES & SUBSCRIPTIONS	61,419	14,745	44,414	2,260
b	POSTAGE	46,943	609	889	45,445
c	BANK & CREDIT CARD FEES	36,413		36,413	
d	PRINTING & DISTRIBUTION	16,685	3,495	13,190	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	20,771,487	17,757,453	954,070	2,059,964
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			-1,446,413	1	4,575,939
	2	Savings and temporary cash investments . . . . .			7,295,112	2	668,951
	3	Pledges and grants receivable, net . . . . .			6,725,883	3	6,883,142
	4	Accounts receivable, net . . . . .			1,133	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			30,450	9	81,934
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a				
	b	Less: accumulated depreciation . . . . .	10b			10c	
	11	Investments—publicly traded securities . . . . .			21,727,452	11	24,760,586
	12	Investments—other securities. See Part IV, line 11 . . . . .			1,454,926	12	9,936
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			396,529	15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			36,185,072	16	36,980,488
Liabilities	17	Accounts payable and accrued expenses . . . . .			7,386,469	17	6,381,439
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			1,306,001	19	1,684,113
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			1,058,340	25	565,454
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			9,750,810	26	8,631,006
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			17,511,782	27	18,703,836
	28	Temporarily restricted net assets . . . . .			8,840,239	28	9,558,405
	29	Permanently restricted net assets . . . . .			82,241	29	87,241
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			26,434,262	33	28,349,482
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			36,185,072	34	36,980,488

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,972,995
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,771,487
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,201,508
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	26,434,262
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-1,286,288
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	28,349,482

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 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 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 )
- 10

☐

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

☐

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,055,674	32,873,924	24,169,849	24,400,007	23,206,830	109,706,284
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	5,055,674	32,873,924	24,169,849	24,400,007	23,206,830	109,706,284
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						44,405,451
6 Public Support. Subtract line 5 from line 4						65,300,833

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,055,674	32,873,924	24,169,849	24,400,007	23,206,830	109,706,284
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	238,350	481,663	195,182	136,059	595,807	1,647,061
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						111,353,345

12 Gross receipts from related activities, etc (See instructions )

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	58 640 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	54 970 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. 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 IV 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

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 31-1667995  
Name: CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Form 990, Special Condition Description:

Special Condition Description
-------------------------------

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code )	(Expenses \$ 363,264	including grants of \$ 347,044 )	(Revenue \$ )
<p>PATIENT EDUCATION AND INFORMATION-WELL-INFORMED, EDUCATED PATIENTS ARE THEIR OWN BEST ADVOCATES, AS WELL AS INVALUABLE PARTNERS FOR DOCTORS CCF SUPPORTS BOTH DOCTORS AND PATIENTS BY FUNDING ACCURATE, DOCTOR-APPROVED CANCER INFORMATION, WHICH IS AVAILABLE PUBLICLY BOTH IN PRINT AND ONLINE, TO PROVIDE TRUSTED, AUTHORITATIVE INFORMATION TO PEOPLE LIVING WITH CANCER AND THOSE WHO CARE FOR AND ABOUT THEM FUNDING IN THIS AREA ALLOWS CCF TO CONTINUE AND EXPAND OUR WORK TO INFORM PATIENTS HIGHLIGHTS OF PATIENT EDUCATION AND INFORMATION PROGRAMS AND ACTIVITIES SUPPORTED BY CCF IN 2011 INCLUDE PATIENT ADVOCATE SCHOLARSHIP PROGRAM- THE PATIENT ADVOCATE SCHOLARSHIP PROGRAM PROVIDES TRAVEL GRANTS TO A SELECT NUMBER OF PATIENT ADVOCATES TO ATTEND THE ASCO ANNUAL MEETING AND ASCO DISEASE-SPECIFIC SYMPOSIA IN 2011, CCF SUPPORTED THE ATTENDANCE OF PATIENT ADVOCATES AT THE 2011 ASCO ANNUAL MEETING AND ASCO DISEASE-SPECIFIC SYMPOSIA ANSWERS TO CANCER PUBLIC FORUM- HELD DURING THE ASCO ANNUAL MEETING, THE PUBLIC FORUM IS AN IMPORTANT PROGRAM DESIGNED TO BRING PEOPLE AFFECTED BY CANCER TOGETHER TO LEARN FROM EACH OTHER, LEAN ON EACH OTHER, AND DISCUSS THE LATEST DISCOVERIES IN CANCER TREATMENT AND SURVIVORSHIP WITH THE WORLD'S TOP THOUGHT LEADERS IN CANCER CARE CANCER NET- CANCER NET INCLUDES PEER-REVIEWED INFORMATION ON MORE THAN 124 TYPES OF CANCER AND SYNDROMES, INCLUDING RISK FACTORS, DIAGNOSIS, FINDING AN ONCOLOGIST , TREATMENT, MANAGING SIDE EFFECTS, CLINICAL TRIALS, AND AFTER TREATMENT, CAREGIVING, COPING STRATEGIES, AND SURVIVORSHIP INFORMATION IS DELIVERED IN WRITTEN ARTICLES, VIDEOS, AND AUDIO PODCASTS THIS INFORMATION IS MADE AVAILABLE FREE TO THE PUBLIC IN 2011, THERE WERE MORE THAN 7,000,000 PAGE VIEWS OF CANCER NET CCF CONTINUES TO SUPPORT THE PRODUCTION OF ASCO'S PRINTED PATIENT INFORMATION MATERIALS, SUCH AS ASCO ANSWERS FACT SHEETS- ASCO ANSWERS IS A SERIES OF FACT SHEETS THAT PROVIDE AN INTRODUCTION TO A SPECIFIC TYPE OF CANCER OR CANCER-RELATED TOPIC EACH FACT SHEET INCLUDES AN OVERVIEW OF THE SUBJECT, TERMS TO KNOW, AND QUESTIONS TO ASK THE DOCTOR PATIENT GUIDES- PATIENT GUIDES ARE PRINTED BOOKLETS CONTAINING COMPREHENSIVE CANCER INFORMATION, INCLUDING AN OVERVIEW OF SPECIFIC CANCER TYPES, SYMPTOMS, DIAGNOSIS, STAGING, TREATMENT, CLINICAL TRIALS, AND AFTER TREATMENT INTERNATIONAL PROGRAMS-ASCO AND THE CONQUER CANCER FOUNDATION SHARE AN INTERNATIONAL MISSION TO ENGAGE THE PHYSICIAN AND HEALTHCARE PROFESSIONAL COMMUNITY ON A GLOBAL SCALE TO IMPROVE CARE TO CANCER PATIENTS AND ENHANCE THE EXCHANGE OF KNOWLEDGE TO FACILITATE ADVANCES IN THE CARE OF PEOPLE WITH CANCER EVERYWHERE FOUNDATION FUNDS SUPPORT INTERNATIONAL PROGRAMS INCLUDING EDUCATION, FELLOWSHIP AND GRANT OPPORTUNITIES TO ENABLE ONCOLOGISTS FROM OPPOSITE ENDS OF THE WORLD TO SHARE IDEAS AND BUILD LASTING COLLABORATIONS THAT CAN ENHANCE PATIENT CARE LOCALLY AND GLOBALLY CCF SUPPORTS THESE PROGRAMS THROUGH ITS INTERNATIONAL PROGRAM MISSION AS WELL AS THROUGH CCF'S OTHER MISSION AREAS (RESEARCH, PROFESSIONAL EDUCATION, PATIENT EDUCATION AND INFORMATION AND QUALITY AND ACCESS TO CARE) CCF FUNDS SPECIFICALLY SUPPORTING INTERNATIONAL ACTIVITIES INCLUDE LONG-TERM INTERNATIONAL FELLOWSHIP (LIFE) PROVIDES EARLY-CAREER ONCOLOGISTS IN DEVELOPING NATIONS THE SUPPORT AND RESOURCES NEEDED TO ADVANCE THEIR TRAINING BY DEEPENING THEIR RELATIONSHIP WITH A UNITED STATES OR CANADIAN COLLEAGUE AND HIS OR HER INSTITUTION THROUGH A ONE OR TWO YEAR FELLOWSHIP THE RECIPIENT WILL EARN VALUABLE TRAINING AND EXPERIENCE WITH WHICH THEY CAN AFFECT CHANGE IN CANCER CARE IN THEIR HOME COUNTRY RECIPIENTS MUST RETURN TO THEIR HOME INSTITUTIONS AFTER COMPLETING THEIR FELLOWSHIP AND ARE EXPECTED TO DISSEMINATE THE KNOWLEDGE THEY HAVE GAINED INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (IDEA)-THE INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD PROVIDES SUPPORT FOR ONCOLOGISTS IN DEVELOPING COUNTRIES TO PARTICIPATE IN THE ASCO ANNUAL MEETING AND VISIT A CANCER CENTER IN THE UNITED STATES OR CANADA THIS AWARD WAS DESIGNED TO PROVIDE CONTINUING MEDICAL EDUCATION, ASSIST IN CAREER DEVELOPMENT AND HELP TO ESTABLISH STRONG RELATIONSHIPS WITH LEADING ASCO MEMBERS WHO SERVE AS SCIENTIFIC MENTORS TO EACH RECIPIENT, TO ENHANCE THE QUALITY OF CANCER CARE WORLDWIDE ADVANCED CANCER COURSES (ACC)-THE ADVANCED CANCER COURSES ARE CAREFULLY DESIGNED TO FILL THE NEED FOR ADVANCED LEARNING FOR INTERNATIONAL ONCOLOGISTS THESE COURSES CAN BE CHOSEN FROM ASCO'S PORTFOLIO OF EDUCATIONAL PRODUCTS, OR DEVELOPED WITH THE COLLABORATION OF VOLUNTEER ONCOLOGISTS</p>			

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
31-1667995

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	82,241	116,963	103,356	154,283	
b Contributions . . . . .	5,000	15,930	14,492		
c Investment earnings or losses . . . . .	-2,594	1,348	1,115	6,573	
d Grants or scholarships . . . . .	1,948	52,000	2,000	57,500	
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	82,699	82,241	116,963	103,356	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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 . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				0

Schedule D (Form 990) 2011



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	123,972,995
2	Total expenses (Form 990, Part IX, column (A), line 25)	20,771,487
3	Excess or (deficit) for the year Subtract line 2 from line 1	3,201,508
4	Net unrealized gains (losses) on investments	-1,286,288
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	-1,286,288
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,915,220

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	122,551,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a-1,286,288	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e-1,286,288	
3	Subtract line 2e from line 1 . . . . .323,837,722	
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 . . . . .4a135,273	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c135,273	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .523,972,995	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	120,636,214
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 XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e0	
3	Subtract line 2e from line 1 . . . . .320,636,214	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a135,273	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c135,273	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .520,771,487	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS OF DONOR-RESTRICTED ENDOWMENT FUNDS ARE PRESERVED, ABSENT EXPLICIT DIRECTION FROM THE DONOR. PART V, LINE 1A-1G. ENDOWMENT FUNDS ARE BASED ON GAAP AND AGREE TO THE RESTRICTED FUNDS ON THE AUDITED FINANCIAL STATEMENTS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. AT A MINIMUM, THE 2008 THROUGH 2011 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES.
		PART IV, QUESTION 4 - INTEREST FROM THE PERMANENTLY RESTRICTED FUNDS IS INTENDED TO FUND FUTURE RESEARCH AND/OR EDUCATIONAL AWARDS.

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

# 2011

## Open to Public Inspection

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

Employer identification number

31-1667995

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

**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for region/investments in region
NORTH AMERICA	0	0	GRANTS ISSUED TO INDIVIDUALS AND RECIPIENT ORGANIZATION(S), PROGRAM SERVICES	MERIT AWARDS (\$21,000) AND YOUNG INVESTIGATOR AWARD (\$150,000)	171,000
EAST ASIA & THE PACIFIC	0	0	GRANTS ISSUED TO INDIVIDUALS AND RECIPIENT ORGANIZATION(S), PROGRAM SERVICES	MERIT AWARDS (\$12,000) AND YOUNG INVESTIGATOR AWARD (\$50,000)	60,500
EUROPE	0	0	GRANTS ISSUED TO INDIVIDUALS, PROGRAM SERVICES	MERIT AWARDS (\$33,000)	33,000
SOUTH AMERICA	0	0	GRANTS ISSUED TO INDIVIDUAL, PROGRAM SERVICES	MERIT AWARD (\$3,000)	3,000
<b>3a</b> Sub-total	0	0			267,500
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			267,500

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA & THE PACIFIC	YOUNG INVESTIGATOR AWARD (YIA)	50,000				
			NORTH AMERICA	YOUNG INVESTIGATOR AWARD (YIA)	50,000				
			NORTH AMERICA	YOUNG INVESTIGATOR AWARD (YIA)	50,000				
			NORTH AMERICA	YOUNG INVESTIGATOR AWARD (YIA)	50,000				

2

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

0

3

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

4



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

## Schedule F (Form 990) 2011

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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

Employer identification number  
  
31-1667995

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☐

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GRAHAM PELTON 39 BEACHWOOD RD  SUMMIT, NJ 07901	FUNDRAISING CONSULTING		No	0	534,850	-534,850
Total . . . . . ▶					534,850	-534,850

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .			
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

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

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

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name  \_\_\_\_\_



Address  \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_

c


If "Yes," enter name and address

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information

Name  \_\_\_\_\_

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

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

☐ Director/officer

☐ Employee

☐ Independent contractor

17


Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	PAYMENTS MADE TO GRAHAM PELTON CONSULTING WERE FOR FUNDRAISING GUIDANCE ON BEST PRACTICE METHODS OF EFFECTIVE AND EFFICIENT FUNDRAISING CCF'S RELATED ORGANIZATION, AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC (ASCO), ALSO PAID COSTS FOR FUNDRAISING SERVICES PROVIDED TO CCF, WHICH ARE REFLECTED IN THE IRS FORM 990 OF ASCO

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
31-1667995

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

44

3

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

3

Part III

Grants and Other Assistance to Individuals in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ONCOLOGY TRAINEE TRAVEL AWARDS ALLOW FOR THE SUPPORT OF CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF TRAINEE ONCOLOGISTS BY PROVIDING THEM INDIVIDUAL TRAVEL GRANT TO DEFRAY TRAVEL EXPENSES FOR ATTENDING THE ASCO ANNUAL MEETING	103	244,000			
(2) MERIT AWARDS WERE GIVEN TO ONCOLOGY FELLOWS, WHO ARE FIRST AUTHORS ON RESEARCH REFLECTED IN ABSTRACTS SELECTED FOR PRESENTATION AT AN ASCO SCIENTIFIC MEETING	172	223,000			
(3) GIANNI BONADONNA BREAST CANCER AWARD	2	60,000			
(4) PATIENT ADVOCATE SCHOLARSHIP WERE PROVIDED FOR ADVOCATES TO ATTEND THE SCIENTIFIC AND EDUCATIONAL SESSIONS AT THE ASCO ANNUAL MEETING AND BREAST CANCER SYMPOSIUM	61	99,669			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CCF GRANTS SEVERAL SPECIAL AWARDS INTENDED TO RECOGNIZE AND ENCOURAGE INDIVIDUALS OR ORGANIZATIONS WHOSE COMMITMENT TO FURTHERING THE PROGRESS AGAINST CANCER HAS LED TO TREMENDOUS CONTRIBUTIONS TO THE FIELD OF CLINICAL ONCOLOGY, CANCER PATIENTS, AND ASCO, ITS RELATED ORGANIZATION SPECIAL AWARD RECIPIENTS ARE HONORED AT AND MOST GIVE A LECTURE DURING AN ASCO MEETING OR SYMPOSIUM SPECIAL AWARD RECIPIENTS ARE SELECTED BASED ON A PEER-REVIEW PROCESS USING ELIGIBILITY CRITERIA ESTABLISHED FOR EACH AWARD FUNDS AWARDED TO SPECIAL AWARD RECIPIENTS ARE GIVEN AS STIPENDS OR PRIZES, NOT FOR SPECIFIC RESEARCH PROJECTS THAT ARE SUBJECT TO REPORTING DUE TO THE TYPE OF AWARD THERE IS NO FOLLOW UP ON THE USE OF THE FUNDS THE GIANNI BONADONNA BREAST CANCER AWARD RECIPIENTS ARE REQUIRED TO NOTIFY GRANT SUPPORT STAFF IF THERE ARE SIGNIFICANT DELAYS THAT WILL MATERIALLY AFFECT THE ABILITY TO ATTAIN THE OBJECTIVES OF THE GRANT PROJECT OR TO MEET SUCH TIME SCHEDULES AS MAY HAVE BEEN PROPOSED GRANTEES ARE REQUIRED TO NOTIFY THE GRANT SUPPORT STAFF IF THEY PLAN TO LEAVE AN ORGANIZATION DURING THE COURSE OF A GRANT AND MUST SUBMIT A REQUEST FOR APPROVAL OF INSTITUTION TRANSFER OF THE GRANT BEFORE ANY TRANSFER TAKES PLACE THE GRANT SUPPORT STAFF REQUIRES TECHNICAL PROJECT REPORTS (PROGRESS REPORTS) AND BUDGET SUMMARIES (FINANCIAL REPORTS) FOR ALL GRANTS UNLESS OTHERWISE SPECIFIED IN THE GRANT TERMS AND CONDITIONS, AN ANNUAL PROGRESS REPORT AND A BUDGET SUMMARY ARE REQUIRED TO BE SUBMITTED WITHIN 30 DAYS FOLLOWING THE END OF THE GRANT BUDGET PERIOD THE GRANT SUPPORT STAFF REVIEWS THE REPORTS AND PROVIDES THE GRANTEE AN APPROVAL NOTIFICATION THE GRANT SUPPORT STAFF REQUIRES A FINAL PROJECT REPORT AND BUDGET SUMMARY WITHIN 30 DAYS FOLLOWING EXPIRATION OF THE GRANT THE GRANT SUPPORT STAFF REVIEWS THE REPORTS AND IF APPROVED, PROVIDES THE GRANTEE AN APPROVAL NOTIFICATION ALL UNUSED FUNDS AT THE END OF THE AWARD TERM MUST BE RETURNED GRANTS ARE ADMINISTRATIVELY CLOSED BY THE GRANT SUPPORT STAFF AFTER RECEIPT OF THE FINAL PROJECT REPORT AND FINAL BUDGET SUMMARY AND AFTER THE GRANT SUPPORT STAFF'S DETERMINATION THAT ANY OTHER ADMINISTRATIVE REQUIREMENTS IN THE GRANT HAVE BEEN MET THE GRANT SUPPORT STAFF RESERVES THE RIGHT TO ASK THE GRANTEE TO RETURN FUNDS THAT WERE SPENT INCONSISTENTLY WITH THE APPROVED BUDGET ADVANCED CLINICAL RESEARCH AWARD (ACRA) IS DESIGNED FOR CLINICAL ONCOLOGY RESEARCHERS INVOLVED IN INVESTIGATIVE WORK FOR 5-10 YEARS AND INTENDED TO SUPPORT ORIGINAL RESEARCH NOT CURRENTLY FUNDED TOTAL GRANT \$450,000 OVER THREE YEARS TRANSLATIONAL RESEARCH PROFESSORSHIP AWARD (TRP) IS INTENDED TO SUPPORT QUALIFIED RESEARCHERS WHO ARE DEDICATED TO BRINGING ADVANCES IN BASIC SCIENCES INTO THE CLINICAL ARENA AND TO MENTORING OTHER TRANSLATIONAL RESEARCHERS TOTAL GRANT \$300,000 OVER THREE YEARS CAREER DEVELOPMENT AWARD (CDA) PROVIDES FUNDING TO CLINICAL INVESTIGATORS WHO HAVE RECEIVED THEIR INITIAL FACULTY APPOINTMENT TO ESTABLISH AN INDEPENDENT CLINICAL CANCER RESEARCH PROGRAM TOTAL GRANT \$200,000 OVER THREE YEARS GIANNI BONADONNA BREAST CANCER AWARD AND FELLOWSHIP RECOGNIZES AN ACTIVE CLINICAL OR TRANSLATIONAL RESEARCHER WITH A DISTINGUISHED RECORD OF ACCOMPLISHMENTS IN ADVANCING THE FIELD OF BREAST CANCER THE RECIPIENT RECEIVES A \$10,000 AWARD AND DELIVERS A LECTURE DURING THE BREAST CANCER SYMPOSIUM THE AWARD IS ACCOMPANIED BY A ONE-YEAR \$50,000 FELLOWSHIP AWARD TO AN EARLY-CAREER BREAST CANCER RESEARCHER AT THE AWARD RECIPIENT'S AFFILIATED INSTITUTION THE FELLOWSHIP AWARD WILL FUND AN INVESTIGATOR WHOSE BREAST CANCER RESEARCH HAS A PATIENT-ORIENTED FOCUS, INCLUDING CLINICAL TRIALS OR TRANSLATIONAL RESEARCH INVOLVING HUMAN PARTICIPANTS YOUNG INVESTIGATOR AWARD (YIA) PROVIDES FUNDING TO PROMISING INVESTIATORS TO ENCOURAGE AND PROMOTE QUALITY RESEARCH IN CLINICAL ONCOLOGY THE PURPOSE OF THIS AWARD IS TO FUND PHYSICIANS DURING THE TRANSITION FROM A FELLOWSHIP PROGRAM TO A FACULTY APPOINTMENT TOTAL GRANT \$50,000 OVER ONE YEAR IMPROVING CANCER CARE GRANT (ICCG), FUNDED BY SUSAN G KOMEN FOR THE CURE(R), PROVIDES EXTRAMURAL RESEARCH FUNDING TO ADDRESS IMPORTANT ISSUES REGARDING ACCESS TO HEALTHCARE, QUALITY OF CARE, AND DELIVERY OF CARE, WITH GENERAL APPLICABILITY TO BREAST CANCER THE GOAL OF THIS PROGRAM IS TO ENCOURAGE MULTI-DISCIPLINARY RESEARCH THAT WILL HAVE A MAJOR IMPACT ON CANCER CARE, WITH GENERAL APPLICABILITY IN THE BREAST CANCER ARENA TOTAL GRANT \$1,350,000 OVER THREE YEARS COMMUNITY ONCOLOGY RESEARCH GRANT (CORG) IS GIVEN TO COMMUNITY-BASED PRACTICES TO SUPPORT THEIR EFFORTS TO ENHANCE THEIR CLINICAL TRIALS PROGRAM AREAS OF IMPROVEMENT ARE BASED ON THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY STATEMENT OF MINIMUM STANDARDS AND EXEMPLARY ATTRIBUTES OF CLINICAL TRIAL SITES (JOURNAL OF CLINICAL ONCOLOGY, MAY 20 2008) TOTAL GRANT \$30,000 OVER ONE YEAR STATE AFFILIATE GRANT PROGRAM (SAGP)- THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY CREATED THE STATE AFFILIATED GRANT PROGRAM IN 2005 TO PROVIDE FINANCIAL SUPPORT TO ITS STATE/REGIONAL AFFILIATES AS THEY SEEK TO ENHANCE THE SCOPE OF THEIR ACTIVITIES ALL 48 AFFILIATES ARE ELIGIBLE TO APPLY FOR A GRANT IN 2011, CCF PROVIDED \$50,000 TO FIVE STATE SOCIETIES TO ENGAGE IN PROJECTS THAT WILL HAVE AN OVERALL BENEFIT TO THEIR MEMBERS, ASCO MEMBERS, OTHER STATE SOCIETIES AND THE GENERAL ONCOLOGY COMMUNITY MERIT AWARDS ARE DESIGNED TO FURTHER PROMOTE CLINICAL RESEARCH BY YOUNG SCIENTISTS AND TO PROVIDE FELLOWS WITH AN OPPORTUNITY TO PRESENT THEIR RESEARCH AND INTERACT WITH OTHER CLINICAL CANCER INVESTIGATORS AT ASCO SCIENTIFIC MEETINGS A SELECT NUMBER OF CCF MERIT AWARDS ARE GIVEN ANNUALLY TO RECOGNIZE OUTSTANDING ABSTRACTS SUBMITTED FOR CONSIDERATION FOR PRESENTATION AT AN ASCO SCIENTIFIC MEETING THE AWARDS ARE GIVE TO ONCOLOGY FELLOWS WHO ARE FIRST AUTHORS ON SELECTED ABSTRACTS, AND THE CRITERIA ARE DESCRIBED IN THE ELIGIBILITY AND AWARD TERMS SECTIONS CLINICAL TRIALS PARTICIPATION AWARD (CTPA)- INTENDED TO INCREASE AWARENESS AND PARTICIPATION IN CLINICAL TRIALS AMOUNG PHYSICIANS NOMINATIONS ARE REQUESTED FROM THE ASCO CLINICAL PRACTICE COMMITTEE, COMMUNITY CLINICAL ONCOLOGY PROGRAM, EACH OF THE NCI COOPERATIVE GROUPS, AND VARIOUS COMMUNITY-BASED ONCOLOGY RESEARCH NETWORKS CCF PROVIDES THE FUNDING FOR THE INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (IDEA) THE IDEA IS PROVIDED TO ONCOLOGISTS IN DEVELOPING COUNTRIES TO LEARN ABOUT ONCOLOGY AT THE ASCO ANNUAL MEETING, AT A CANCER CENTER, AND TO DEVELOP LONG-TERM RELATIONSHIPS TO IMPROVE CANCER CARE IN THEIR COUNTRIES LONG-TERM INTERNATIONAL FELLOWSHIP (LIFE) PROVIDES EARLY-CAREER ONCOLOGISTS IN DEVELOPING NATIONS THE SUPPORT AND RESOURCES NEEDED TO ADVANCE THEIR TRAINING BY DEEPENING THEIR RELATIONSHIP WITH A UNITED STATES OR CANADIAN COLLEAGUE AND HIS OR HER INSTITUTION THROUGH A ONE OR TWO YEAR FELLOWSHIP, THE RECIPIENT WILL EARN VALUABLE TRAINING AND EXPERIENCE WITH WHICH THEY CAN AFFECT CHANGE IN CANCER CARE IN THEIR HOME COUNTRY RECIPIENTS MUST RETURN TO THEIR HOME INSTITUTIONS AFTER COMPLETING THEIR FELLOWSHIP AND ARE EXPECTED TO DISSEMINATE THE KNOWLEDGE THEY HAVE GAINED ONCOLOGY TRAINEE TRAVEL AWARDS (OTTA) ALLOW FOR THE SUPPORT OF CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF TRAINEE ONCOLOGISTS FROM THE UNITED STATES AND CANADA, BY PROVIDING THEM INDIVIDUAL TRAVEL GRANTS TO DEFRAY TRAVEL EXPENSES FOR ATTENDING THE ASCO ANNUAL MEETING LOAN REPAYMENT PROGRAM- THE ASCO LOAN REPAYMENT PROGRAM (LRP), FUNDED BY SUSAN G KOMEN FOR THE CURE(R), PROVIDES REPAYMENT OF QUALIFYING EDUCATIONAL DEBT TO ONCOLOGISTS, OR TO ONCOLOGY FELLOWS UPON COMPLETION OF TRAINING, WHO COMMIT TO PRACTICING ONCOLOGY IN A MEDICALLY UNDERSERVED REGION OF THE UNITED STATES MEDICAL STUDENT ROTATION (MSR)- THE ASCO MEDICAL STUDENT ROTATION, FUNDED BY SUSAN G KOMEN FOR THE CURE(R), PROVIDES 8- TO 10-WEEK CLINICAL OR CLINICAL RESEARCH ONCOLOGY ROTATIONS FOR U S MEDICAL STUDENTS FROM POPULATIONS UNDERREPRESENTED IN MEDICINE WHO ARE INTERESTED IN PURSUING ONCOLOGY AS A CAREER



**Software ID:**  
**Software Version:**  
**EIN:** 31-1667995  
**Name:** CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501 (C)(3)	400,000				CAREER DEVELOPMENT AWARDS
BENAROYA RESEARCH INSTITUTE 1100 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD

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CANCER CARE SPECIALISTS OF CENTRAL ILLINOIS 210 W MCKINLEY AVE DECATUR, IL 62521	37-1160364	501 (C)(3)	30,000				COMMUNITY ONCOLOGY RESEARCH GRANT
COLUMBIA UNIVERSITY 177 FT WASHINGTON AVE NEW YORK, NY 10032	13-1924236	501 (C)(3)	1,470,000				IMPROVING CANCER CARE GRANT, YOUNG INVESTIGATOR AWARD, LOAN REPAYMENT PROGRAM

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DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BP431C BOSTON, MA 02115	04- 2263040	501 (C)(3)	300,000				YOUNG INVESTIGATOR AWARDS AND CAREER DEVELOPMENT AWARDS
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52- 1640403	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD

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UNIVERSITY OF CALIFORNIA - IRVINE101 THE CITY DRIVE SOUTH ORANGE, CA 92868	95-2321786	501 (C)(3)	200,000				CAREER DEVELOPMENT AWARD
JOHNS HOPKINS UNIVERSITY550 NORTH BROAKWAY SUITE 1003 BALTIMORE, MD 212052009	52-0591627	501 (C)(3)	265,000				YOUNG INVESTIGATOR AWARDS, LONG-TERM INTERNATIONAL FELLOWS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA SOCIETY OF CLINICAL ONCOLOGY10022 WATER WORKS LANE RIVERVIEW, FL 33578	59-2305471	501 (C)(3)	10,000				STATE AFFILIATE GRANT PROGRAM
GEORGE WASHINGTON UNIVERSITY GEORGE WASHINGTON UNIVERSITY WASHINGTON, DC 20037	53-0196584	501 (C)(3)	5,000				MEDICAL STUDENT ROTATION AWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMORIAL SLOAN-KETTERING CANCER CENTER GENERAL POST OFFICE BOX 263633 THIRD AVE NEW YORK, NY 10017	13- 1924236	501 (C)(3)	700,000				YOUNG INVESTIGATOR AWARDS, CAREER DEVELOPMENT AWARDS
GEORGIA SOCIETY OF CLINICAL ONCOLOGY3330 CUMBERLAND BLVD ATLANTA, GA 30339	58- 1752866	501 (C)(6)	10,000				STATE AFFILIATE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY420 UNIVERSITY BLVD INDIANAPOLIS, IN 46202	13-5600673	501 (C)(3)	450,000				ADVANCED CLINICAL RESEARCH AWARD
OHIO STATE UNIVERSITY901 WOODY HAYES DR COLUMBUS, OH 43210	89-0330467	501 (C)(3)	255,000				YOUNG INVESTIGATOR AWARDS, MEDICAL STUDENT ROTATION AWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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UNIVERSITY OF MICHIGAN102 OBSERVATORY ANN ARBOR, MI 481090723	38-6006309	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
LINCOLN MEDICAL AND MENTAL HEALTH CENTERE 149TH STREET BRONX, NY 10451	13-3040671	GOV'T ENTITY	70,000				LOAN REPAYMENT PROGRAM



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 3333 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-2829914	501 (C)(3)	150,000				YOUNG INVESTIGATOR AWARDS
MAYO CLINIC 13400 EAST SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501 (C)(3)	200,000				CAREER DEVELOPMENT AWARD

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE,WI 53226	39-0806261	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 86 JONATHAN LUCAS STREET CHARLESTON,SC 29425	57-6000722	501 (C)(3)	200,000				CAREER DEVELOPMENT AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501 (C)(3)	105,000				YOUNG INVESTIGATOR AWARDS, MEDICAL STUDENT ROTATION AWARD
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTERPO BOX 4486 HOUSTON, TX 77210	74-6000203	501 (C)(3)	565,000				CAREER DEVELOPMENT AWARDS, LONG-TERM INTERNATIONAL FELLOWS AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501 (C)(3)	600,000				YOUNG INVESTIGATOR AWARDS, TRANSLATIONAL RESEARCH PROFESSORSHIP AWARD
MEHARRY MEDICAL COLLEGE1005 DR D B TODD JR BLVD NASHVILLE, TN 37208	62-0488046	501 (C)(3)	5,000				MEDICAL STUDENT ROTATION AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH3100 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	12-5096559	501 (C)(3)	55,000				YOUNG INVESTIGATOR AWARD, MEDICAL STUDENT ROTATION AWARD
MICHIGAN SOCIETY OF HEMATOLOGY & ONCOLOGY3630 ROCKINGHAM RD ROYAL OAK, MI 48073	38-2634114	501 (C)(6)	10,000				STATE AFFILIATE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS SWESTERN 5323 HARRY HINES BLVD DALLAS,TX 75390	75-6002868	501 (C)(3)	55,000				YOUNG INVESTIGATOR AWARD, MEDICAL STUDENT ROTATION AWARD
NATIONAL CANCER INSTITUTE NATIONAL CANCER INSTITUTE BETHESDA,MD 20892	54-1843091	GOV'T ENTITY	100,000				YOUNG INVESTIGATOR AWARDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CTR1640 PHOENIX BLVD SUITE 100 COLLEGE PARK, GA 30349	62-0476822	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
WASHINGTON UNIVERSITY ST LOUIS700 ROSEDALE AVE ST LOUIS, MO 63112	43-0653611	501 (C)(3)	100,000				YOUNG INVESTIGATOR AWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL INSTITUTES OF HEALTH33 NORTH DRIVE BETHESDA, MD 20814	53-0196960	GOV'T ENTITY	50,000				YOUNG INVESTIGATOR AWARD
NEWARK BETH ISRAEL MEDICAL CENTER FOUNDATION201 LYONS AVE NEWARK, NJ 07112	22-2587176	501 (C)(3)	30,000				COMMUNITY ONCOLOGY RESEARCH GRANT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC ONCOLOGY BRANCH NATIONAL CANCER INSTITUTE NATIONAL INSTITUTES OF HEALTH BETHESDA, MD 20814	52-0858115	GOV'T ENTITY	50,000				YOUNG INVESTIGATOR AWARD
NEW MEXICO SOCIETY OF CLINICAL ONCOLOGY1501 SAN PEDRO SE ALBUQUERQUE, NM 87108	85-0392445	501 (C)(3)	10,000				STATE AFFILIATE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERT WOOD JOHNSON MEDICAL SCHOOL 675 HOES LANE WEST NEW BRUNSWICK, NJ 08903	52-1358241	501 (C)(3)	5,000				MEDICAL STUDENT ROTATION AWARD
TENNESSEE ONCOLOGY PRACTICE SOCIETY 11600 NEBEL STREET ROCKVILLE, MD 20852	62-1445145	501 (C)(6)	10,000				STATE AFFILIATE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S HOSPITAL OF PHILADELPHIA34TH STREET AND CIVIC CENTER PHILADELPHIA, PA 19104	23-1352166	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
THE CITY COLLEGE OF NEW YORK160 CONVENT AVE NEW YORK, NY 10031	13-5598093	501 (C)(3)	5,000				MEDICAL STUDENT ROTATION AWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 555 FRUIT STREET BOSTON, MA 02114	04- 1564655	501 (C)(3)	200,000				CAREER DEVELOPMENT AWARD
THE VALLEY HOSPITAL223 N VAN DIEN AVE RIDGEWOOD, NJ 07450	22- 1487397	501 (C)(3)	30,000				COMMUNITY ONCOLOGY RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM1802 SIXTH AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
UNIVERSITY OF MARYLAND22 SOUTH GREENE STREET BALTIMORE, MD 21201	52-1362753	501 (C)(3)	70,000				LOAN REPAYMENT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE1601 NORTHWEST 12TH AVE MIAMI, FL 33136	59-0624458	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
UNIVERSITY OF WISCONSIN600 HIGHLAND AVE MADISON, WI 53792	39-6006492	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY PO BOX 9100 MORGANTOWN, WV 26506	55-6000842	501 (C)(3)	200,000				CAREER DEVELOPMENT AWARD
YOLANDA G BARCO ONCOLOGY INSTITUTE 751 LIBERTY STREET MEADVILLE, PA 16335	25-1512436	501 (C)(3)	70,000				LOAN REPAYMENT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN SOCIETY OF CLINICAL ONCOLOGY2318 MILL RD 800 ALEXANDRIA, VA 22314	13-6180380	501 (C)(3)	7,731,584				CONTRIBUTION



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Employer identification number

31-1667995

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in 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," to line 5a or 5b, describe in Part III		
6	For persons listed in 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," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in 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, columns (D) and (E) for that individual.

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY**Employer identification number**

31-1667995

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	AS OF DECEMBER 31, 2011, THE BOARD OF DIRECTORS OF CCF INCLUDED TWELVE (12) DIRECTORS WITH VOTING RIGHTS AND TWO (2) DIRECTORS WITHOUT VOTING RIGHTS. ELEVEN (11) DIRECTORS WITH VOTING RIGHTS WERE APPOINTED BY THE BOARD OF DIRECTORS OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC (ASCO) A NON-PROFIT, 501(C)(3) TAX EXEMPT ORGANIZATION, A RELATED ORGANIZATION. THERE WERE THREE EX OFFICIO DIRECTORS: THE CHIEF EXECUTIVE OFFICER (WITH VOTING RIGHTS), THE ASCO PRESIDENT (WITHOUT VOTING RIGHTS) AND THE EXECUTIVE DIRECTOR (WITHOUT VOTING RIGHTS). ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS HAVE THE SAME VOTING RIGHTS. CONSISTENT WITH CCF'S BYLAWS, DURING THE REPORTED TAX YEAR, THE BOARD OF DIRECTORS DELEGATED AUTHORITY TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS COMPOSED OF THE CHAIR, CEO, SECRETARY, TREASURER, AND A FIFTH EXECUTIVE COMMITTEE MEMBER ELECTED BY THE DIRECTORS. ALL EXECUTIVE COMMITTEE MEMBERS ARE MEMBERS OF CCF'S BOARD OF DIRECTORS. THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY IS ESTABLISHED BY CCF'S BYLAWS, WHICH PROVIDE THAT EXCEPT TO THE EXTENT SPECIFICALLY PROHIBITED BY RESOLUTION OF THE BOARD OF DIRECTORS OR OTHERWISE PROHIBITED BY LAW AND EXCEPTED AS SPECIFIED IN THE BYLAWS, THE EXECUTIVE COMMITTEE OF THE BOARD IS EMPOWERED TO MAKE AND IMPLEMENT DECISIONS BETWEEN BOARD MEETINGS AND IT MAY ACT ON ITEMS REQUIRING ACTION PRIOR TO THE NEXT ANNOUNCED BOARD MEETING. ACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE MEETING OF THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE, CONSISTENT WITH CCF'S BYLAWS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	ONE VOTING MEMBER OF CCF'S BOARD OF DIRECTORS DOES NOT MEET THE DEFINITIONAL TEST OF AN INDEPENDENT MEMBER OF CCF'S GOVERNING BODY ALLEN LICHTER, M.D IS AN EX-OFFICIO, VOTING MEMBER OF CCF'S BOARD OF DIRECTORS WHO SERVES AS THE CEO OF CCF AND THE CEO OF ASCO (A RELATED ORGANIZATION OF CCF) HE IS AN EMPLOYEE OF ASCO AND RECEIVED COMPENSATION FROM ASCO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	DURING THE REPORTED TAX YEAR, CCF AMENDED ITS ARTICLES OF INCORPORATION TO ADD THE ASCO PRESIDENT AS AN EX-OFFICIO, NON-VOTING MEMBER OF ITS BOARD OF DIRECTORS

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF CCF MAY VOTE TO AMEND OR REPEAL THE BYLAWS OF CCF, BUT THE BOARD OF DIRECTORS OF ASCO MUST APPROVE AN AMENDMENT OR REPEAL OF THE BY LAWS TO BE EFFECTIVE



Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	AN ELECTRONIC COPY OF THE CCF FORM 990 WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE CCF FINANCE COMMITTEE AND WAS DISCUSSED AT A MEETING OF THE FINANCE COMMITTEE BEFORE IT WAS FILED AN ELECTRONIC COPY OF THE CCF FORM 990 WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE IT WAS FILED THE CCF FORM 990 WAS REVIEWED BY THE CHIEF FINANCIAL OFFICER, THE EXECUTIVE DIRECTOR, THE CHIEF EXECUTIVE OFFICER, AND THE GENERAL COUNSEL PRIOR TO FILING

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE FOLLOWING EMPLOYEES OF ASCO SERVE AS OFFICERS OF CCF INFORMATION REGARDING THEIR COMPENSATION AND THE PROCESS FOR DETERMINING THEIR COMPENSATION ARE DESCRIBED IN THE IRS FORM 990 OF ASCO CEO OF CCF (ALSO SERVES AS CEO OF ASCO) EXECUTIVE DIRECTOR OF CCF CFO OF CCF (ALSO SERVES AS CFO OF ASCO) GENERAL COUNSEL OF CCF (ALSO SERVES AS VP/GENERAL COUNSEL OF ASCO) CCF STAFF ARE EMPLOYEES OF ASCO WHO ARE LEASED TO CCF APPLICABLE INFORMATION REGARDING THEIR COMPENSATION IS DESCRIBED IN THE IRS FORM 990 OF ASCO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	CCF'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC FROM CCF UPON REQUEST. CCF'S ARTICLES OF INCORPORATION ARE ALSO AVAILABLE TO THE PUBLIC THROUGH THE VIRGINIA STATE CORPORATION COMMISSION. CONFLICT OF INTEREST POLICIES AND STANDARDS ARE POSTED ON CCF'S WEBSITE. THE ANNUAL REPORT OF CCF IS POSTED ON CCF'S WEBSITE AND IS AVAILABLE TO THE PUBLIC FROM CCF UPON REQUEST.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,286,288

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number  
  
31-1667995

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

(a) Name, address, and EIN 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

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 organization	
						Yes	No
(1) AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC  2318 MILL ROAD 800  ALEXANDRIA, VA 22314 13-6180380	SUPPORTS CANCER RESEARCH, EDUCATION AND QUALITY IMPROVEMENT PROGRAMS	NY	501(C)(3)	LINE 9	N/A		No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership



Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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**Software ID:**  
**Software Version:**  
**EIN:** 31-1667995  
**Name:** CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO)	C	871,450	
(2) ASCO	B	7,731,584	
(3) ASCO	D	64,000,000	
(4) ASCO	K	4,676,846	
(5) ASCO	N	2,560,538	
(6) ASCO	J	231,180	
(7) ASCO	O	5,425,123	
(8) ASCO	P	2,327,368	