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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

C Name of organization
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY
% LINDA JENSEN CFO
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2318 MILL ROAD Suite 800
City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 22314
F Name and address of principal officer:
CLIFFORD HUDIS MD
2318 MILL ROAD SUITE 800
ALEXANDRIA, VA 22314

D Employer identification number
31-1667995
E Telephone number
(571) 483-1700
G Gross receipts \$ 33,401,732

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.CONQUER.ORG

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

L Year of formation: 1999

M State of legal domicile: VA

Part I

Summary

1 Briefly describe the organization's mission or most significant activities:
CONQUERING CANCER WORLDWIDE BY FUNDING BREAKTHROUGH RESEARCH AND SHARING CUTTING-EDGE KNOWLEDGE. CONQUER CANCER'S VISION IS A WORLD FREE FROM THE FEAR OF CANCER.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 16

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 156

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 522,500

7b Net unrelated business taxable income from Form 990-T, line 39 7b 269,300

Revenue

8 Contributions and grants (Part VIII, line 1h) 31,933,505

9 Program service revenue (Part VIII, line 2g) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,229,060

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,425

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 33,166,990

30,450,646

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 15,819,973

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0

16a Professional fundraising fees (Part IX, column (A), line 11e) 121,000

222,000

b Total fundraising expenses (Part IX, column (D), line 25) ▶4,214,530

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,943,766

9,672,350

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 23,884,739

24,914,594

19 Revenue less expenses. Subtract line 18 from line 12 9,282,251

5,536,052

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 74,547,914

89,666,380

21 Total liabilities (Part X, line 26) 4,353,781

7,196,521

22 Net assets or fund balances. Subtract line 21 from line 20 70,194,133

82,469,859

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
LINDA JENSEN CFO
Type or print name and title

2020-10-20
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ BDO USA LLP
Firm's address ▶ 8401 GREENSBORO DRIVE 800
MCLEAN, VA 22102

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no. (703) 893-0600

PTIN P01871563

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 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

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

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

4a	(Code:) (Expenses \$	6,690,010	including grants of \$	6,690,010) (Revenue \$)
See Additional Data				

4b	(Code:) (Expenses \$	10,853,950	including grants of \$	6,838,475) (Revenue \$)
See Additional Data				






















4c	(Code:) (Expenses \$	137,390	including grants of \$	137,390) (Revenue \$)
See Additional Data				

	(Code:) (Expenses \$	1,354,369	including grants of \$	1,354,369) (Revenue \$)
PATIENT EDUCATION & INFORMATION				

4d	Other program services (Describe in Schedule O.)			
	(Expenses \$	1,354,369	including grants of \$	1,354,369) (Revenue \$)

4e	Total program service expenses ▶	19,035,719		
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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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	10 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	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
b	Enter the number of voting members included in line 1a, above, who are independent	15	
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?	Yes	
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?		No
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	
b	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:		
a	The governing body?	Yes	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
a	The organization's CEO, Executive Director, or top management official		No
b	Other officers or key employees of the organization		No
	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶LINDA JENSEN CFO 2318 MILL ROAD STE 800 ALEXANDRIA, VA 22314 (571) 483-1320

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Clifford Hudis MD FAC CEO	7.5 30.0	X		X				0	898,194	24,233
(2) LINDA JENSEN CPA CFO	7.5 30.0			X				0	401,924	38,536
(3) Nancy Daly MS MPH EXEC VP & CHIEF PHILAN OFFICER	36.5 1.0			X				0	387,673	38,537
(4) Thomas Roberts Jr M Chair	1.0 0.0	X		X				0	0	0
(5) Sandra Swain MD FACP Treasurer	1.0 0.0	X		X				0	0	0
(6) Claire A Huang Secretary	1.0 0.0	X		X				0	0	0
(7) Alexander W Casdin Board Member	1.0 0.0	X						0	0	0
(8) Howard A Burris III Board Member	1.0 0.0	X						0	0	0
(9) Thomas Marsland MD F Board Member	1.0 0.0	X						0	0	0
(10) Lawrence H Einhorn M Board Member	1.0 0.0	X						0	0	0
(11) W Charles Penley MD Board Member	1.0 0.0	X						0	0	0
(12) Raj Mantena RPh Board Member	1.0 0.0	X						0	0	0
(13) Robert Mayer MD FASC Board Member	1.0 0.0	X						0	0	0
(14) Margaret Tempero MD Board Member	1.0 0.0	X						0	0	0
(15) Steven Rosen MD FACP Board Member	1.0 0.0	X						0	0	0
(16) Gerald J McDougall Board Member	1.0 0.0	X						0	0	0
(17) Susan L Cohn MD FAS Board Member	1.0 0.0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Riccardo Braglia Board Member	1.0 0.0	X						0	0	0
(19) Craig R Nichols MD FA Board Member	1.0 0.0	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,687,791	101,306

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRUE NORTH INC, 630 3RD AVENUE 12TH FLOOR NEW YORK, NY 10017	FUND. MESS & STRAT.	886,500
STRATUSLIVE, 6465 COLLEGE PARK SQUARE SUITE 400 VIRGINIA BEACH, VA 23464	DONORMGMT IT SERV.	220,309

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

Form 990 (2019)										Page 9				
Part VIII Statement of Revenue														
Check if Schedule O contains a response or note to any line in this Part VIII												<input type="checkbox"/>		
										(A)	(B)	(C)	(D)	
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts		1a Federated campaigns . . .		1a	7,015									
		b Membership dues . . .		1b	736,500									
		c Fundraising events . . .		1c	1,196,282									
		d Related organizations		1d	4,914,000									
		e Government grants (contributions)		1e										
		f All other contributions, gifts, grants, and similar amounts not included above		1f	20,355,965									
		g Noncash contributions included in lines 1a - 1f:\$		1g	1,995,522									
		h Total. Add lines 1a-1f		27,209,762										
Program Service Revenue					Business Code									
		2a ADVERTISING			900009	522,500			522,500					
		b												
		c												
		d												
		e												
		f All other program service revenue.												
		g Total. Add lines 2a-2f.			522,500									
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			2,667,684						2,667,684			
		4 Income from investment of tax-exempt bond proceeds			0									
		5 Royalties			0									
				(i) Real	(ii) Personal									
		6a Gross rents		6a										
		b Less: rental expenses		6b										
		c Rental income or (loss)		6c	0	0								
		d Net rental income or (loss)			0									
				(i) Securities	(ii) Other									
		7a Gross amount from sales of assets other than inventory		7a	2,895,613									
		b Less: cost or other basis and sales expenses		7b	2,870,959									
		c Gain or (loss)		7c	24,654									
		d Net gain or (loss)			24,654						24,654			
		8a Gross income from fundraising events (not including \$ 1,196,282 of contributions reported on line 1c). See Part IV, line 18		8a	106,173									
		b Less: direct expenses		8b	80,127									
		c Net income or (loss) from fundraising events			26,046						26,046			
		9a Gross income from gaming activities. See Part IV, line 19		9a	0									
		b Less: direct expenses		9b	0									
		c Net income or (loss) from gaming activities			0									
		10a Gross sales of inventory, less returns and allowances		10a	0									
b Less: cost of goods sold		10b	0											
c Net income or (loss) from sales of inventory			0											
Miscellaneous Revenue			Business Code											
11a														
b														
c														
d All other revenue														
e Total. Add lines 11a-11d			0											
12 Total revenue. See instructions			30,450,646			522,500			2,718,384					

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,574,321	13,574,321		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	338,100	338,100		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,107,823	1,107,823		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	5,926,708	2,603,483	869,662	2,453,563
b Legal	6,504		6,504	
c Accounting	41,574		41,574	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	222,000			222,000
f Investment management fees	33,191		33,191	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	525,064	359,722	75,408	89,934
12 Advertising and promotion	0			
13 Office expenses	160,682	97,995	34,965	27,722
14 Information technology	1,121,784	45,554	364,287	711,943
15 Royalties	0			
16 Occupancy	649,286	473,615	68,816	106,855
17 Travel	298,050	199,668	15,960	82,422
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	197,221	53,253	65,784	78,184
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE	227,816	50,991	4,785	172,040
b PRINTING	385,237	110,155	7,749	267,333
c OTHER EXPENSES	99,233	21,039	75,660	2,534
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,914,594	19,035,719	1,664,345	4,214,530
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,246,912	1	5,649,132
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	7,889,011	3	6,312,068
	4 Accounts receivable, net	889	4	610
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	188,502	9	297,353
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	0
	11 Investments—publicly traded securities	56,118,569	11	76,413,045
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,104,031	15	994,172
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,547,914	16	89,666,380	
Liabilities	17 Accounts payable and accrued expenses	458,665	17	299,017
	18 Grants payable	2,857,504	18	3,072,066
	19 Deferred revenue	1,037,612	19	3,825,438
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	4,353,781	26	7,196,521
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,258,849	27	40,974,084
	28 Net assets with donor restrictions	34,935,284	28	41,495,775
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	70,194,133	32	82,469,859
33 Total liabilities and net assets/fund balances	74,547,914	33	89,666,380	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,450,646
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,914,594
3	Revenue less expenses. Subtract line 2 from line 1	3	5,536,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,194,133
5	Net unrealized gains (losses) on investments	5	6,739,674
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	82,469,859

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

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

Form 990 (2019)

Form 990, Part III, Line 4a:

PROFESSIONAL EDUCATION - CONQUER CANCER HELPS ONCOLOGY PROFESSIONALS WORLDWIDE STAY UP TO DATE ON THE LATEST DEVELOPMENTS AND DISCOVERIES IN CANCER KNOWLEDGE. CONQUER CANCER SUPPORTS THE EFFORTS OF ASCO TO PROVIDE EDUCATION PROGRAMS IN THE US AND INTERNATIONALLY WHICH PROMOTE THE VITAL EXCHANGE OF IDEAS THAT LEAD TO WORLD-CLASS CARE, EVERYWHERE. FUNDS FROM CONQUER CANCER ARE USED TO SUPPORT ASCO'S COMPREHENSIVE SCIENTIFIC AND EDUCATIONAL PROGRAMS THROUGH BOTH LIVE MEETINGS AND PRINT AND ELECTRONIC EDUCATION OFFERINGS. HIGHLIGHTS OF THE PROFESSIONAL EDUCATIONAL AND SCIENTIFIC PROGRAMS SUPPORTED BY CONQUER CANCER AND PRESENTED TO THE PUBLIC IN 2019 INCLUDE THE FOLLOWING: * THE ASCO ANNUAL MEETING FEATURED NEARLY 265 EDUCATIONAL AND SCIENTIFIC SESSIONS. MORE THAN 5,000 ABSTRACTS WERE PRESENTED OR PUBLISHED. THE ASCO ANNUAL MEETING IS CONSIDERED THE PREMIER EDUCATIONAL AND SCIENTIFIC EVENT IN THE ONCOLOGY COMMUNITY AND ATTRACTS MORE THAN 40,000 ATTENDEES WORLDWIDE. THE MEETING OFFERS HEALTHCARE PROFESSIONALS PROVIDING ONCOLOGY CARE AN IMPORTANT OPPORTUNITY TO COME TOGETHER TO EXPLORE THE LATEST ADVANCES IN SCIENCE; CONTEXTUALIZE RECENT DISCOVERIES AND OPTIMIZE TREATMENT AND RESEARCH STRATEGIES; FRAME AND DISCUSS MAJOR CONTROVERSIES IN THE FIELD; AND NETWORK WITH PEERS IN AN ENVIRONMENT CHARGED WITH THE EXCITEMENT OF A COMMON GOAL: PROGRESS TOWARD BETTER OUTCOMES FOR PATIENTS. * GASTROINTESTINAL CANCERS (GI) SYMPOSIUM - THE ANNUAL GI SYMPOSIUM IS THE PREMIERE MULTIDISCIPLINARY GI CANCER SCIENTIFIC AND EDUCATIONAL MEETING. THE GI SYMPOSIUM GIVES HEALTHCARE PROVIDERS ACROSS MULTIPLE DISCIPLINES AND PROFESSIONS THE OPPORTUNITY TO RECEIVE CRITICAL UPDATES AND RECOMMENDATIONS TO IMPROVE THE CARE OF PATIENTS WITH GI CANCERS. THE SYMPOSIUM IS JOINTLY DEVELOPED BY A COMMITTEE WITH REPRESENTATIVES FROM THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE (AGA INSTITUTE), THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO), THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO), AND THE SOCIETY OF SURGICAL ONCOLOGY (SSO), WITH ADDITIONAL CONTENT ADVISORS FROM THE SOCIETY OF THORACIC SURGEONS (STS) AND THE AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES (AASLD). * GENITOURINARY CANCERS (GU) SYMPOSIUM - THE ANNUAL GU SYMPOSIUM IS THE PREEMINENT GENITOURINARY ONCOLOGY EVENT, ADDRESSING THE MULTIDISCIPLINARY NEEDS OF PHYSICIANS AND OTHER MEMBERS OF THE CANCER CARE AND RESEARCH COMMUNITY WHO DIAGNOSE, TREAT, AND STUDY GENITOURINARY MALIGNANCIES. THE GU SYMPOSIUM PROVIDES THE LATEST STRATEGIES IN SCREENING, DIAGNOSIS, TREATMENT, MANAGEMENT AND CONTROVERSIES IN THE FIELD OF GENITOURINARY CANCERS. THE SYMPOSIUM IS JOINTLY DEVELOPED BY COMMITTEES WITH REPRESENTATIVES FROM THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO), THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO), AND THE SOCIETY OF UROLOGIC ONCOLOGY (SUO). * BEST OF ASCO - WITH THE FIELD OF CANCER CARE CONSTANTLY EVOLVING AND EXPANDING, THE BEST OF ASCO MEETINGS BRING TOGETHER EXPERT FACULTY TO SYNTHESIZE THE MOST IMPORTANT RESEARCH AND CLINICAL DEVELOPMENTS PRESENTED AT THE ASCO ANNUAL MEETING AND TO DISCUSS PRACTICAL APPLICATIONS FOR PATIENT CARE. A PANEL OF ASCO EXPERTS SELECTS ABSTRACTS THAT HIGHLIGHT THE IMPORTANT SCIENTIFIC INFORMATION TO CREATE THE BEST OF ASCO MEETING PROGRAM. THIS PROGRAM PROVIDES ACCESS TO THE MOST CUTTING-EDGE, PRACTICE-CHANGING RESEARCH PRESENTED AT THE MEETING IN A RESPONSIBLE, PEER-REVIEWED MANNER. * SUPPORTIVE CARE IN ONCOLOGY SYMPOSIUM - THE SUPPORTIVE CARE IN ONCOLOGY SYMPOSIUM FOCUSES ON THE CONTINUUM OF SYMPTOM MANAGEMENT THROUGH ALL STAGES OF CANCER THERAPY. THE PROGRAM IS DESIGNED TO OFFER INSIGHTS INTO THE SCIENCE AND RESEARCH IN SUPPORTIVE CARE COMBINED WITH PRACTICAL GUIDANCE REGARDING IMPLEMENTATION OF BEST PRACTICES AND EVIDENCE-BASED CARE. THE PROGRAM INCORPORATES ABSTRACTS WITH THE LATEST FINDINGS, CHALLENGING CASES, AND AMPLE OPPORTUNITY FOR EXTENDED QUESTION AND ANSWER PERIODS AND MODERATED DISCUSSIONS THROUGHOUT. THE RESULT IS AN ENVIRONMENT WHERE EDUCATION AND SCIENCE OF SUPPORTIVE CARE ACROSS THE CONTINUUM COME TOGETHER TO MEET THE PRESSING NEEDS OF SUPPORTIVE CARE AND ONCOLOGY SPECIALISTS ALIKE. THREE LEADING MEDICAL SPECIALTY SOCIETIES COSPONSOR THE SUPPORTIVE CARE IN ONCOLOGY SYMPOSIUM: THE AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE (AAHPM), THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO), AND THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO). *QUALITY CARE SYMPOSIUM - THE ASCO QUALITY CARE SYMPOSIUM PROVIDES A FORUM TO SHARE THE LATEST STRATEGIES AND METHODS FOR QUANTIFICATION OF PATIENT EXPERIENCE, PROVIDER EFFICIENCY, CLINICAL OUTCOMES, AND QUALITY AND SAFETY IN THE CANCER CARE FIELD. THE SYMPOSIUM BRINGS TOGETHER LEADERS IN THE FIELD TO SHARE STRATEGIES AND METHODS FOR MEASURING AND IMPROVING THE QUALITY OF CANCER CARE AND DISSEMINATES INFORMATION ON THE IMPROVEMENT OF THE QUALITY OF PATIENT AND SURVIVOR CARE THROUGH IMPLEMENTATION SCIENCE AND METHODS FOR QUANTIFICATION OF PATIENT EXPERIENCES, PROVIDER EFFICIENCY, CLINICAL OUTCOMES, SAFETY, AND VALUE. *IMMUNO-ONCOLOGY SYMPOSIUM - THE ASCO-SITC CLINICAL IMMUNO-ONCOLOGY SYMPOSIUM EXPLORES CLINICAL AND TRANSLATIONAL RESEARCH IN IMMUNO-ONCOLOGY AND IMPLICATIONS FOR PATIENT CARE. THE SYMPOSIUM FACILITATES IMPORTANT EDUCATIONAL AND SCIENTIFIC DIALOGUES ON CLINICAL DEVELOPMENTS ACROSS DISEASE SITES IN THE RAPIDLY ADVANCING FIELD OF IMMUNO-ONCOLOGY, AND HELPS MEET THE WIDESPREAD NEED FOR EDUCATION IN RESPONSE TO A PARADIGM SHIFT IN CANCER TREATMENT THAT TARGETS THE IMMUNE SYSTEM RATHER THAN THE TUMOR. THE SYMPOSIUM IS DEVELOPED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) AND THE SOCIETY FOR THE IMMUNOTHERAPY OF CANCER (SITC). *ASCO/AACR METHODS IN CLINICAL CANCER RESEARCH WORKSHOP - SINCE 1996, THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC. (ASCO) AND THE AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR) HAVE JOINTLY SPONSORED THE METHODS IN CLINICAL CANCER RESEARCH WORKSHOP. THE WORKSHOP OFFERS AN INTENSIVE LEARNING OPPORTUNITY FOR CLINICAL FELLOWS AND CLINICALLY-ORIENTED JUNIOR FACULTY RESEARCHERS IN ALL ONCOLOGY SUBSPECIALTIES. THE WORKSHOP COVERS 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 CONQUER CANCER AND AVAILABLE TO THE PUBLIC IN 2019 INCLUDE THE FOLLOWING: *MEETING LIBRARY- ASCO'S MEETING LIBRARY IS A ONE-STOP LOCATION TO ACCESS ABSTRACTS, EDUCATIONAL BOOK MANUSCRIPTS, VIDEOS, SLIDES, AND POSTERS PRESENTED AT ASCO'S MEETINGS. ASCO'S MEETING LIBRARY IS AN INTEGRAL INFORMATIONAL AND EDUCATIONAL RESOURCE FOR ASCO MEMBERS, OTHER PHYSICIANS, PEOPLE WITH CANCER, AND THE GENERAL PUBLIC. THE ASCO MEETING LIBRARY BUNDLE INCLUDES THE FOLLOWING PRODUCTS: ABSTRACTS: ASCOS COMPREHENSIVE ONLINE DATABASE OF ONCOLOGY-RELATED RESEARCH ABSTRACTS FROM THE PREVIOUS 5 YEARS. INCLUDES LINKS TO RELATED PRESENTATIONS AND ADDITIONAL ABSTRACTS. VIDEOS AND SLIDES: ASCO VIDEOS AND SLIDES USE THE LATEST TECHNOLOGY TO DELIVER NEARLY 47,000 ORAL PRESENTATIONS AND ORAL ABSTRACTS FROM ASCO MEETINGS AND SYMPOSIA DATING BACK TO 2011. THE MOST COMPREHENSIVE COLLECTION OF ONCOLOGY-RELATED MEDIA IS AVAILABLE ONLINE FOR PHYSICIANS, RESEARCHERS, AND PATIENTS. MEETING POSTERS: POSTERS FROM GENERAL POSTER AND POSTER DISCUSSION SESSIONS FOR ASCO ANNUAL MEETING, GASTROINTESTINAL CANCERS SYMPOSIUM, GENITOURINARY CANCERS SYMPOSIUM, ASCO-SITC CLINICAL IMMUNO-ONCOLOGY SYMPOSIUM, CANCER SURVIVORSHIP SYMPOSIUM, ASCO QUALITY CARE SYMPOSIUM, AND THE SUPPORTIVE CARE IN ONCOLOGY SYMPOSIUM. ARCHIVED CONTENT IS AVAILABLE FOR MEETINGS NO LONGER OFFERED. *ASCO CLINICAL GUIDELINES MOBILE APPLICATION - ASCO DEVELOPS AND PUBLISHES CLINICAL PRACTICE GUIDELINES TO SERVE AS A GUIDE FOR DOCTORS AND OUTLINE APPROPRIATE METHODS OF TREATMENT AND CARE. THE GUIDELINES CAN ALSO ADDRESS SPECIFIC DISEASE-ORIENTED CLINICAL SITUATIONS, AS WELL AS USE OF APPROVED MEDICAL PRODUCTS, PROCEDURES, AND TESTS. THE ASCO CLINICAL PRACTICE GUIDELINES MOBILE APPLICATION IS DESIGNED TO MAKE ASCO GUIDELINES MORE USER FRIENDLY BY PROVIDING ACCESS AT THE BEDSIDE AND/OR IN CLINIC BY MEMBERS OF THE ONCOLOGY CARE TEAM, WITH THE ULTIMATE RESULT OF IMPROVING PATIENT CARE BASED ON ESTABLISHED SCIENCE AND THE LATEST RESEARCH. THE MOBILE APPLICATION IS AVAILABLE FOR THE APPLE IOS AND ANDROID OPERATING SYSTEMS, ACCESSIBLE BY SMARTPHONES AND TABLETS. INTERACTIVE TOOLS ARE ALSO INCLUDED WITHIN SOME GUIDELINES.

Form 990, Part III, Line 4b:

RESEARCH - THE CONQUER CANCER GRANTS & AWARDS PROGRAM HAS BEEN RECOGNIZING EXCELLENCE IN CLINICAL RESEARCH, QUALITY CARE, AND TEACHING IN THE FIELD OF ONCOLOGY SINCE 1984, WHEN THE PROGRAM ORIGINALLY BEGAN UNDER THE PURVIEW OF ASCO. CONQUER CANCER HAS A DEMONSTRATED TRACK RECORD IN SUPPORTING THE EARLY CAREER DEVELOPMENT OF ONCOLOGY RESEARCHERS, INCLUDING IDENTIFYING AND NURTURING THOSE WHO HAVE BECOME NOTABLE LEADERS AND INNOVATORS IN THE FIELD. PAST GRANT RECIPIENTS HAVE BECOME HEADS OF LARGE CANCER INSTITUTIONS AND PRESIDENTS OF MAJOR ONCOLOGY SOCIETIES, AS WELL AS GUIDED THE NATIONAL ONCOLOGY CONVERSATION THROUGH SERVICE ON BOARDS AND COMMITTEES. ADDITIONALLY, PAST RECIPIENTS HAVE ALSO INVESTED IN THE NEXT GENERATION OF YOUNG INVESTIGATORS BY SERVING AS MENTORS TO NEWLY CHOSEN CONQUER CANCER GRANTEES. CONQUER CANCER FUNDS THE ENTIRE SPECTRUM OF RESEARCH ACTIVITIES RELATED TO CANCER PREVENTION, SCREENING, TREATMENT, AND OUTCOMES RESEARCH IN ALL CANCER TYPES, AND SUPPORTS PROGRESS BY FUNDING CANCER RESEARCHERS AT ALL STAGES OF THEIR CAREERS, ENABLING ONCOLOGY'S BEST AND BRIGHTEST TO PURSUE PROMISING RESEARCH. EACH YEAR, CONQUER CANCER FUNDS AND AWARDS MULTIPLE RESEARCH GRANTS DESIGNED TO HELP ATTRACT AND RETAIN THE BEST SCIENTIFIC MINDS IN CANCER RESEARCH AND TO SUPPORT THEIR EFFORTS. CONQUER CANCER AND ASCO HAVE FUNDED MORE THAN \$126 MILLION IN CANCER RESEARCH GRANTS TO OVER 2,100 RECIPIENTS IN 75 COUNTRIES. HIGHLIGHTS OF 2019 RESEARCH ACTIVITIES AND ACCOMPLISHMENTS INCLUDE: ADVANCED CLINICAL RESEARCH AWARD (ACRA) - \$450,000 PROVIDED ONE (1) THREE-YEAR AWARD TO SUPPORT A PHYSICIAN-SCIENTIST COMMITTED TO PERFORMING ORIGINAL, CLINICAL CANCER RESEARCH IN BREAST CANCER. THIS RESEARCH MUST HAVE A PATIENT-ORIENTED FOCUS, INCLUDING A CLINICAL RESEARCH STUDY AND/OR TRANSLATIONAL RESEARCH INVOLVING HUMAN SUBJECTS. CAREER DEVELOPMENT AWARD (CDA) - \$3,200,000 PROVIDED SIXTEEN (16) THREE-YEAR AWARDS INTENDED TO SUPPORT CLINICAL RESEARCH OF CLINICAL INVESTIGATORS WHO HAVE RECEIVED THEIR INITIAL FACULTY APPOINTMENTS AND ARE ESTABLISHING INDEPENDENT CLINICAL CANCER RESEARCH PROGRAMS. YOUNG INVESTIGATOR AWARD (YIA) - \$3,800,000 PROVIDED SEVENTY-SIX (76) ONE-YEAR AWARDS DESIGNED TO ENCOURAGE AND PROMOTE HIGH-QUALITY RESEARCH IN CLINICAL ONCOLOGY BY PROVIDING FUNDS TO PROMISING INVESTIGATORS DURING THE TRANSITION FROM A FELLOWSHIP PROGRAM TO A FACULTY APPOINTMENT. GLOBAL ONCOLOGY YOUNG INVESTIGATOR AWARD - \$300,000 PROVIDED SIX (6) ONE-YEAR AWARDS TO EARLY-CAREER INVESTIGATORS CONDUCTING RESEARCH IN LOW RESOURCE SETTINGS ON SCIENTIFIC QUESTIONS SPECIFIC TO THOSE SETTINGS, WITH THE POTENTIAL TO OFFER "REVERSE INNOVATION" INSIGHTS TO INFLUENCE ONCOLOGY PRACTICE IN A WIDE RANGE OF RESOURCE SETTINGS, BY INVESTIGATORS IN HIGH RESOURCE SETTINGS ON ISSUES IN RESOURCE-LIMITED SETTINGS, OR COLLABORATIVE RESEARCH BETWEEN INVESTIGATORS IN BOTH HIGH AND LOW RESOURCE SETTINGS ON QUESTIONS OF SHARED CONCERN. THE GOAL FOR THE GLOBAL ONCOLOGY YOUNG INVESTIGATOR AWARD IS TO ENCOURAGE AND PROMOTE QUALITY RESEARCH IN GLOBAL ONCOLOGY, AND TO DEVELOP THE NEXT GENERATION OF RESEARCHERS TO ADDRESS GLOBAL HEALTH NEEDS. THE JAMES B. NACHMAN JUNIOR FACULTY AWARD IN PEDIATRIC ONCOLOGY WAS ESTABLISHED IN MEMORY OF JAMES B. NACHMAN, MD, AN INTERNATIONALLY RENOWNED PEDIATRIC CANCER EXPERT AND PEDIATRICS PROFESSOR. HE CHAIRED SEVERAL CHILDREN'S ONCOLOGY GROUP NATIONAL STUDY COMMITTEES AND WAS AN AUTHORITY IN THE MEDICAL MANAGEMENT OF CHILDHOOD CANCERS, ESPECIALLY LEUKEMIA AND LYMPHOMA. \$3,000 PROVIDED FOR ONE JUNIOR FACULTY MEMBER WITH THE HIGHEST SCORING ABSTRACT IN PEDIATRIC ONCOLOGY. MERIT AWARDS- \$195,000 PROVIDED FOR ONE-HUNDRED NINETY-FOUR (194) MERIT AWARDS WHICH PROMOTE CLINICAL RESEARCH BY AWARDING YOUNG SCIENTISTS WHOSE RESEARCH IS ADDRESSED IN HIGH QUALITY ABSTRACTS SUBMITTED TO ASCO MEETINGS WITH AN OPPORTUNITY TO PRESENT THEIR RESEARCH AND INTERACT WITH OTHER CLINICAL CANCER INVESTIGATORS AT ASCO SCIENTIFIC MEETINGS AND DISEASE SPECIFIC SYMPOSIA. MEDICAL STUDENT ROTATION FOR UNDERREPRESENTED POPULATIONS (MSR)- \$85,000 PROVIDED FOR TEN (10) MEDICAL STUDENT ROTATIONS. THE MSR PROVIDES A 4-WEEK CLINICAL OR CLINICAL RESEARCH ROTATION FOR U.S. MEDICAL STUDENTS FROM POPULATIONS UNDERREPRESENTED IN MEDICINE WHO ARE INTERESTED IN PURSUING ONCOLOGY AS A CAREER AND ALLOWS THEM TO GAIN KNOWLEDGE AND EXPERIENCE IN THE AREAS OF CLINICAL CANCER CARE AND RESEARCH. A MENTORING COMPONENT IS INCLUDED IN THE MSR WHEREBY AWARD RECIPIENTS ARE PAIRED WITH A CLINICAL ONCOLOGIST WHO PROVIDES ACADEMIC AND CAREER GUIDANCE, BOTH DURING AND FOLLOWING THE ROTATION EXPERIENCE. RESIDENT TRAVEL AWARD FOR UNDERREPRESENTED POPULATIONS - \$9,000 PROVIDED FOR SIX (6) RESIDENT TRAVEL AWARDS (RTA). THE RTA PROVIDES FINANCIAL SUPPORT FOR RESIDENTS FROM UNDERREPRESENTED POPULATIONS TO ATTEND THE ASCO ANNUAL MEETING. ATTENDING THE ASCO ANNUAL MEETING GIVES PHYSICIAN RESIDENTS INTERESTED IN A CAREER IN ONCOLOGY THE OPPORTUNITY TO MEET ONCOLOGISTS AND TO LEARN MORE ABOUT CAREER OPTIONS IN THE FIELD.

Form 990, Part III, Line 4c:

QUALITY AND ACCESS TO CARE - REMARKABLE ADVANCES IN CANCER MEDICINE ARE OCCURRING MORE AND MORE FREQUENTLY, YET THE FULL PROMISE OF SUCH PROGRESS CANNOT BE REALIZED UNTIL HIGH QUALITY CANCER CARE IS AVAILABLE TO EVERYONE. CONQUER CANCER IS KEENLY AWARE OF THE POTENTIALLY FATAL DIVIDE BETWEEN THOSE WITH ACCESS TO THE FRUITS OF RESEARCH AND TIMELY CARE AND THOSE WITHOUT. WE SEEK TO CONFRONT THESE DISPARITIES AND IMPROVE THE OUTLOOK FOR EVERY PERSON TOUCHED BY CANCER BY SUPPORTING PROGRAMS THAT INCREASE ACCESS TO CARE IN ALL COMMUNITIES, INCLUDING THOSE UNDERSERVED. THE QUALITY AND ACCESS TO CARE PROGRAMS AND INITIATIVES SUPPORTED BY CONQUER CANCER IN 2019 INCLUDE THE FOLLOWING:

DIVERSITY IN ONCOLOGY INITIATIVE - THE CONQUER CANCER GRANTS AND AWARDS PROGRAM PROVIDES FUNDING FOR DIFFERENT TYPES OF AWARD OPPORTUNITIES FOR ONCOLOGY FELLOWS, CLINICAL PRACTICES, AND INTERNATIONAL RESEARCHERS. ONE OF THE PROGRAMS OFFERED THROUGH CONQUER CANCER IS THE DIVERSITY IN ONCOLOGY INITIATIVE. THE 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. THE DIVERSITY IN ONCOLOGY PROGRAM CONSISTS OF AWARD OPPORTUNITIES FOR MEDICAL STUDENTS AND RESIDENTS WHO SELF-IDENTIFY AS BEING MEMBERS OF UNDERREPRESENTED POPULATIONS. TWO AWARD OPPORTUNITIES ARE AVAILABLE: THE MEDICAL STUDENT ROTATION FOR UNDERREPRESENTED POPULATIONS (MSR) AND THE RESIDENT TRAVEL AWARD FOR UNDERREPRESENTED POPULATIONS. THE MSR PROVIDES A 4-WEEK CLINICAL OR CLINICAL RESEARCH ROTATION FOR U.S. MEDICAL STUDENTS FROM POPULATIONS UNDERREPRESENTED IN MEDICINE WHO ARE INTERESTED IN PURSUING ONCOLOGY AS A CAREER AND ALLOWS THEM TO GAIN KNOWLEDGE AND EXPERIENCE IN THE AREAS OF CLINICAL CANCER CARE AND RESEARCH. A MENTORING COMPONENT IS INCLUDED IN THE MSR WHEREBY AWARD RECIPIENTS ARE PAIRED WITH A CLINICAL ONCOLOGIST WHO PROVIDES ACADEMIC AND CAREER GUIDANCE, BOTH DURING AND FOLLOWING THE ROTATION EXPERIENCE. \$85,000 PROVIDED FOR TEN (10) MEDICAL STUDENT ROTATIONS. THE RESIDENT TRAVEL AWARD PROVIDES FINANCIAL SUPPORT TO RESIDENTS FROM UNDERREPRESENTED POPULATIONS TO ATTEND THE ASCO ANNUAL MEETING. ATTENDING THE ASCO ANNUAL MEETING GIVES PHYSICIAN RESIDENTS INTERESTED IN A CAREER IN ONCOLOGY THE OPPORTUNITY TO MEET ONCOLOGISTS AND TO LEARN MORE ABOUT CAREER OPTIONS IN THE FIELD. \$9,000 PROVIDED FOR SIX (6) RESIDENT TRAVEL AWARDS. *QUALITY TRAINING PROGRAM - AS THE LEADING ONCOLOGY QUALITY IMPROVEMENT (QI) COURSE, ASCO'S QUALITY TRAINING PROGRAM EMPOWERS PRACTICE TEAMS TO IMPROVE CLINICAL CARE AND OPERATIONAL PERFORMANCE BY TEACHING TEAMS HOW TO BALANCE QUALITY IMPROVEMENT PROJECTS WITH DEMANDING SCHEDULES AND COMPETING PRIORITIES. CONTENT HAS BEEN DEVELOPED SPECIFICALLY FOR ONCOLOGY PRACTICE TEAMS AND INCLUDES ACCESS TO RENOWNED FACULTY AND COACHES DURING FIVE FOCUSED DAYS OF IN-PERSON LEARNING. DURING THOSE FIVE DAYS, PRACTICE TEAMS ATTEND THREE SESSIONS, WHICH INCLUDE SEMINARS, CASE EXAMPLES, AND SMALL GROUP EXERCISES. LEARNING CONTINUES THROUGHOUT THE SIX-MONTH COURSE, INCLUDING REMOTE COACHING SESSIONS AS NEEDED. EACH TEAM WILL TAKE ITS QUALITY IMPROVEMENT KNOWLEDGE AND SKILLS TO ANOTHER LEVEL, ACCELERATING CHANGE AND IMPROVEMENT. TEAMS WILL WORK ON A PROBLEM OF THEIR OWN CHOOSING, WHICH COULD RANGE FROM IMPROVING CARE COORDINATION OR PATIENT SAFETY TO A SPECIFIC ORAL CHEMOTHERAPY PROJECT.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
31-1667995

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

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

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

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	29,974,390	23,158,842	29,032,906	31,998,377	27,209,762	141,374,277
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	29,974,390	23,158,842	29,032,906	31,998,377	27,209,762	141,374,277
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). .						39,649,136
6	Public support. Subtract line 5 from line 4.						101,725,141

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	29,974,390	23,158,842	29,032,906	31,998,377	27,209,762	141,374,277
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	833,497	877,067	908,055	719,934	2,667,684	6,006,237
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .					269,300	269,300
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						0
11	Total support. Add lines 7 through 10						147,649,814
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14 68.896 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15 67.671 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

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

Part V

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 31-1667995

Name: CONQUER CANCER FOUNDATION OF THE AMERICAN
SOCIETY OF CLINICAL ONCOLOGY

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493295008140

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
31-1667995

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,571,755	17,114,411	10,363,214	9,169,527	3,968,976
b Contributions	8,235,901	2,133,374	6,170,675	1,364,000	5,417,500
c Net investment earnings, gains, and losses	2,772,005	-964,377	1,125,396	280,187	-94,449
d Grants or scholarships	839,500	711,653	544,874	450,500	122,500
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	27,740,161	17,571,755	17,114,411	10,363,214	9,169,527

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	0

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

☒

Schedule D (Form 990) 2019

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

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

1	Total revenue, gains, and other support per audited financial statements	1	37,237,256
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,739,674
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	6,739,674
3	Subtract line 2e from line 1	3	30,497,582
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,191
b	Other (Describe in Part XIII.)	4b	-80,127
c	Add lines 4a and 4b	4c	-46,936
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	30,450,646

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

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

1	Total expenses and losses per audited financial statements	1	24,961,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	80,127
e	Add lines 2a through 2d	2e	80,127
3	Subtract line 2e from line 1	3	24,881,403
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,191
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	33,191
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,914,594

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	Permanently restricted net assets of donor-restricted endowment funds are preserved, absent explicit direction from the donor. Interest from the permanently restricted funds is intended to fund future research and/or educational awards.

Supplemental Information	
Return Reference	Explanation
PART V, LINE 1A-1G	ENDOWMENT FUNDS ARE BASED ON GAAP AND AGREE TO THE RESTRICTED FUNDS ON THE AUDITED FINANCIAL STATEMENTS.

Supplemental Information

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

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4b	FUNDRAISING EXPENSES \$80,127

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2d	FUNDRAISING EXPENSES \$80,127

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
31-1667995

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					1,077,023
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,077,023

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

[illegible]

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	<p>EXPLANATION: CONQUER CANCER GRANTS ARE AWARDED BASED ON MERIT THROUGH A PEER-REVIEW PROCESS CONDUCTED BY MEMBERS OF CONQUER CANCER'S GRANT SELECTION COMMITTEE USING ELIGIBILITY CRITERIA ESTABLISHED FOR EACH SPECIFIC GRANT. GRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT THAT ESTABLISHES CERTAIN REQUIREMENTS FOR THE GRANT. GRANTEES MUST REQUEST APPROVAL FOR ANY CHANGES IN THE GRANT PROJECT AND THE GRANTEE'S STATUS. GRANTEES MUST SUBMIT A FORMAL REQUEST FOR A CHANGE IN OBJECTIVES OR SCOPE AND INCLUDE JUSTIFICATION FOR THE CHANGES, WHICH IS SUBJECT TO CONQUER CANCER'S REVIEW AND APPROVAL. GRANTEES ARE REQUIRED TO NOTIFY CONQUER CANCER AND REQUEST A NO-COST EXTENSION IF THERE ARE SIGNIFICANT DELAYS THAT WILL MATERIALLY AFFECT THE ABILITY TO ATTAIN THE OBJECTIVES OF THE GRANT PROJECT OR TO MEET THE PROPOSED TIME SCHEDULES. GRANTEES ARE REQUIRED TO NOTIFY CONQUER CANCER IF THEY PLAN TO LEAVE AN ORGANIZATION DURING THE COURSE OF A GRANT AND MUST SUBMIT A REQUEST FOR APPROVAL OF INSTITUTION TRANSFER OF THE GRANT BEFORE ANY TRANSFER TAKES PLACE. CHANGES OF GREATER THAN 5% OF THE TOTAL YEARLY GRANT BUDGET BETWEEN OR INTO NEW BUDGET CATEGORIES ARE SUBJECT TO THE REVIEW AND APPROVAL. CONQUER CANCER REQUIRES TECHNICAL PROJECT REPORTS (PROGRESS REPORTS) AND BUDGET SUMMARIES (FINANCIAL REPORTS) FOR ALL GRANTS. UNLESS OTHERWISE SPECIFIED IN THE GRANT TERMS AND CONDITIONS, AN ANNUAL PROGRESS REPORT AND A BUDGET SUMMARY ARE REQUIRED TO BE SUBMITTED WITHIN 30 DAYS AND 60 DAYS, RESPECTIVELY, FOLLOWING THE END OF THE GRANT BUDGET PERIOD. CONQUER CANCER REVIEWS THE REPORTS AND PROVIDES THE GRANTEE AN APPROVAL NOTIFICATION. CONQUER CANCER REQUIRES A FINAL PROJECT REPORT AND BUDGET SUMMARY WITHIN 30 DAYS AND 60 DAYS, RESPECTIVELY, FOLLOWING EXPIRATION OF THE GRANT. CONQUER CANCER REVIEWS THE REPORTS AND IF APPROVED, PROVIDES THE GRANTEE AN APPROVAL NOTIFICATION. ALL UNUSED FUNDS AT THE END OF THE AWARD TERM MUST BE RETURNED. GRANTS ARE ADMINISTRATIVELY CLOSED AFTER RECEIPT OF THE FINAL PROJECT REPORT AND FINAL BUDGET SUMMARY AND AFTER CONQUER CANCER'S DETERMINATION THAT ANY OTHER ADMINISTRATIVE REQUIREMENTS IN THE GRANT HAVE BEEN MET. CONQUER CANCER RESERVES THE RIGHT TO ASK THE GRANTEE TO RETURN FUNDS THAT WERE SPENT INCONSISTENT WITH THE APPROVED BUDGET.</p>

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Awards & Grants	46,625
Europe (Including Iceland and Greenland)			Program Services	AWARDS & GRANTS	143,800

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	AWARDS & GRANTS	471,000
South America			Program Services	AWARDS & GRANTS	326,600

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	AWARDS & GRANTS	29,880
South Asia			Program Services	AWARDS & GRANTS	57,118

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

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Career Development Award	200,000	CHECK			
		North America	Career Development Award	200,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Career Development Award	200,000	CHECK			
		Central America and the Caribbean	GLOBOL ONCOL	50,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	GLOBAL ONCOL	50,000	CHECK			
		Europe (Including Iceland and Greenland)	GLOBOL ONCOL	50,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	INT'L INNOVATION	20,000	CHECK			
		South Asia	INT'L INNOVATION	20,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	INT'L INNOVATION	20,000	CHECK			
		Central America and the Caribbean	INT'L INNOVATION	20,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	YOUNG INVEST	50,000	CHECK			
		Europe (Including Iceland and Greenland)	YOUNG INVEST	50,000	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PATIENT ADVOCATE	East Asia and the Pacific	1	2,200	CHECK			
PATIENT ADVOCATE	Europe (Including Iceland and Greenland)	1	2,200	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PATIENT ADVOCATE	Europe (Including Iceland and Greenland)	1	2,200	CHECK			
PATIENT ADVOCATE	Europe (Including Iceland and Greenland)	1	2,200	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PATIENT ADVOCATE	Europe (Including Iceland and Greenland)	1	2,200	CHECK			
PATIENT ADVOCATE	Europe (Including Iceland and Greenland)	1	2,200	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PATIENT ADVOCATE	Central America and the Caribbean	1	2,200	CHECK			
PATIENT ADVOCATE	North America	1	2,200	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PATIENT ADVOCATE	South Asia	1	2,200	CHECK			
PATIENT ADVOCATE	South Asia	1	2,200	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PATIENT ADVOCATE	Sub-Saharan Africa	1	2,200	CHECK			
PATIENT ADVOCATE	Sub-Saharan Africa	1	2,200	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PATIENT ADVOCATE	Sub-Saharan Africa	1	2,200	CHECK			

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>RESEARCH DINNER</u> (event type)	<u>SEPTEMBER SALON</u> (event type)	<u>5</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,010,938	99,689	125,656	1,236,283
	2 Less: Contributions	904,765	99,689	125,656	1,130,110
	3 Gross income (line 1 minus line 2)	106,173			106,173
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	36,703			36,703
	8 Entertainment				
	9 Other direct expenses	43,424			43,424
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				80,127
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				26,046

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

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

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

Return Reference	Explanation
FORM 990, SCHEDULE G, PART I, LINE 1	THE RETAINER FEES ARE PAID FOR THE WORK THAT FAIRCOM NY DOES ON MANAGING OUR ACCOUNT. THIS INCLUDES STRATEGY, COPY WRITING, LIST RECOMMENDATIONS, DATA ANALYSIS, ETC. THE OTHER FEES ARE FOR THE PRODUCTION OF THE ACTUAL MAILINGS THEMSELVES, POSTAGE, PRINTING, ACTUAL LIST RENTALS, ETC. TRUE NORTH PROVIDED DONOR STRATEGY CONSULTATION.

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

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

OMB No. 1545-0047

2019

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

46

3

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Merit Awards	202	202,000			
(2) Patient Advocate Scholarships	22	39,600			
(3) Medical Student Rotation Award	23	87,500			
(4) Resident Travel Award	6	9,000			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 1	CONQUER CANCER GRANTS ARE AWARDED BASED ON MERIT THROUGH A PEER-REVIEW PROCESS CONDUCTED BY MEMBERS OF CONQUER CANCER'S GRANT SELECTION COMMITTEE USING ELIGIBILITY CRITERIA ESTABLISHED FOR EACH SPECIFIC GRANT. GRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT THAT ESTABLISHES CERTAIN REQUIREMENTS FOR THE GRANT. GRANTEES MUST REQUEST APPROVAL FOR ANY CHANGES IN THE GRANT PROJECT AND THE GRANTEE'S STATUS. GRANTEES MUST SUBMIT A FORMAL REQUEST FOR A CHANGE IN OBJECTIVES OR SCOPE TO CCF AND INCLUDE JUSTIFICATION FOR THE CHANGES, WHICH IS SUBJECT TO CONQUER CANCER'S REVIEW AND APPROVAL. GRANTEES ARE REQUIRED TO NOTIFY CONQUER CANCER AND REQUEST A NO-COST EXTENSION IF THERE ARE SIGNIFICANT DELAYS THAT WILL MATERIALLY AFFECT THE ABILITY TO ATTAIN THE OBJECTIVES OF THE GRANT PROJECT OR TO MEET THE PROPOSED TIME SCHEDULES. GRANTEES ARE REQUIRED TO NOTIFY CONQUER CANCER IF THEY PLAN TO LEAVE AN ORGANIZATION DURING THE COURSE OF A GRANT AND MUST SUBMIT A REQUEST FOR APPROVAL OF INSTITUTION TRANSFER OF THE GRANT BEFORE ANY TRANSFER TAKES PLACE. CHANGES OF GREATER THAN 5% OF THE TOTAL YEARLY GRANT BUDGET BETWEEN OR INTO NEW BUDGET CATEGORIES ARE SUBJECT TO THE REVIEW AND APPROVAL. CONQUER CANCER REQUIRES TECHNICAL PROJECT REPORTS (PROGRESS REPORTS) AND BUDGET SUMMARIES (FINANCIAL REPORTS) FOR ALL GRANTS. UNLESS OTHERWISE SPECIFIED IN THE GRANT TERMS AND CONDITIONS, AN ANNUAL PROGRESS REPORT AND A BUDGET SUMMARY ARE REQUIRED TO BE SUBMITTED WITHIN 30 DAYS AND 60 DAYS, RESPECTIVELY, FOLLOWING THE END OF THE GRANT BUDGET PERIOD. CONQUER CANCER REVIEWS THE REPORTS AND PROVIDES THE GRANTEE AN APPROVAL NOTIFICATION. CONQUER CANCER REQUIRES A FINAL PROJECT REPORT AND BUDGET SUMMARY WITHIN 30 DAYS AND 60 DAYS, RESPECTIVELY, FOLLOWING EXPIRATION OF THE GRANT. CONQUER CANCER REVIEWS THE REPORTS AND IF APPROVED, PROVIDES THE GRANTEE AN APPROVAL NOTIFICATION. ALL UNUSED FUNDS AT THE END OF THE AWARD TERM MUST BE RETURNED. GRANTS ARE ADMINISTRATIVELY CLOSED AFTER RECEIPT OF THE FINAL PROJECT REPORT AND FINAL BUDGET SUMMARY AND AFTER CCF'S DETERMINATION THAT ANY OTHER ADMINISTRATIVE REQUIREMENTS IN THE GRANT HAVE BEEN MET. CONQUER CANCER RESERVES THE RIGHT TO ASK THE GRANTEE TO RETURN FUNDS THAT WERE SPENT INCONSISTENTLY WITH THE APPROVED BUDGET.
part II, award abbreviations:	YIA: Young investigator award CDA: Career Development award MSR: Medical Student Rotation ACRA: Advanced Clinical REsearch award

Additional Data

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cedars-Sinai Medical Center 8700 Beverly Blvd 1S35 Los Angeles, CA 90048	95-1644600	501(C)(3)	450,000				ACRA
Columbia University Medical Center 630 West 168th Street New York, NY 11042	13-5598093	501(C)(3)	700,000				CDA, YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dana-Farber Cancer Institute 44 Binney St Boston, MA 022155450	04-2263040	501(C)(3)	1,050,000				CDA, YIA
Feinstein Institute Northwell Heath Monter Cancer Center Lake Success, NY 11042	11-2673595	501(C)(3)	50,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fred Hutchinson Cancer Research Center 1100 Fairview Ave N Seattle, WA 98109	23-7156071	501(C)(3)	150,000				YIA
Howard University 2400 Sixth Street NW Washington, DC 20059	53-0204707	501(C)(3)	8,500				MSR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Icahn School of Medicine at Mount Sinai 1 Gustave L Levy Pl New York, NY 100293294	13-6171197	501(C)(3)	100,000				YIA
Indiana University 420 University Boulevard Indianapolis, IN 46202	35-6001673	501(C)(3)	200,000				CDA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Joan & Sanford I Weill Medical College of Cornell 525 East 68th Street New York, NY 10065	13-1623978	501(C)(3)	165,000				LIFE, YIA
Johns Hopkins University 3400 N Charles Street Baltimore, MD 212182608	52-0595110	501(C)(3)	450,000				CDA, YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maine Medical Center 22 Bramhall Street Portland, ME 041023175	01-0238552	501(C)(3)	50,000				YIA
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114	04-2697983	501(C)(3)	450,000				CDA, YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mayo Clinic 200 1st street SW Rochester, MN 55905	41-6011702	501(C)(3)	100,000				YIA
Morehouse School of Medicine 720 Westview Drive SW Atlanta, GA 303101495	58-1438873	501(C)(3)	8,500				MSR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ochsner Clinic Foundation 1514 Jefferson Highway BH 546 New Orleans, LA 70121	72-0502505	501(C)(3)	50,000				YIA
Rhode Island Hospital 593 Eddy St Providence, RI 029034923	05-0258809	501(C)(3)	50,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Roswell Park Comprehensive Cancer Center Elm Carlton Streets Buffalo, NY 14263	11-4140215	501(C)(3)	50,000				YIA
San Juan Bautista School of Medicine CAGUAS RQ	66-0361341	501(C)(3)	8,500				MSR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sarah Cannon Research Institute 3322 West End Avenue Suite 900 Nashville, TN 37203	20-1557751	501(C)(3)	50,000				YIA
Scripps Translational Science Institute 3344 North Torrey Pines Court Suit La Jolla, CA 92307	33-0435954	501(C)(3)	50,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seattle Children's Hospital dba Seattle Children's Suite 300 Seattle, WA 98115	91-0564748	501(C)(3)	50,000				YIA
Sloan Kettering Institute for Cancer Research 1275 York Avenue New York, NY 10065	13-1624182	501(C)(3)	707,847				CDA, YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Jude Children's Research Hospital 262 Danny Thomas Place Memphis, TN 38105	62-0646012	501(C)(3)	150,000				YIA
Stanford University 800 Welch Road Stanford, CA 94305	94-1156365	501(C)(3)	17,000				MSR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY Upstate Medical University 750 E Adams Street Syracuse, NY 13210	14-1438361	501(C)(3)	8,500				MSR
Texas Tech University Health Sciences Center El Pa 5001 El Paso Drive El Paso, TX 79905	75-2668018	501(C)(3)	8,500				MSR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Children's Hospital of Philadelphia 34th Street and Civic Center Boulev Philadelphia, PA 19104	23-1352166	501(C)(3)	50,000				YIA
The University of Alabama at Birmingham 1720 2nd Avenue South Birmingham, AL 35233	63-6005396	501(C)(3)	200,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Chicago 5841 S Maryland Ave Chicago, IL 60637	36-2177139	501(C)(3)	50,000				YIA
The University of North Carolina at Chapel Hill 102 Mason Farm Rd Chapel Hill, NC 275997295	56-6001393	501(C)(3)	150,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Texas MD Anderson Cancer Center 1515 Holcombe Blvd Houston, TX 77030	74-6001118	501(C)(3)	700,000				CDA, YIA
Tufts University School of Medicine 136 Harrison Avenue Boston, MA 02111817	04-2103634	501(C)(3)	8,500				MSR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCSF Benioff Children's Hospital Oakland 747 52nd Street Oakland, CA 94609	94-0382330	501(C)(3)	50,000				YIA
University of Arizona 888 N Euclid Ave Room 510 Tucson, AZ 85719	74-2652689	501(C)(3)	8,500				MSR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California San Diego 3855 Health Sciences Drive La Jolla, CA 92093	95-6006144	501(C)(3)	100,000				YIA
University of California Davis 1850 Research Park Dr Davis, CA 95618	94-6036494	501(C)(3)	50,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California San Francisco 2340 Sutter Street San Francisco, CA 941150128	94-6036493	501(C)(3)	50,000				YIA
University of Minnesota 450 McNamara Alumni Center Minneapolis, MN 55455	41-6007513	501(C)(3)	50,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pennsylvania 16th Floor Penn Tower Philadelphia, PA 191044283	23-1352685	501(C)(3)	150,000				YIA
University of Pittsburgh 5150 Centre Avenue Pittsburgh, PA 15232	25-0965591	501(C)(3)	250,000				CDA, YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of South Alabama 307 University Blvd Mobile, AL 366880002	63-0477348	501(C)(3)	8,500				MSR
University of Southern California 3720 S Flower St Los Angeles, CA 900890701	95-1642394	501(C)(3)	50,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Washington 4333 Brooklyn Ave NE Seattle, WA 981959472	91-6001537	501(C)(3)	50,000				YIA
University of Wisconsin 21 N Park Street Madison, WI 537151218	39-6006492	501(C)(3)	50,000				YIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University Campus Box 1054 St Louis, MO 631304862	43-0653611	501(C)(3)	50,000				YIA
Winship Cancer Institute of Emory University 525 East 68th Street New York, NY 10065	13-1623978	501(C)(3)	50,000				YIA

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3:	EXPLANATION: COMPENSATION IS ESTABLISHED BY A RELATED ORGANIZATION, THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC. THE METHODS USED BY ASCO TO DETERMINE COMPENSATION ARE: COMPENSATION COMMITTEE; INDEPENDENT COMPENSATION CONSULTANT; FORMS 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT; COMPENSATION STUDY OR SURVEY; AND APPROVAL BY BOARD OR COMPENSATION COMMITTEE.

SCHEDULE M
(Form 990)

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
31-1667995

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	2	1,525	FMV
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	18	1,889,349	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
VARIOUS SILENT AUCTION	X	60	104,648	FMV
25 Other ► (ITEMS)				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

30a

Yes

No

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

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

31

Yes

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

32a

No

b If "Yes," describe in Part II.

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

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

Return Reference	Explanation
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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		<div>2019</div> <div>Open to Public Inspection</div>
Department of the Treasury Name of the organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY		Employer identification number 31-1667995

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	<p>PATIENT EDUCATION AND INFORMATION - WELL-INFORMED, EDUCATED PATIENTS ARE THEIR OWN BEST ADVOCATES, AS WELL AS INVALUABLE PARTNERS FOR DOCTORS. CONQUER CANCER SUPPORTS PROGRAMS AND ACCURATE, DOCTOR-APPROVED CANCER INFORMATION AND RESOURCES BOTH IN PRINT AND ONLINE, THAT EDUCATE PATIENTS AND THE PUBLIC ABOUT CANCER CARE, TREATMENT, RESEARCH, PREVENTION, AND OTHER ISSUES IMPORTANT TO THE CANCER COMMUNITY. FUNDING IN THIS AREA ALLOWS CONQUER CANCER TO CONTINUE AND EXPAND OUR WORK TO INFORM PATIENTS. HIGHLIGHTS OF PATIENT EDUCATION AND INFORMATION PROGRAMS AND ACTIVITIES SUPPORTED BY CONQUER CANCER IN 2019 INCLUDE THE FOLLOWING :</p> <p>PATIENT ADVOCATE SCHOLARSHIP PROGRAM- THE PATIENT ADVOCATE SCHOLARSHIP PROGRAM PROVIDES THE OPPORTUNITY FOR ADVOCATES TO ATTEND ASCOS SCIENTIFIC MEETINGS TO GAIN THE EDUCATION, KNOWLEDGE, AND SKILLS NECESSARY TO PARTICIPATE IN PATIENT ADVOCACY AND THE CANCER RESEARCH PROCESS. THE SCHOLARSHIPS ALSO ENABLE ADVOCATES TO PROMOTE THEIR ORGANIZATIONS PROGRAMS, SERVICES, AND RESOURCES AND TO NETWORK WITH ONE ANOTHER AS WELL AS WITH ONCOLOGY PROFESSIONALS. IN 2019, \$186,284 IN FUNDING ALLOWED 65 PATIENT ADVOCATES TO ATTEND THE ASCO MEETINGS .</p> <p>CANCER.NET- CANCER.NET BRINGS THE EXPERTISE AND RESOURCES OF ASCO TO PEOPLE LIVING WITH CANCER AND THOSE WHO CARE FOR AND CARE ABOUT THEM. THE WEBSITE PROVIDES TIMELY, COMPREHENSIVE INFORMATION TO HELP PATIENTS AND FAMILIES MAKE INFORMED HEALTH CARE DECISIONS. ALL CONTENT IS SUBJECT TO A FORMAL PEER-REVIEW PROCESS BY THE CANCER.NET EDITORIAL BOARD, COMPOSED OF MORE THAN 150 MEDICAL, SURGICAL, RADIATION, AND PEDIATRIC ONCOLOGISTS, PHYSICIAN ASSISTANTS, ONCOLOGY NURSES, SOCIAL WORKERS, AND PATIENT ADVOCATES AND INCLUDES PEER-REVIEWED INFORMATION ON MORE THAN 120 TYPES OF CANCER AND SYNDROMES, INCLUDING RISK FACTORS, DIAGNOSIS, FINDING AN ONCOLOGIST, TREATMENT, MANAGING SIDE EFFECTS, CLINICAL TRIALS, AND AFTER TREATMENT, CAREGIVING, COPING STRATEGIES, AND SURVIVORSHIP. INFORMATION IS DELIVERED IN WRITTEN ARTICLES, VIDEOS, AND AUDIO PODCASTS. THIS INFORMATION IS MADE AVAILABLE FREE TO THE PUBLIC.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	<p>AS OF DECEMBER 31, 2018, THE BOARD OF DIRECTORS OF CONQUER CANCER INCLUDED SIXTEEN (16) DIRECTORS WITH VOTING RIGHTS, AND TWO (2) WITHOUT VOTING RIGHTS. ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS HAVE THE SAME VOTING RIGHTS. DURING THE REPORTED TAX YEAR, THE BOARD OF DIRECTORS DELEGATED AUTHORITY TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTENT WITH CONQUER CANCER'S BYLAWS. THE EXECUTIVE COMMITTEE IS COMPOSED OF SIX MEMBERS OF THE BOARD OF DIRECTORS, WHO ARE THE CHAIR OF THE BOARD OF DIRECTORS, THE CEO, THE SECRETARY, THE TREASURER, THE EXECUTIVE VICE PRESIDENT AND CHIEF PHILANTHROPIC OFFICER (NON-VOTING), AND A SIXTH DIRECTOR WHO IS NOMINATED BY THE CHAIR OF THE BOARD AND ELECTED BY A MAJORITY OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS. ALL OF THE MEMBERS OF THE EXECUTIVE COMMITTEE EXCEPT THE EXECUTIVE VICE PRESIDENT AND CHIEF PHILANTHROPIC OFFICER ARE ENTITLED TO VOTE. THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY IS ESTABLISHED BY CONQUER CANCER'S BYLAWS, WHICH PROVIDE THAT EXCEPT TO THE EXTENT SPECIFICALLY PROHIBITED BY RESOLUTION OF THE BOARD OF DIRECTORS OR OTHERWISE PROHIBITED BY LAW AND EXCEPT AS SPECIFIED IN THE BYLAWS, THE EXECUTIVE COMMITTEE OF THE BOARD IS EMPOWERED TO MAKE AND IMPLEMENT DECISIONS BETWEEN BOARD MEETINGS AND IT MAY ACT ON ITEMS REQUIRING ACTION PRIOR TO THE NEXT ANNOUNCED BOARD MEETING. ACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE MEETING OF THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE, CONSISTENT WITH CONQUER CANCER'S BYLAWS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DR. CLIFFORD HUDIS, NANCY DALY, AND LINDA JENSEN WERE ALL EMPLOYED BY ASCO. DR. CLIFFORD H UDIS, DR. HOWARD BURRIS, AND DR. THOMAS ROBERTS, JR. ALL SERVED ON THE ASCO BOARD OF DIREC TORS DURING 2019.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF CONQUER CANCER MAY VOTE TO AMEND OR REPEAL THE BYLAWS OF CONQUER CANCER, BUT THE BOARD OF DIRECTORS OF ASCO MUST APPROVE AN AMENDMENT OR REPEAL OF THE BYLAWS TO BE EFFECTIVE. CONQUER CANCER MAY NOT AMEND ITS ARTICLES OF INCORPORATION WITHOUT PROVIDING TO ASCO WRITTEN NOTICE OF THE PROPOSED AMENDMENT AT LEAST THIRTY (30) DAYS IN ADVANCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN ELECTRONIC COPY OF THE CONQUER CANCER FORM 990 WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE IT WAS FILED. THE CONQUER CANCER FORM 990 WAS REVIEWED BY THE CHIEF FINANCIAL OFFICER, THE EXECUTIVE VICE PRESIDENT AND CHIEF PHILANTHROPIC OFFICER, THE CEO, AND THE GENERAL COUNSEL PRIOR TO FILING.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	THE FOLLOWING EMPLOYEES OF ASCO SERVE AS OFFICERS OF CONQUER CANCER: CEO OF CONQUER CANCER (ALSO SERVES AS CEO OF ASCO) EXECUTIVE VICE PRESIDENT AND CHIEF PHILANTHROPIC OFFICER OF CONQUER CANCER CFO OF CONQUER CANCER INFORMATION REGARDING THEIR COMPENSATION AND THE PROCESS FOR DETERMINING THEIR COMPENSATION ARE DESCRIBED IN THE IRS FORM 990 OF ASCO. CONQUER CANCER STAFF ARE EMPLOYEES OF ASCO WHO ARE LEASED TO CONQUER CANCER. APPLICABLE INFORMATION REGARDING THEIR COMPENSATION IS DESCRIBED IN THE IRS FORM 990 OF ASCO. CONQUER CANCER DOES NOT PAY COMPENSATION TO THESE INDIVIDUALS.

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

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

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

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

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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s 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

No

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

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

Schedule R (Form 990) 2019

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

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

Return Reference	Explanation